	STATE OF MARYLAND / D		ENT OF HEAL			GIENE
est)	Richard	13	Fulto	in Sr	2. DATE OF D	EATH DAY

	FOR STATE REGISTRAR	STATE OF MARYLAND /		OF HEALTH AND I	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First Middle, Last)	Richard	BIF	ulton Sr	2. DATE OF DEATH DAY OF THE DAY	gear !	3. TIME OF DEATH 3:40 AM
1	0 4 2	6. AGE (In yrs. last	YRS. MONTHS	YEAR IF UNDER 24 HRS. DAYS HOURS MIN. TOWN OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) 0 4-13-00	Counti	RGINIA
TOR	Anne Arundel			apolis -		Anne A	rundel
DIREC	Md. Anne	Arundel	Edgew				10d. INSIDE CITY LIMITS? 1 YES Z NO
FUNERAL DIRECTOR	100. STREET AND NUMBER  85 Wallace Mai	nor Road		101. ZIP CODE 21037		U . S	
BY FUN	11. MARITAL STATUS  1  Never Merried	2. WAS DECEDENT EYER IN U.S. ARI FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	MED 13. V	AS DECENDENT OF HISPAI yes, specify Cuben, Mexica YES 2 NO Specif	in, Puerto Rican, etc.)	or No 14, RACI Black Speci	E — American Indien, k, White etc. H I T E
COMPLETED		mpleted) (Gi College (1-4 or 5 +)	cedent's usual or the kind of work done or Do NOT use retired.)	rers Ret.	Suppl	ng and	Plumbing
	17. FATHER'S NAME (First, Middle, Last)	2			ME (First, Middle, Meiden S		
BE	Edward N. F		MAILING ADDRESS	Winif (Street and Number or Rural	red Wirt		
2	Mary Anita Fu			e Manor R			Md 21037
	20a. METHOD OF DISPOSITION  Buriet 2 Cremetion 3 Remov  4 Donation 5 Other (Specify)	at from State 20b. PLACE of cemetary,		OSITION (Name	OATE 20c. LOC	ATION - City or To	own, State
	27. SIGNATURE OF FUNERAL SERVICE LITER		22.	NAME AND ADDRESS OF FA	CILITY		polis, Md.
	23. PART I. Enter the diseases, or contains the shock, or heert fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Phemorial Due to (OR AS A CONSEC	tis	the mode of dying, aud	ch an cardiac or respire	etory arrest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in deeth) LAST	DUE TO (OR AS A CONSECUTION OUE TO (OR AS A CONSECUTION OF A CO			631		
MEDICAL	PART II. Other aignificant conditional		reaulting in the un	derlying cause given in	Pert I. 24a. WAS AN A PERFORI	WED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHE	26. PLACE OF OEATH (C	heck only one)		
YSI	1 TYES 2 NO	1 Inpatient 2 ER/Outpatient 3	3 DOA 4 Nu	sing Home 5 - Residence			
	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO	28d. DEŞCRIBE HOW IN	JURY OCCURED	
TED BY	2 Necident investigation 3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF INJURY — At he building, atc. (Specify)	ome, farm, street, fac	tory, office	28f. LOCATION (Street e. City or Town, State)	nd Number or Rure	Route Number,
COMPLETED	Check only	IAN: To the best of my knowledge, do					(e) end manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	V. Kinn		DOS	1MBER 928	29d. DATE SIGNE	60 (Month, Day, Year) 44, 1991
10	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF GEATH (ITE	EM 27) (Type, Print)	34-Fore	st Drive,	tuna po	lis, MD
	31. DATE FILED (Month, Day, Year) MAR 0 5 1991	guha Davidson-Mand	lell				

Completes heart failure well texa notice in syme to make D 5926 Named 1991 Charles W. Line-Charles W. Kinzer MD 1855A-First Drive, American MD

ifter death. Page 6 may be retained by the hospital or attending physician. By the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2 3 for otified at once.

BALTIMORE, MARYLAND 21203-3146

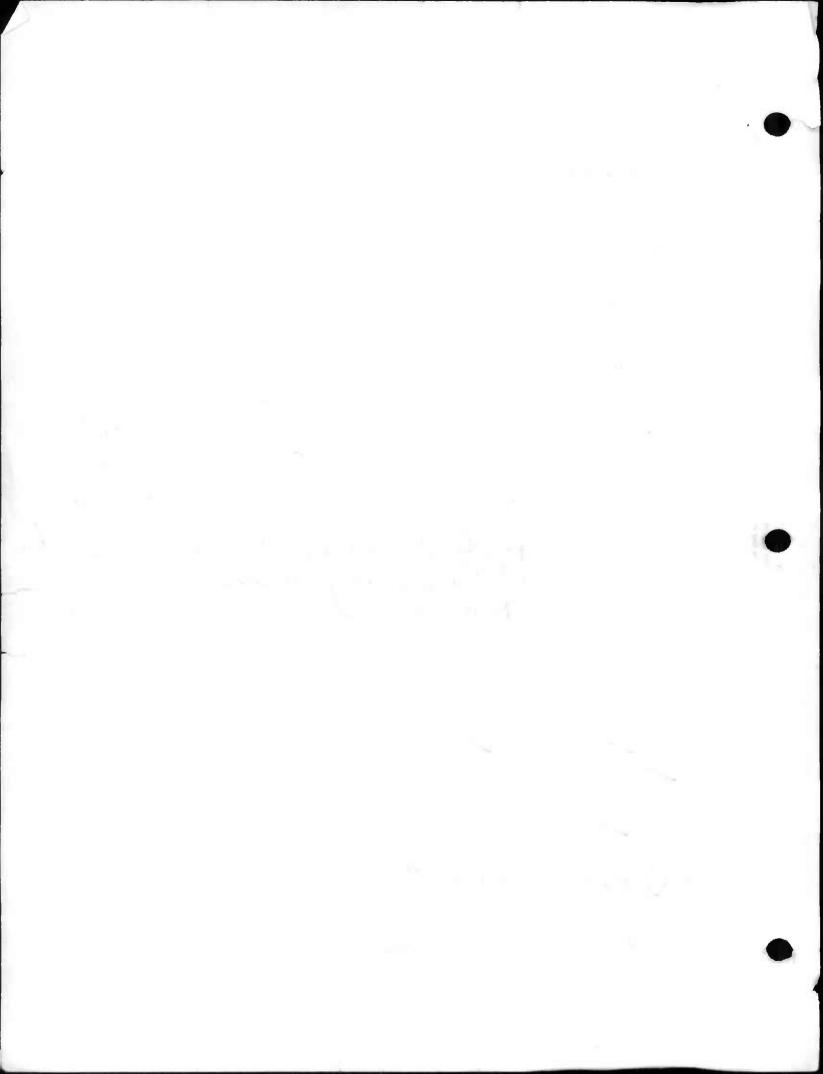
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DALIMONE, M	.fter death. Page 6 may be re	by the funeral director, page 5 r removal.	nst
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Ô	ne de	Men Men	- Jen
DIVISION OF VITAL RECORDS, F.O. DOA 13140	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed w.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and complete, by the it be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be no
5	th sa	gned	20
	ouin	of He	3
	W	pt.	3
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	PITAL	ERAL 72	T. If
	HOS	FUN	IAN
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	5	10 ad	M

31. DATE FILED (Month, Day, Year) FEB 26 '91

DIVISION OF VITAL RECORDS, P.O. BOX 13146

	FOR STATE REGISTRAR	OF MARYLAND / DEPAR	RTMENT OF H		MENTAL HYGIEN	E	07002
	1. DECEDENT'S NAME (First, Middle, Last)	-			2. DATE OF DEATH	y year	3. TIME OF DEATH
0	Charles E F.	lamer  6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		1 3:02 P M
	219-14-3347 118m	1 0	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		untry)
	9a. FACILITY NAME (If not institution, give street and nu			R LOCATION OF DE	ATH	9c. COUNTY O	
Ö	Memorial Hospit	al	East	on		Talbo	סכ
DIRECTOR	10a. ETATE 10b. COUNTY						10d. INSIDE CITY LIMITS?  1 YES 2 NO
FUNERAL I	10s. STREET AND NUMBER	10)	J 101.	EN CODE	Λ.	10g. CITIZEN O	F WHAT COUNTRY?
ONE	11. MARITAL STATUS / 12. WAS	DECEDENT EVER IN U.S. ARMED			IC ORIGIN? (Specify Yes		ACE — American Indian,
BY		ES? 1 DYES 2 NO S, GIVE WAR OR DATES		2 7 410 Specify	n, Puerto Rican, etc.)	Z	tack, Write, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of	S USUAL OCCUPATION Work done during moves	N st of working	16b. KIND OF BUS	SINESS/INDUSTR	Y
IPLE	Elementary/Secondary (8-12) College	Dove a	. 1	re	Dair	U	
	17. FATHER'S NAME (First, Middle, Last)	-40/		16. MOTHER'S NAI	ME (First, Middle, Maiden	Surplame)	0- 2-1
) BE	Ma. INFORMANT'S NAME (Type/Print)	19b. MAILIN	G ADDRESS (Street a	nd Number or Bural F	Regule Number, City or Tow	n, Statey Zip Code	amer
2	sephine + la	mer Rt#	15042	7 Mid	gely ?	20.2	2/660
	20a. METHOD OF DISPOSITION  1 □ Buriel 2 □ Cremetion 3 □ Removal from 4 □ Donation 6 □ Other (Specify)	Stata 20b. PLACE OF DISPE	SITION (Name of cen	netery, cremejory or	1 20c. 10	culah chy o	Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  June D Lan		22. NAME AN	BAN 97	guty 8 Hu	lack	ml
	23. PART I. Enter the diseeses, or complicate ahock, or heart fallure. Liet only		not enter the mo	de of dying, suci	h as cardiac or reap	ratory arrest	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Aculo Mu	10 can	dal	Dayouet	rin	Mean Mark
		OUS TO (OR AS A CONSEQUENCE	De Les	1 1	obso		920
10	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE	OF):		)-(1000		CAO
CA	CAUSE (Disease or Injury	DUE TO (OR AS A CONSEQUENCE O	U Dec				8763
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (ON AS A CONSEQUENCE C	<i>5</i> j.				
L CE	PART II. Other algnificent conditions contrib	outing to death but not resulting	In the underlyin	n cause alven in	Part I. 24a, WAS AN	AITTOPRY	24b. WERE AUTOPSY FINDINGS
					PERFOI	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDICA							OF DEATH?  1 YES 2 NO
Ä.	as the over persons to the over						
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 FNO 1 Input	ITAL:	OTHER:	ACE OF OEATH (Ch	6 Other (Specify)		
PHY	27. MANNER OF DEATH 28a	. DATE OF INJURY 26b. TI	ME OF 28c, INJ	URY AT	28d. DESCRIBE HOW	NJURY OCCURE	0
BY	1 Natural 6 Pending 2 Accident Investigation	. PLACE OF INJURY — At home, farm,		YES 2 NO	281. LOCATION (Street	and Number or Br	ural Bouta Mumbar
TED	3 Suicide 6 Could not be 4 Homicide	building, etc. (Specify)			City or Town, State,	OF THE	
COMPLETED		he best iff my knowledge, death occur					under an estated
	396. SIGNATURE AND TITLE OF SERVICES	FFT	)	290, LICENSE NUI			NED (Month, Day Year)
TO BE	Alab /- X	uvus m		7025	574	1 21	23/91
-	30 MARIE AND ADDRESS OF PERSON WHO COMPLI	ETED CAUSE OF DEATH (ITEM 27) (TVD	oe. Print)				

32. REGISTRAR'S SIGNATURE



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	10 INF FUNERAL UNECLURY. After mis cermicate has been signed by the authoring prisident and completely med in by the totheral unector, page 3 should be used the bornar-balled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	DIALE UF MANTE		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIEN REG. NO.	E.	
18	1. DECEDENT'S NAME (Eirst. Middle, Last)  Esther A. E	ogel berg			2. DATE OF DEATH	<b>3</b> 5	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE		F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9 - 06		INTHPLACE (State or Foreign country)
OR	9a. FACILITY NAME (If not institution, give street		9	KENSING AND		9c. COUNTY-	DE DEATH MONTO
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCATION Washington, I	). C.		10d. INSIDE CITY UMITS?  1 YES 2 NO
	100. STREET AND NUMBER	CHWETT:	c AVE	101. ZIP CODE	2014		OF WHAT COUNTRY?
BY FUNERAL		WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	N U.S. ARMED	13. WAS DECENDENT OF HISP If yes, specify Cuban, Mexi 1 — YES XXNO Spec	can, Puerto Rican, etc.)	or No.— 14.	RACE — American Indian, Black, White, etc. Specify: WHITE
COMPLETED			Licensed	k done during most of working	16b. KIND OF BU		RY
	9 17. FATHER'S NAME (First, Middle, Leet) F. Oscar J. Foge:	lberg	Nurse	A CONTRACTOR OF THE PARTY OF TH	Hospi HAME (First, Middle, Melden Eina Carlso	Sumame)	
TO BE	19a. INFORMANT'S NAME (Type/Print)  Alma Fogelberg Skil			DORESS (Street and Number or Run			20010
	20s. METHOD OF DISPOSITION 1	from State of	b. PLACE AND DATE Of cemetary, crematory or	F DISPOSITION (Name other place)	DATE 20c. LO	CATION — City	
	21. SIGNATURA OF FUNERAL PERVICE LICENS			Crematorium,  22. NAME AND ADDRESS OF Home/Bethesd Wisconsin Avo	A-Chevy Cha	A. Pur se, In	mphrey Funera c. 7557
	23. PART I. Enter the diseases, or come shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)		d the death. Do not	anter the mode of dying, se	uch as cardiac or reep		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	A V turi	A CONSEQUENCE OF):  A CONSEQUENCE OF):		lized		12 years
ERTI	that initiated events resulting in deeth) LAST						
MEDICAL	Part II. Other eignificent conditions of Parkinsons Immunitis . Hypo	ontributing to death  Drscase  Tuyroid	but not resulting in Reco	the underlying couse given urrent pn tesculhnitis	In Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26. PLACE OF DEATH ( OTHER:  Nursing Home 8  Residence	Check only one)		
ВУ РНУ	27. MANNER OF DEATH  1 Netural 8 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28d. DESCRIBE HOW	INJURY OCCUR	ED		
	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJUR building, etc. (Spe	IY — At home, farm, str ec/fy)	eet, factory, office	281. LOCATION (Street City or Town, State		Rurel Route Number,
COMPLETED	ana)			at the time, data and place, and d in my opinion, death occured at t			suse(s) and manner as stated.
	THE RESERVE OF THE PARTY OF THE						

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

-Randall

guia Davidson

5530 Wisconsin Avenue, Chevy Chase, Maryland

Robert

F.

Dyer,

M.D.

20815

publ . 32 T.

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MARYLA		CATE OF		REG. NO.				
1. OECEDENT'S NAME (First, Middle, Last)	-1	<u></u>		DEXIII	2. DATE OF DEATH		3. T	IME 95 DEAT	гн
Gloria E	fels	GLORIA	B. FELS		MONTH 2 - DA	28,9	77 8	73	P, M
4. SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country)	E (Stete or Fo	oreign
317-05-5715	1 D M 2	7.3 YRS.			JUNE 26,19		UTAH		
9a. FACILITY NAME (If not institution, give s				OR LOCATION OF O	EATH		Y OF DEATH		
HOLY CROSS HOSPI	TAL		SILVER	SPRING		MON'	rgome:	RY	
10a. STATE 10b. COUNTY	Υ	10c, CIT	Y, TOWN OR LOCAT	TION			10d.	INSIDE CITY	'
	NTGOMERY			SPRING				YES 2	NO
10a. STREET AND NUMBER	"			. ZIP CODE		10g. CITIZE	N OF WHAT	COUNTRY?	
700 SLIGO AVENUE	#404	II S ADMED	_	20910	NC ORIGIN? (Specify Yea		SA BACE - 4	imericen India	
1 Never Married 2 K Married	FORCES? 1 YES	2 NO	If yes, sp		n, Puerto Rican, etc.)	or No.	Black, Wh	ite, etc.	en,
3 Widowed 4 Divorced	1 120, 0112 1111 011 011		''	TAN NO Specif	·	1	WHITE		
15. DECEDENT'S EDU (Specify only highest grade		(Give kind of v	USUAL OCCUPATION		16b. KIND OF BUS	BINESS/INDUS	STRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe. Do NOT us							
8 17. FATHER'S NAME (First, Middle, Last)		TELEPHO	NE OPERA		ME (First, Middle, Maiden	Summer			
WILLIAM JOHN BOW	FRC					Surrame)			
19e. INFORMANT'S NAME (Type/Print)	EKO	19b. MAILING	AODRESS (Street		MAY PEAK  Aoute Number, City or Tow	n, State, Zip C	ode)	2091	0
JOHN A. FELS	(HUSBAND)	700 SI	LIGO AVE	NUE #404	SILVER S	PRINC	MAR		.0
20a, METHOD OF DISPOSITION 1 M Burlal 2 Cremation 3 Rem	20b.	PLACE AND DATE	E OF DISPOSITION	(Name		CATION — CI			
4 Donetion 5 Other (Specify)	GA GA	TE OF HI	EAVEN CE	METERY	SILV	ER SPI	RING,	MARYLA	AND
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1		ND ADDRESS OF FA	CILITY LLINS FUNE	DAT U	OME .	TNC	
· hule	1 Odin								
			1500 11	NIVERSIT	Y BLVD. W.	STL	SPR	VID 200	001
23. PART i. Enter the diseases, or					Y BLVD., W.			Approxim	ate
	complications that caused List only one couse on ee								ate etween
ahock, or heert fellure.  iMMEDIATE CAUSE (Final	List only one ceuse on ee	ch iine.	not enter the mo	ode of dying, suc	h as cardiec or respi			Approxim interval B	ate etween
ahock, or heert fellure.  iMMEDIATE CAUSE (Final	Elist only one ceuse on each s. Res 61 R 1	CONSEQUENCE OF	not enter the mo	HCURE	h as cardiec or respi	ratory screen	st,	Approxim interval B Onset and	este detween d Death
ahock, or heert fellure.  iMMEDIATE CAUSE (Final	B. RESBIRA DUE TO (OR AS A L	CONSEQUENCE OF	FIFTER	HCURE	h as cardiec or respi	ratory screen	st,	Approxim interval B Onset and	este detween d Death
ahock, or heert feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate	Elist only one ceuse on each s. Res 61 R 1	CONSEQUENCE OF	FIFTER	HCURE	h as cardiec or respi	ratory screen	n, PLS EASE	Approxim interval B Onset and	este detween d Death
shock, or heert feliure.  iMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	B. RESBIRA DUE TO (OR AS A L	CONSEQUENCE OF	Y FA	HCURE	h as cardiec or respi	RY D	n, PLS EASE	Approxim interval B Onset and	este detween d Death
ahock, or heert feliure.  iMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	B. CHEO NIC	CONSEQUENCE OF	Y FA	HCURE	h as cardiec or respi	RY D	n, PLS EASE	Approxim interval B Onset and	este detween d Death
shock, or heert feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	B. DUE TO (OR AS A DUE TO (OR	CONSEQUENCE O	FF	ALLURE	uth as cardiec or respirate of the cardinal of	RY D	ot, PIS ENTE	Approxim interval B Onset and	este letween d Death D AYS
shock, or heert feliure.  iMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions	B. DUE TO (OR AS A DUE TO (OR	consequence of consequence of consequence of consequence of consequence of the consequenc	Fi:	TUE 8	Part I. 24a. WAS AN PERFO	RY D	PLS CASE	Approxim interval B Onset and  5 1  10 9	este letween d Death D AYS
ahock, or heert feliure.  iMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions	B. CONTROLLE TO (OR AS A DUE T	CONSEQUENCE OF CONSEQ	Fine the underlying	TUE 8	Part I. 24a. WAS AN PERFO	RY D	24b. WEI	Approxim Interval B Onset and Interval B Onset and Interval B Inte	ente entween d Death DAYS
shock, or heert feliure.  iMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions	B. CONTROLLE TO (OR AS A DUE T	CONSEQUENCE OF CONSEQ	Fine the underlying	TUE 8	Part I. 24a. WAS AN PERFO	RY D	24b. WEI	Approxim Interval B Onset and Interval B Onset and Interval B Inte	ente entween d Death DAYS
ahock, or heert feliure.  iMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition CAUSE (Disease or Injury that initiated events resulting in death) LAST	B. CONTROLLE TO (OR AS A DUE T	CONSEQUENCE OF CONSEQ	FRUCE FILL  In the underlyin  EXAL	TUE 8	Part I. 24a, WAS AN PERFOI	RY D	24b. WEI	Approxim Interval B Onset and Interval B Onset and Interval B Inte	ente entween d Death DAYS
ahock, or heert feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition CFN FRALLY ADVANCED,	B. CONTROLLE TO (OR AS A DUE T	CONSEQUENCE OF CONSEQ	FIRM CIFE.	g ceuse given in	Part I. 24a, WAS AN PERFOI	RY D	24b. WEI	Approxim Interval B Onset and Interval B Onset and Interval B Inte	ente entween d Death DAYS
ahock, or heert feliure.  iMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  GENERAL 20  ADVANCED,  25. WAS CASE REFERRED TO MEDICAL EXAMINERY  1 YES 2 NO  27. MANNER OF OEATH	DUE TO (OR AS A DUE TO (OR AS	CONSEQUENCE OF CONSEQ	Finite underlying PACE A DIVISION HE OF 26. P	g ceuse given in	Part I. 24a, WAS AN PERFOI 1 YES 2	AUTOPSY MED?	24b. WEI AWA COV OF	Approxim Interval B Onset and Interval B Onset and Interval B Inte	ente entween d Death DAYS
ahock, or heert feliure.  iMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition Carlot Cause (Disease or Injury that Initiated events resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 20 NO	DUE TO (OR AS A DUE TO (OR AS	CONSEQUENCE OF CONSEQ	FI:  In the underlyin  EXAL  26. P  OTHER: 4   Nursing Hor	g ceuse given in	Part I. 24a, WAS AN PERFOI 1 YES 2	AUTOPSY MED?	24b. WEI AWA COV OF	Approxim Interval B Onset and Interval B Onset and Interval B Inte	ente entween d Death DAYS
ahock, or heert feliure.  iMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Natural 8 Pending investigation  3 Suicide 8 Could not be	B. DUE TO (OR AS A DUE TO (OR	CONSEQUENCE OF CONSEQ	Pi:  In the underlyin  EXAL  26. P  OTHER: 4   Nursing Hor  JURY   M   1	g ceuse given in  LACE OF DEATH (C)	Part I. 24a, WAS AN PERFOI 1 YES 2	AUTOPSY MED?  NJURY OCCU	24b. WEI	Approxim Interval B Onset since Interval B Onset since Interval B	ente entween d Death DAYS
ahock, or heert feliure.  iMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  PART II. Other significent condition  PART II. Other significent condition  Sequentially list conditions, if any, leading to death last initiated events  resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINERY  1 YES 2 NO  27. MANNER OF OEATH  1 Natural 8 Pending Investigation  3 Suicide 8 Could not be determined	DUE TO (OR AS A DUE TO (OR AS	CONSEQUENCE OF CONSEQ	Pi:  In the underlyin  EXAL  26. P  OTHER: 4   Nursing Hor  JURY   M   1	g ceuse given in  LACE OF DEATH (C)	Part I. 24a, WAS AN PERFOI 1 YES 2  WHAT SAME SAME SAME SAME SAME SAME SAME SAME	AUTOPSY MED?  NJURY OCCU	24b. WEI	Approxim Interval B Onset since Interval B Onset since Interval B	ente entween d Death DAYS
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ahock, or heert feliure.  iMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 8 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only 1 CERTIFYING PHYS)	B. BIR DUE TO (OR AS A DUE TO	consequence of the not resulting at not resulting at not resulting at the not resulting at th	The underlying the un	g ceuse given in  CARTOR  GREENERS  LACE OF DEATH (C)	Part I. 24a. WAS AN PERFOI 1 YES 2  Other (Specify)  28d. OESCRIBE HOW City or Town, State)	AUTOPSY IMED?  AUTOPSY IMED?  INJURY OCCU	24b. WELL AMA COI OF THE PRINCIPLE OF TH	Approxim Interval B Onset since  Interval B Onset since  Interval B Onset since  Interval B Interva	enter
ahock, or heert feliure.  iMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Natural 8 Pending investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINI  29b. SIGNATURE ANO TITLE OF CERTIFIER	DUE TO (OR AS A DUE TO (OR AS	consequence of the not resulting at not resulting at not resulting at the not resulting at th	The underlying the un	g ceuse given in  CART  G  G  G  G  G  G  G  G  G  G  G  G  G	Part I. 24a. WAS AN PERFOI 1 VES 2  Other (Specify)  28d. OESCRIBE HOW 1  28f. LOCATION (Street City or Yown, State)  to the ceuse(a) and main time, date and place, er	AUTOPSY IMED?	24b. WEI AMA COI OF 1 COURSE A	Approxim Interval B Onset since  Interval B Onset since  Interval B Onset since  Interval B Interva	ente entween d Death d Death D AYS
ahock, or heert feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  GENERAL 22  ADVANCED  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 8 Pending Investigation 3 Suicide 8 Could not be determined  29. CERTIFIER (Check only One) 2 MEDICAL EXAMINER  29b. SIGNATURE ANO TITLE OF CERTIFIER	DUE TO (OR AS A DUE TO (OR AS	CONSEQUENCE OF CONSEQ	in the underlyin  The street, factory, officered at the lime, determined to the ime, determined to the ime, determined to the lime, determined to the	g ceuse given in  CARTOR  GENERAL STATE  CHARTOR  GENERAL STATE  G	Part I. 24a. WAS AN PERFOI 1 VES 2  Other (Specify)  28d. OESCRIBE HOW 1  28f. LOCATION (Street City or Yown, State)  to the ceuse(a) and main time, date and place, er	AUTOPSY IMED?	24b. WEI AMA COI OF 1 COURSE A	Approxim Interval B Onset since Interval B Onset since Interval B	ente entween d Death d Death D AYS
ahock, or heert feliure.  iMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Natural 8 Pending investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINI  29b. SIGNATURE ANO TITLE OF CERTIFIER	DUE TO (OR AS A DUE TO (OR AS	CONSEQUENCE OF CONSEQ	In the underlyin  F:  F:  In the underlyin  RANGE  OTHER: A   Nursing Hor  BE OF  JURY M 1    street, factory, office on, in my opinion, in m	g ceuse given in  LACE OF DEATH (C)  TOPE 2 NO  TOPE 2 NO  TOPE 2 NO  TOPE 2 SECURITY AT THE S	Part I. 24a. WAS AN PERFOI 1 VES 2  Other (Specify)  28d. OESCRIBE HOW 1  28f. LOCATION (Street City or Yown, State)  to the ceuse(a) and main time, date and place, er	AUTOPSY IMED?  AUTOPSY IMED.  AUTOPS	24b. WEI AMA COI OF 1 COUSS (a) ON SIGNED (MO	Approxim Interval B Onset and Onset and Interval B Onset and Interval B Inter	ente entween d Death d Death PAYS  (RS)  FINDINGS 170  CAUSE  NO

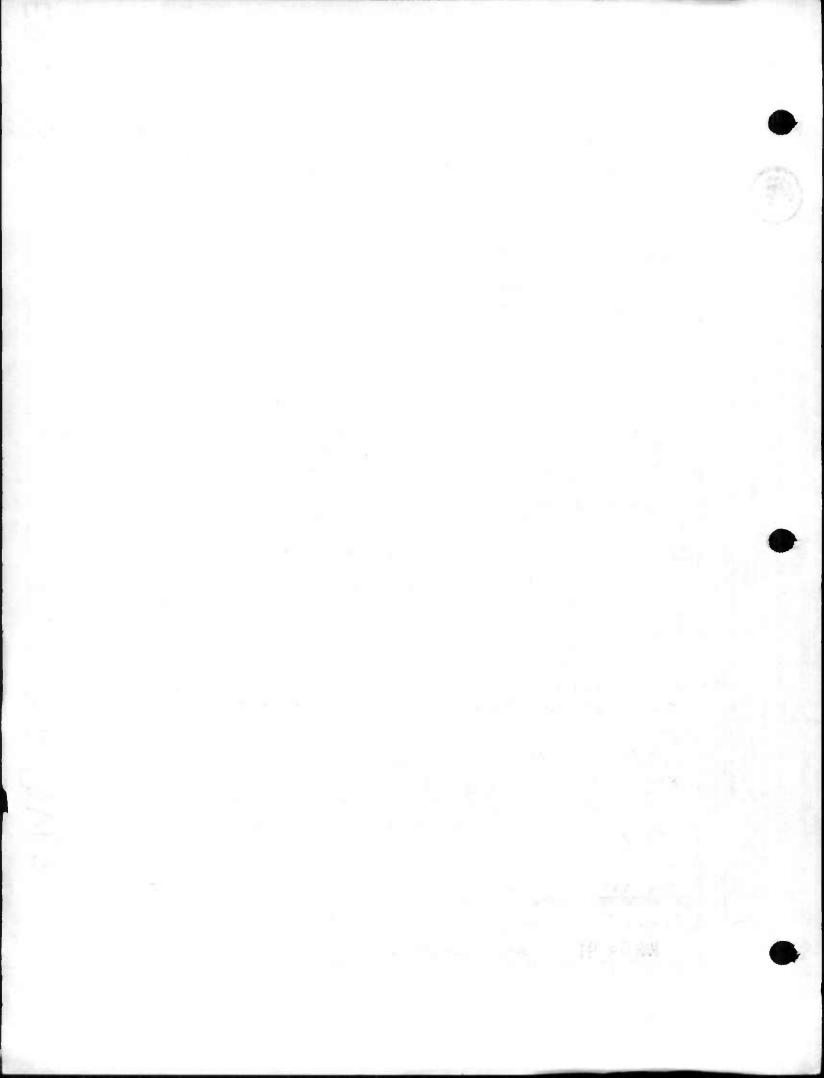
BALTIMORE, MARYLAND 21215-0020

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)
MAR 0 4 '91

32. REGISTRAR'S SIGNATURE

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



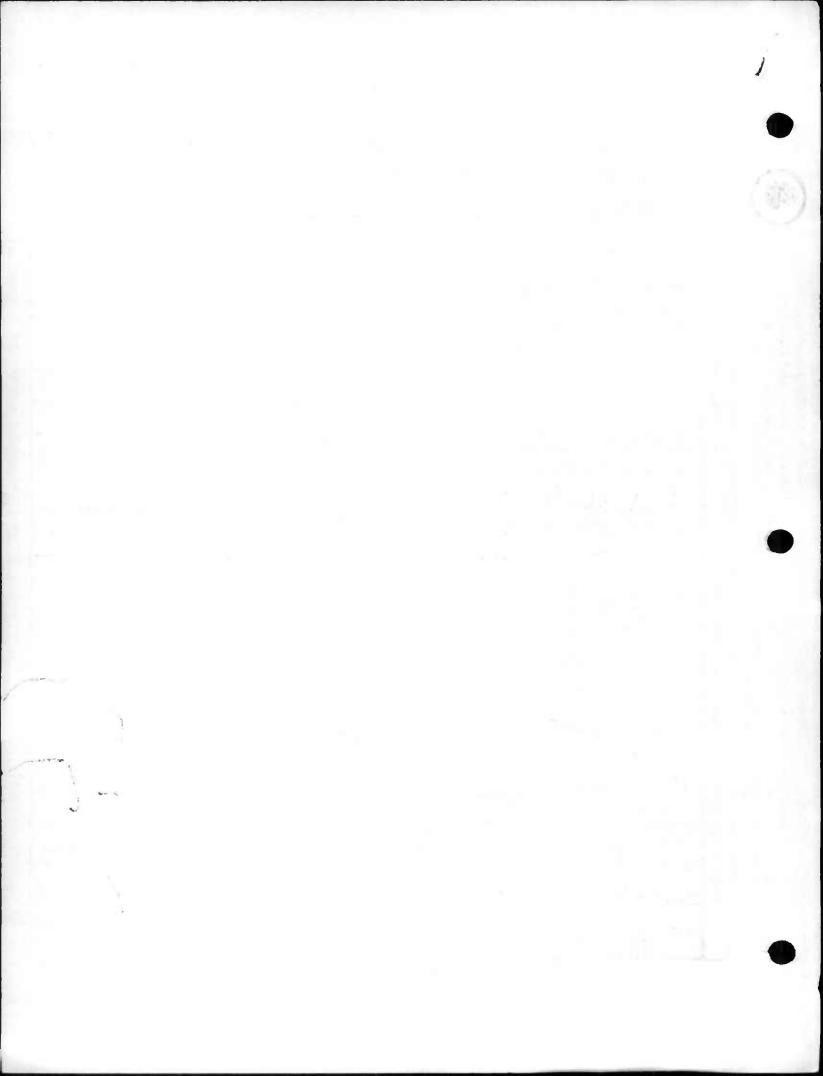
TO BE COMPLETED BY FUNERAL DIRECTOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIE		01000
DECEDENT'S NAME (First, Middle, Lest)				2. DATE OF DEATH MONTH		3. TIME OF DEATH
EDITH SOCIAL SECURITY NUMBER	A S. S. Landing Street, Street	NNER		2-	9-9	1 1 4
	5. SEX 6. AGE		UNDER 1 YEAR IF UNDER 24 HRS. HTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	97 "	BIRTHPLACE (State or Foreign Country)
239-56-2426  a. FACILITY NAME (# not institution, give			CITY, TOWN OR LOCATION OF I	14-18-	9c, COUNTY	PENNSYLVAN
				JEAIN		
NATIONAL LUT	THERAN HOME		ROCKVILLE		MONT	GOMERY CO.
a. STATE 10b. COUNT			OWN OR LOCATION			10d. INSIDE CITY
	RFAX	F	ALLS CHURCH			XX YES 2 NO
302 - S. V	TDCTNTTA AT	PAILE	101. ZIP CODE		1000	N OF WHAT COUNTRY?
MARITAL STATUS	VIRGINIA AV		22046			JSA
Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic	an, Puerto Rican, etc.)	Yea or No- 14	. RACE — American Indian, Black, White, etc.
Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 TYES 2 NO Spec	lfy:		Specify: WHITE
15. DECEDENT'S ED' (Specify only highest grad		16a. DECEDENT'S USU	IAL OCCUPATION done during most of working	18b. KIND OF	BUSINESS/INDUS	TRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT use re	tired.)		NURSI	NG
12		NURSES	AIDE		` '	
FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	AME (First, Middle, Maid	len Surname)	
	E. PEARCE			CE M. FI	THE RESERVE AND ADDRESS OF THE PARTY ADDRES	
a. INFORMANT'S NAME (Type/Print)	13.00		DRESS (Street and Number or Rura			
REV. DR. REICH			EIRS DR., ROO		MD. 20	
MEDIATE CAUSE (Final seese or condition suiting in death)  equentially list conditions, any, leading to immediate use. Enter UNDERLYING AUSE (Disease or Injury at Initiated events suiting in death) LAST	cDUE TO (OR AS A	A CONSEQUENCE OF):  A CONSEQUENCE OF):	ppy Thm.	1 /	AN ALITOPSY	Interval Betwee Onset and Dea
STATE OF STA	The Contributing to death I	out not resulting an i	and underlying cause given i	PER	FORMED?	249. WERE AUTOPST PRODUCT COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
WAS CASE REFERRED TO MEDICAL			20. PLACE OF DEATH (	Check only one)		
1 YES 2 2 HO	HOSPITAL: 1   Inpatient 2   ER/Out		THER: Nursing Home 5 - Rasidence			
MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O		28d. DESCRIBE HO	W INJURY OCCU	RED
1 Natural 5 Pending 2 Accident Investigation		and or the	M 1 YES 2 NO			
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY	f — At home, farm, stre- city)	ot, factory, office	251. LOCATION (Sin City or Town, St	et and Number or ete)	Rural Route Number,
and and	VER: On the basis of examination		t the time, date and place, and do n my opinion, death occured at 1	ne time, deta and place		
B. SIGNATURE AND TITLE OF CERTIFIE	HO COMPLETED CAUSE OF DE	2	D//	48-8	29d. DATE S	SIGNED (Month, Day, Year)

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146



3. TIME OF DEATH

2. DATE OF DEATH MONTH

	MATILDA S. FARNES							Feb. 2	5 199	YEAR 91	7:45 p.	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. let		IF UNDER 1		IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		Country	
	474 36 6197	1 🗆 M 2/5/F	91	YRS.					Aug. 8 1		sout	
	9e. FACILITY NAME (If not institution, giv	e street end number)			9b. CITY, T				EATH	9c. COUNT		
DIRECTOR	Heritage Nur	Tak	oma	Pa	irk		Mont	rgoi	nery			
בַּ	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY 10c. CIT				r, TOWN OR	LOCATIO	N					10d, INSIDE CITY
돌	Maryland Mon	tgomery		S	ilve:	n S	pri	ne				LIMITS?
	10e. STREET AND NUMBER	0					IP COD	-		10g. CITIZE	EN OF W	HAT COUNTRY?
2	10715 Cavalier Drive					21	090	1		U.S	. A.	
BT FUNEHAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Diverced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES					es, speci	Ify Cube		NIC ORIGIN? (Specify Year, Puerto Rican, etc.) fy:	e or No — 1	Black	- American Indian, , Whita, etc.
3	15, DECEDENT'S EDUCATION 16a. DECEDENT'				USUAL OCC	UPATION	ad ud *		16b. KIND OF BU	SINESS/INDU	STRY	· · · · · · · · · · · · · · · · · · ·
COMPLETED	(Specify only highest gn Elementary/Secondary (0-12)	College (1-4 or 6	-#	Silve kind of v b. Do NOT us OM CM	e retired.)				At Ho	me		
			77.	Omem	ancı				AU NO.	ine		
5	17. FATHER'S NAME (First, Middle, Last)	TTOO				1	18. MOT	HER'S N	AME (First, Middle, Maider			
H H		Hage	n							San	nes	
2	190. INFORMANT'S NAME (Type/Print) Ruth A. Rober's	taon							Route Number, City or Tov			a MD o
		CSUII						_				ng, MD. 2
	1 Suriel 2 Cremetion 3 Removal from State other place)				ty Cemetery Maple Plain, Minn.							
	21. SIGNATURE OF FUNERAL SERVICE	//	2		22. NAME AND ADDRESS OF EACHTRAL HOME							
	Alleam L	Clark			254 Carroll St. N.W. Washington DC							
	23. PART I. Enter the diseases, a shock, or heart fallur				not anter ti	na mode	e of dy	ing, su	ch as cardiac or reap	oiratory arre	st,	Approximata interval Batwee
	iMMEDIATE CAUSE (Final	e. wat brilly offa Ci	DIT YOUT III	o.								Onset and Deal
	disease or condition resulting in death)		11/re	Uno	nia							Vori
	DUE TO (OF AS A CONSEDUENCE OF):											
z	Hibeevery // Scale Cea								clay			
2	Sequentially list conditions, If any, landing to immediate  DUE TO (OR AS A CONSEQUENCE OF):											
5	Cause. Enter UNDERLYING CAUSE (Disease or Injury											
ERTIFICATION	that initiated events resulting in death) LAST	d	O (DR AS A CONSE	DUENCE O	F):							
O	PART ii. Other eignificant condit	tiona contributing t	o death but not	reaulting	in the und	erlying	causs	given ir		N AUTOPSY	24b.	WERE AUTOPSY FINDING
ICAL									1 TES			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	1 T YES 2 T NO

25. WAS CASE REF	ERRED TO MEDICAL					26. PLACE OF DEATH (C	heck only one)		
EXAMINER?			SPITAL: Inpatient 2 - ER/Outpatient	3 🗆 DOA	OTHEB⊁ 4				
27. MANNER OF DEATH  1			26e. DATE DF INJURY (Month, Day, Year)	26b. TII	ME OF JURY M	28c. INJURY AT WORK? 1 YES 2 NO	26d. DESCRIBE HOW INJURY OCCURED		
2 Accident Investigation 3 Suicide 6 Could not be		1	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)				261. LOCATION (Street and Number or Rural Route Number, City or Town, State)		

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place,

2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion,

29b. SIGNATURE AND TITLE OF SCRITIFIER	My	29c, LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1 31. DATE FILED (Month, Day,

28

DHMH-16 Rev 1/89

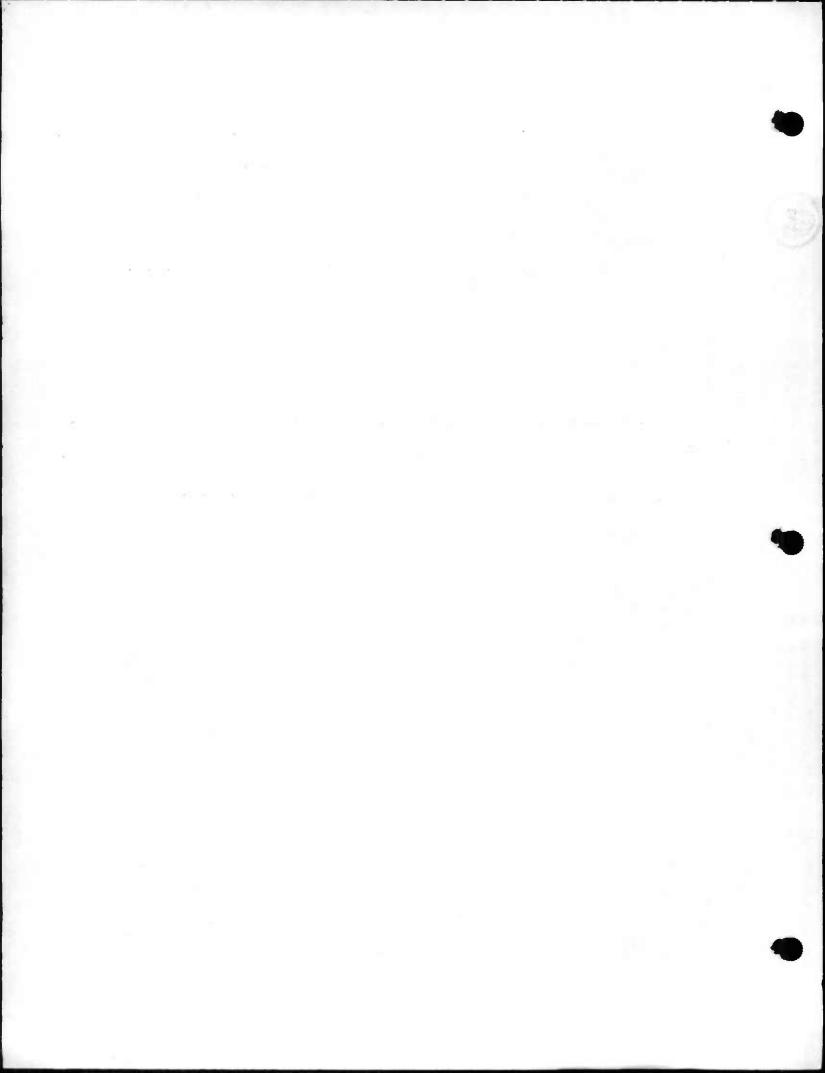
RAI TIMORE MARYI AND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires TO THE FUNERAL DIRECTOR: After this certificate has been signs be filed within 72 hours after death with the State Dept. of Healt IMPORTANT: If Item 28 is marked, or Item 23 shows a HOSPITAL OR ATTENDING PHYSICIAN: The law requires

PHYSICIAN: MET

BY

COMPLETED

B 2

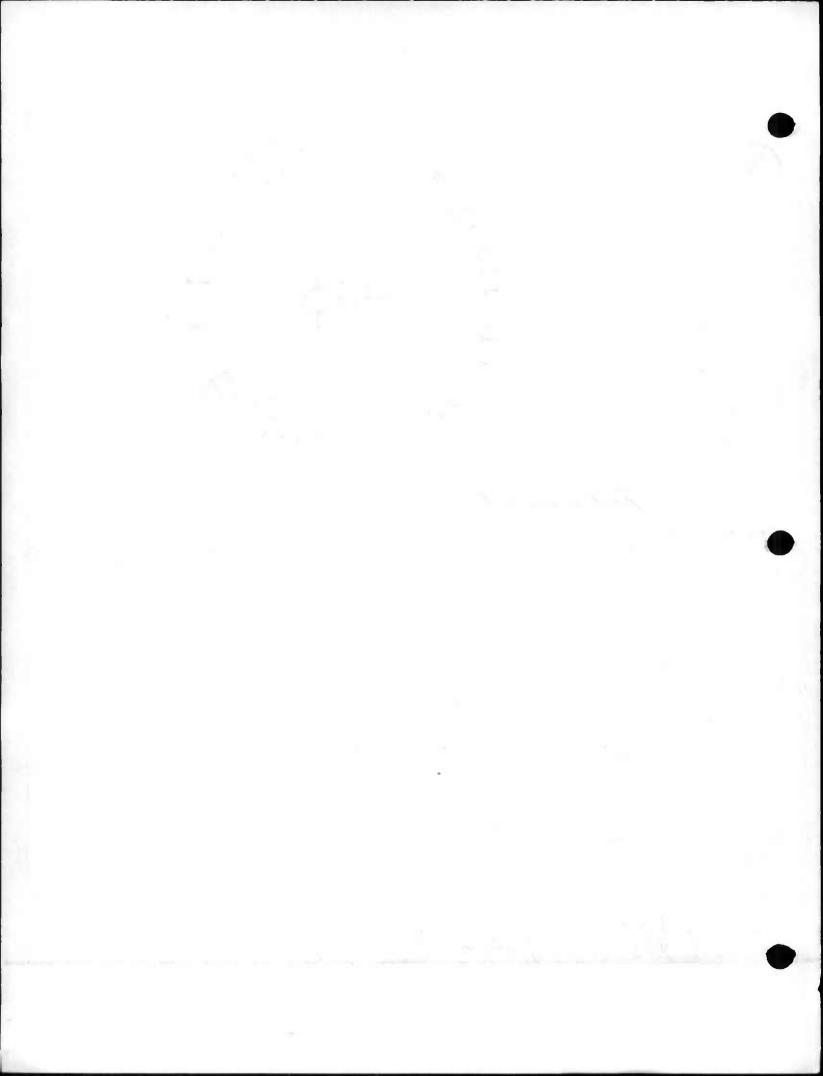


TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OI	MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	OF DEAT	ГН		REG. NO.

1 - FOR STATE REGISTRAR	STA	TE OF MARY				EALTH AND N	MENTAL HYGIEN		. 0,00,
1. DECEDENT'S NAME (First, A	Kober	ROBERT				rth	2. DATE OF DEATH MONTH	DAY 9	YEAR 7:00 p. M
4. SOCIAL SECURITY NUMBER 219-14-9470		M 2   F	E (In yrs. last birthd 64 YR	MONY	HB DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dec, Year) Feb 26, 1	927	e BIRTHPLACE (State or Fereign Country) [aryland
9a FACILITY NAME (If not insti Washington			13.7	9b. 0		erstown		9c. COUNT	ry of DEATH
RESIDENCE OF DECE									
Md Md	Washing	ton	10c.	. CITY, TOW	MN OR LOCAT	rstown			10d. INSIDE CITY LIMITS?  1 YES 2 X NO
10e. STREET AND NUMBER		1,2			101.	. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?
Rt 6 Box 19		AS DECEDENT FUEL	NILLO ADMED		10. 1100 0500	21740	10 0010110 1011. W	I I	USA
11. MARITAL STATUS 1 Never Married 2 N N 3 Wildowed 4 Divorce	farried FC	AS DECEDENT EVER DRCES? 1 YES YES, GIVE WAXOR	S 2 NO			ecify Cuban, Mexica	IIC ORIGIN? (Specify Yon, Puerto Rican, etc.)	HE OF NO.	14. RACE — American Indian, Black, White, etc. Specify: White
(Specify only I	DENT'S EDUCATION highest grade complete		(Give kind	NT'S USUA nd of work do NOT use retire	L OCCUPATION  lone during model  ed.)	N st of working	16b. KIND OF BI	USINESS/INDU	JSTRY
Elamentary/Secondary (0-1	2) Colle	oge (1-4 or 5+)		hanic			Tru	ck Man	nufacturer
17. FATNER'S NAME (First, Mid						18. MOTHER'S NA	ME (First, Middle, Maide		
John Albe	rt Forsy	th					Taylor		
190. INFORMANT'S NAME (Type Kleora For							Route Number, City or To		Code)
20a. METHOD OF DISPOSITION 1 23 Burial 2 Cremetion 4 Donation 5 Other (5	3 - Removal fro		Rear Ha	sposition aven	Cemet	netery, cremetory or			own, Maryland
21. SIGNATURE OF FUNERAL						ND ADDRESS OF FA			neral Home
23, PART I. Enter the dis	Lille						Blvd. H	agerst	own, Md 21740
snock, or ner IMMEDIATE CAUSE (Fine disease or condition resulting in death)  Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injurithat initiated events resulting in death) LAST	ons, lets of c.	DUE TO (OR AS	S A CONSEQUENCE	CE OF):	bra rebr	1 In	foreti	ins	Interval Between Onset and Death
PART II. Other significant	t conditions cont	ributing to death	but not result	ting in the	Hitu (u	of Valve		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	HOS	SPITAL:		ОТ	26, PI	LACE OF DEATH (Ch	eck only one)		
1 YES 2 DUE		Inpetient 2 ER/O		b. TIME OF	Mensing Non	ne 5 Rasidence	6 Other (Specify) 28d. DESCRIBE NOW	V IN H III III OCC	NIDED.
1 Netural 5 F	Pending restigation	(Month, Day, Year		INJURY	Wo	YES 2 NO	280. DESCRIBE NOW	r indukt occ	ONED
3 Suicide 6 C	Could not be letermined	26e. PLACE OF INJU building, etc. (S	RY — At home, fi	larm, atroot	, factory, offic	20	28f. LOCATION (Stree City or Town, Sta	et and Number te)	or Rural Route Number,
CONSTRUCTION ONLY							a to the cause(s) and n a time, data and place,		e cause(a) and manner as stated.
296. SIGNATURE AND TITLE	OF CENTIFIER	-MO	Personal	1 Pm	ysicien	29c. LICENSE NU	MBER -1359	29d. DATE	E SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF ROBENT	Brull	PLETED CAUSE OF	1459	(Typa, Prin	tome	ac Au	e. Ha	991159	town
MAR 1 2 9	(bar)	fuha Davidse	gnature gandel	×.					



K. YAZDANI, M.D.

31. DATE FILED (Month, Day, Year)
MAR 1 4 1991

	1. DECEDENT'S NAME (First, Middle, Las	t)	3=110	,	OF DE		2.	DATE OF DEA	S. NO.		3. TIME
	CLARENCE	DOWELL	GROSS					MARCH	12,	YEA 1991	
1	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday	) IF UNDER	1 YEAR IF U	NDER 24	HRS. 7.	DATE OF BIRT (Month, Day, )	TH (bar)	8. Bi	INTHPLACE (St
	217-07-3223	1 ★ M 2 ☐ F	80 YRS.					(Month, Day, ) uly 03			Mary1
	9a. FACILITY NAME (If not institution, give				, TOWN OR LO			9	9c. C0	DUNTY C	OF DEATH
ECTOR	CALVERT MEMORIAI	L HOSPITAL		PRIN	ICE_FRE	HDER	RICK			CALV	/FRT
REC	10a. STATE 10b. COUN		10c. C		OR LOCATION						10d. INS
- DIR	Maryland	<u>Calvert</u>		Prin	ce Fre		ick		I		1 YE
FUNERAL	240 Mason Road				10f. ZtP	206	78		10g. C	US	
NS I	11. MARITAL STATUS	12. WAS DECEDENT EV		13. \	WAS DECENDE			ORIGIN? (Spec	offy Yes or No-		RACE — Ameri Black, White, e
	1 Never Married 2 Married	FORCES? 1 []			If yes, specify			uarto Rican, e	rtc.)	5	Black, White, e Specify: B1a
D BY	3 Widowed 4 Divorced									U	
ш	15. DECEDENT'S Et (Specify only highest gra	ide completed)	16a. DECEDENT (Give kind o	of work done of use retired.)	CCUPATION during most of v	vorking		16b. KIND	OF BUSINESS/I	INDUSTR	RY
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)		rity	Guard						
COMPLET	17. FATHER'S NAME (First, Middle, Last)					MOTHER	R'S NAME	(First, Middle,	Maiden Surname	o)	
BE C	William D. Gr	oss				Sa	rah 1	Rawlin	gs		
TO B	19a, INFORMANT'S NAME (Type/Print)	1 - 7 -							or Town, State,		
-	Hattie E. Gro	SS							erick,		
	20e. METHOD OF DISPOSITION  1  Burlet 2  Cremetton 3  Re 4  Donation 5  Other (Specify)	movat from State	cob. PLACE AND DA			- 1	Cem.	/16/01	Cup do	— City o	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE	D ()		22.	NAME AND AD	DRESS	OF FACILI		451 Da	rac	Ronah
	MENICEL	Xous	10	So	11 E	· no	ro1				
	23. PART I. Enter the diseases, o							Home I	rince	Fre	derick
		or complications that core. List only one cause						Home I	rince	Fre	derick
	ahock, Dr heert fallur	a. Sudde	on each line.	not enter	the mode o	f dying	j, auch e	Home I	Prince reapiretory	Fre	derick
7	ahock, Dr heert fallur IMMEDIATE CAUSE (Final disease or condition	a. Sulle DUE TO (OR	on each line.	not enter	the mode o	f dying	y, auch e	Home I	Prince reapiretory	Fre	derick
LION	ahock, Dr heert fallur IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	a. Sulle DUE TO (OR	DO each line.  AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE	onot enter	the mode o	f dying	y, auch e	Home I	Prince reapiretory	Fre	derick
ICATION	ahock, Dr heert fallur IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Sulle DUE TO (OR DUE TO (OR DUE TO (OR	DO each line.  A S A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  COM	onot enter	the mode o	f dying	y, auch e	Home I	Prince reapiretory	Fre	derick
TIFICATION	ahock, Dr heert fallur IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING	a. Sulle  DUE TO (OR	AS A CONSEQUENCE	onot enter	the mode o	f dying	y, auch e	Home I	Prince reapiretory	Fre	derick
CERTIFICATION	shock, Dr heert failur IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Sudde  BUE TO (OR  DUE TO (OR  C. Sever  DUE TO (OR  DUE TO (OR  A S C C	DO each line.  As a consequence  As a consequence  As a consequence  A sa a consequence  A sa a consequence	onot enter	the mode o	Po H	y, such e	Home I a cerdiec of	Prince reapiretory	Fre arrest,	derick Ap Into
4	shock, Dr heert failur IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Sudde  BUE TO (OR  DUE TO (OR  C. Sever  DUE TO (OR  DUE TO (OR  A S C C	DO each line.  As a consequence  As a consequence  As a consequence  A sa a consequence  A sa a consequence	onot enter	the mode o	Po H	y, such e	Home I serdiec or	Prince reapiretory	Fre arrest,	derick Ap Int Or  24b. WERE AL AMALABI
-	shock, Dr heert failur IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Sudde  BUE TO (OR  DUE TO (OR  C. Sever  DUE TO (OR  DUE TO (OR  A S C C	DO each line.  As a consequence  As a consequence  As a consequence  A sa a consequence  A sa a consequence	onot enter	the mode o	Po H	y, such e	Home I s cerdiec of	Prince reapiretory  OLL  AAS AN AUTOP:	Fre arrest,	derick Ap int Or  24b. Were Al
MEDICAL	shock, Dr heert failur IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Sudde  BUE TO (OR  DUE TO (OR  C. Sever  DUE TO (OR  DUE TO (OR  A S C C	DO each line.  As a consequence  As a consequence  As a consequence  A sa a consequence  A sa a consequence	onot enter	the mode o	Po H	y, such e	Home I s cerdiec of	Prince reapiretory  OLL  AAS AN AUTOP: PERFORMED?	Fre arrest,	derick Ap Int Or  24b. WERE AL ANALABI COMPLE
MEDICAL	shock, Dr heert failur IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Sudde  a. Sudde  DUE TO (OR  DUE TO (OR  C. Sudde  DUE TO (OR  d. A S. C.  Jons contributing to de	DO each line.  As a consequence  As a consequence  As a consequence  A sa a consequence  A sa a consequence	onot enter	the mode o	Po-	y, auch e	Home I a cerdiec of	Prince reapiretory  OLL  AAS AN AUTOP: PERFORMED?	Fre arrest,	Aprint Or Day 1
SICIAN: MEDICAL	ahock, Dr heert failur IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condit	a. Sulle DUE TO (OR DU	DA each line.  AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  ON  The consequence	onot enter	nderlying cer	Po	y, auch e	Home I s cerdiec or	Prince reapiretory  OLL  ANS AN AUTOPPERFORMED? YES 2   NO	Fre arrest,	Aprint Or Day 1
SICIAN: MEDICAL	ahock, Dr heert fellur IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condit	a. Sulfe  DUE TO (OR  b. DUE TO (OR  C. DUE TO (OR  d. DUE TO (OR  d. DUE TO (OR  HOSPITAL:  1   Inpetient 2   El  28a. DATE OF IN.	DI eech line.  AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  OF THE PROPERTY OF THE PR	onot enter onot enter onotenter onot	26. PLACE R: rating Home 5 26c. thJURY	Po	ren in Par	Home I s cerdiec or	Prince reapiretory  OLL  ANS AN AUTOPPERFORMED? YES 2   NO	Fre arrest,	24b. WERE AL AWALABI COMPLE OF DEAT
PHYSICIAN: MEDICAL	ahock, Dr heert failur iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condit  25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending	a. South one cause  a. South one cause  b. DUE TO (OR  c. DUE TO (OR  d. DUE TO (OR  d. A S C  HOSPITAL:  1   Inpetient 2   El  28a. DATE OF tN.  (Month, Day)	DI eech line.  AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  OF THE PROPERTY OF THE PR	onot enter	26. PLACE R: raing Home 5	Po	ren in Par	Home I s cerdiec or	Prince reapiretory  OLL  ANS AN AUTOPPERFORMED? YES 2 \( \text{NO} \)	Fre arrest,	24b. WERE AL AWALABI COMPLE OF DEAT
D BY PHYSICIAN: MEDICAL	ahock, Dr heert fellur IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not 1	a. Sulfe DUE TO (OR DU	DO eech line.  AS A CONSEQUENCE  AS A CONSEQUENC	onot enter	25. PLACE R: raing Home 5 26c. INJURY WORK? 1 YES	Po	TH (Check dence 6 [20]	Home I s cerdiec or	ARS AN AUTOPS PERFORMED? YES 2   NO	Fre arrest,	24b. WERE AL AVAILABLE COMPLE OF DEAT
ETED BY PHYSICIAN: MEDICAL	ahock, Dr heert failur IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condit  25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not 4 Homicide	a. Sulfe DUE TO (OR DU	DO eech line.  AS A CONSEQUENCE  AS A CONSEQUENC	onot enter	25. PLACE R: raing Home 5 26c. INJURY WORK? 1 YES	Po	TH (Check dence 6 [20]	Home I a cerdiec of the second	ARS AN AUTOPS PERFORMED? YES 2   NO	Fre arrest,	24b. WERE AL AVAILABLE COMPLE OF DEAT
ETED BY PHYSICIAN: MEDICAL	ahock, Dr heert fellur immediate cause or condition resulting in death)  Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions of the conditio	B. List only one cause  a. Sullie  DUE TO (OR  DUE TO (OR  C. DUE TO (OR  d. A S C.  DUE TO (OR  DUE TO (OR  DUE TO (OR  C. LIVEY  DUE TO (OR  DUE TO	DI eech line.  AS A CONSEQUENCE  AS A CONSEQUENC	OTHER OF INJURY M	26. PLACE R: raing Home 5 26c. tNJURY 1  YES tory, office	Po  Lu  Jase giv  OF DEA  AT  2   1	ren in Parisith (Check dence 6 (2)	Home I s cerdiec or vertical services of the cause(a) or the c	ANS AN AUTOPPERFORMED? YES 2 NO	SY OCCURE	24b. WERE AL AWAILABI COMPLE OF DEAT
ED BY PHYSICIAN: MEDICAL	ahock, Dr heert fellur immediate cause or condition resulting in death)  Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions of the conditio	a. Sulfer DUE TO (OR D	DI eech line.  AS A CONSEQUENCE  AS A CONSEQUENC	OTHER OF INJURY M	26. PLACE R: raining Home 5 26c. tNJURY WORK? 1 YES tory, office	OF DEA	ren in Parisith (Check dence 6 (2)	Home I a cerdiec of the cause(a) of the cause(a) of the data and p	ANS AN AUTOPPERFORMED? YES 2 NO  (Street and Num, 5tate)  Indian menner as lace, and due to	SY  OCCURE  stated. to the car	24b. WERE AL AWAILABI COMPLE OF DEAT

PRINCE FREDERICK, MARYLAND

32. SEGISTRAR'S SIGNATURE Fulia Dandase

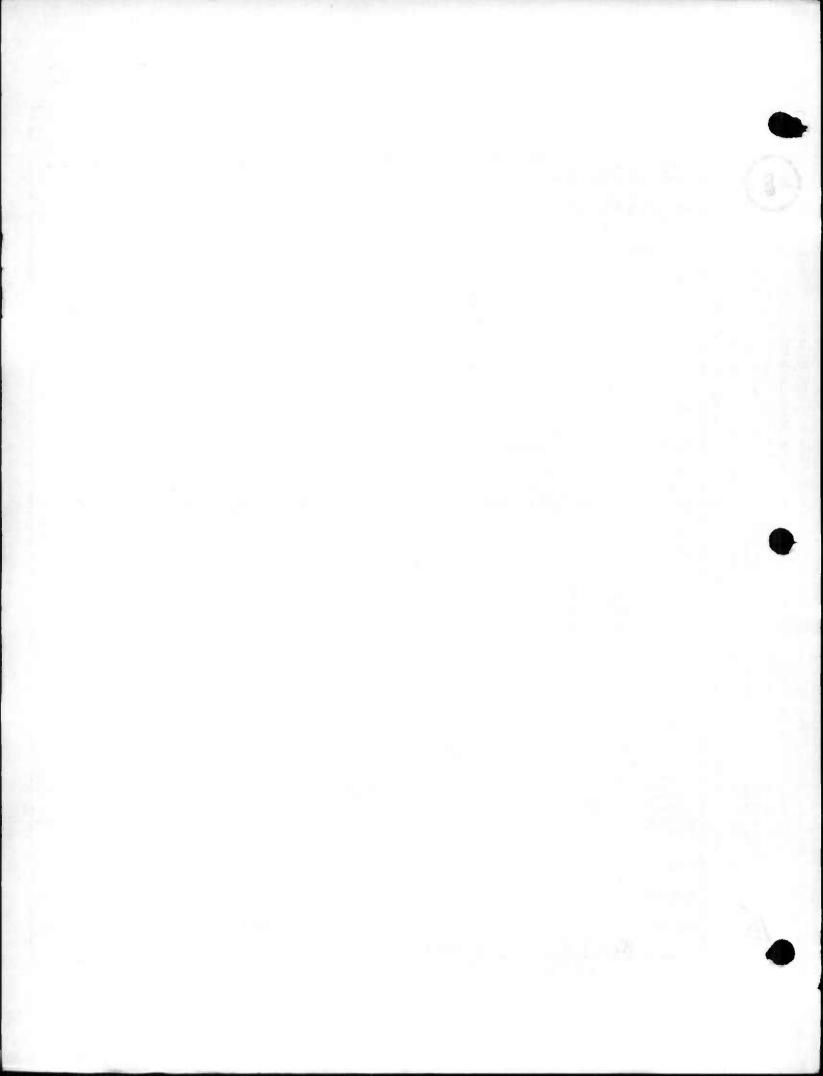
DHMH-16 Rev 1/89

100 14 591 FEBRUAR

DHMH-16 Rev 1/89

6,	within
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OR ATTENDING PHYSICIAN: The law requires that the death certificate he executed within 25.
ŏ	at at
0.0	cartifica
P.	death
DS	t the
OH	e tha
JEC.	rachile
_	Jan.
TA	The
>	CIAN
9	PHYS
N	DING
ISI	ATTEN
3	OB
-	-

1. DECEDENT'S NAME (First	t, Middle, Last)								2. DATE OF				3. TIME OF DEATH
Ralph		G	Given						March	2,	1991	YEAR	4:15 A M
4. SOCIAL SECURITY NUMBER	BER	S. SEX	6. AGE (In yrs	s. lest birthday)		R 1 YEAR	IF UNDER		7. DATE OF E	HTRI		8. BIRTH	IPLACE (State or Foreign
578-32-714	_	1 XM 2 - F	77	YRS.	MONTHS	DAYS	HOURS	MIN.	Mar. 7	, 19	913	Country	Nash., D.C.
9a. FACILITY NAME (If not in					9b. CITY	Y, TOWN I	DR LOCATIO	ON OF DE	ATH		9c. COU	INTY OF D	EATH
Manor Care		ac			Po	toma	ac				M	lontg	omery
RESIDENCE OF DEC	106. COUNTY			10c. CIT	Y, TOWN	DR LOCA	TION						10d, INSIDE CITY
MD	Mont	gomery			ckvi								LIMITS?
10e. STREET AND NUMBER							f. ZIP CODE				10g. CIT	IZEN OF V	WHAT COUNTRY?
11301 Hun	tover	Drive					208	52				U.S.	Α.
11. MARITAL STATUS		12. WAS DECEDEN	NT EVER IN U.S	ARMED					C DRIGIN? (S		or No-	14. RACE	E — American Indian, k, White, etc.
3 🕅 Widowed 4 □ Divo	Wildowed 4 Divorced IF YES, GIVE WAR OR DATE						S 2 ND		, Puerto Ricar	i, etc.)		Speci	
	CEDENT'S EDU		16a	. DECEDENT'S (Give kind of	work done	during mo	ON ost of worldn	g	16b. KIN	D OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (I	0-12)	College (1-4 or 5		Ille. Do NOT u	se retired.)	)				2 4	379	1 0	
17. FATHER'S NAME (First, M	striction t most	JT	υ.	irecto	r or	260						d. G	ov't.
Ralph Giv									AE (First, Middl Cauley		Surname)		
10s. INFORMANT'S NAME (				105 MAIL INC	ADDRES	e /Chront			oute Number, C		Pa-da 71	- A-dal	
Susan Drai	**								Rockvi			208	50
20s. METHOD OF DISPOSIT		on an or	20b. PL/	ACE OF DISPO	SITION (N	lame of cer	metery, crem		ROCKVI			City or To	
1 X Buriel 2 Crematic		oval from State	Cirr	61°8° Hi	11 C	emet	ery			-/-			y, PA
21. SIGNATURE OF FUNERA	SERVICE LIC	CENSEE					ND ADDRES						
mic	40.0	22	. 01.						s Son				
immediate cause (Fit disease or condition resulting in death)	nei	a. Cardio DUE TO Anemia	pulmon o (or as a con	ary ar		:							Interval Between Onset and Death
Sequentially list condit		0	O (DR AS A CON	NSEQUENCE O	F):								<del>-</del>
cause, Enter UNDERLY CAUSE (Disease or Inju	ING	Metast	atic c	olon c	ance	r							
that initiated events		DUE TO	(DR AS A CON	NSEQUENCE O	F):								
resulting in death) LAS	" (	d											
PART II. Other significe	ent condition	s contributing to	deeth but n	ot resulting	in the u	nderlyin	g ceuse g	iven in i	Part I. 24e	. WAS AN	AUTOPSY	24b	WERE AUTOPSY FINDINGS
Metastat	ic pro	state ca	ncer;	Athero	scle	roti	c co	rona	ry	PERFOR			AMILABLE PRIOR TO COMPLETION DF CAUSE
vascular	disea	se.							_   ''	_ 120 2	A NO		OF DEATH?  1 YES 2 NO
									_				
25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOODITAL							ck only one)				
1 TYES 2 NO		HOSPITAL: 1 Inpatient 2	☐ ER/Outpatien	M 3 DOA	4X Nu	R: raing Hon	ne 5 🗆 Re	eldence	6 Other (Sp	ecffy)			
	Pending Investigation	26a. DATE OF (Month, L	F INJURY Day, Year)	26b. Til	ME OF JURY M	WC	JURY AT ORK? YES 2	NO	26d. DEŞCRI	BE HOW II	NJURY OC	CURED	
a D Butette	Could not be determined		OF INJURY — A I, etc. (Specify)	it home, farm,	street, fac	ctory, offic	0		281. LOCATIO City or To	N (Street a wn, State)	and Numbe	r or Rural F	Route Number,
		ICIAN: To the best of ER: On the basis of s											s) and manner as stated.
296. SIGNATURE AND TITLE	OF CERTIFIE	R/ 21-	. ()	10.1	^		29c. LICE	NSE NUM	BER		29d. DA	TE SIGNED	(Month, Day, Year)
11400		11/1/	ody	100			D3	887	81			3/2/	191
30. NAME AND ADDRESS O						LI a =	hisa			2001	,		
Michael G 31. DATE FILED (Month, Day,	Year)	32. REGISTR	AR'S SIGNATUR	RE			ningt	on J	J.C.	20010	b		
MAR	04 '91	I di	whia Davis	dron-Ras	ndelle								



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

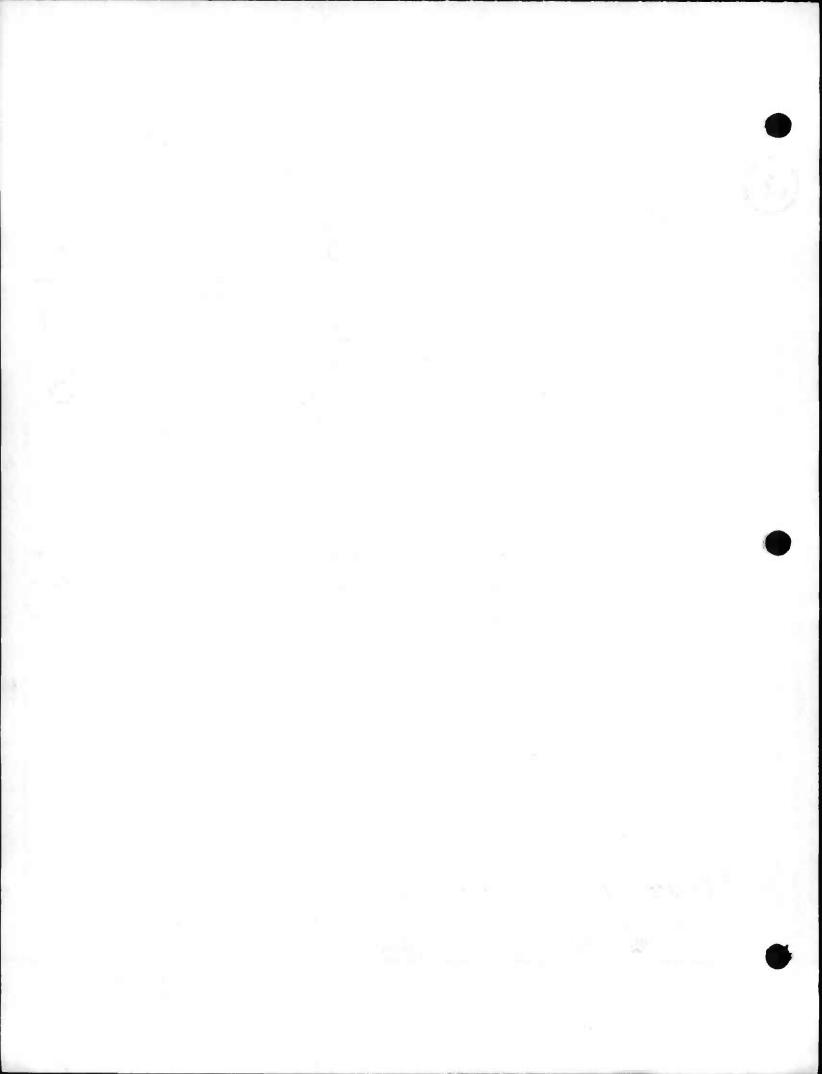
TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIFIC	CATE C	F DEATH	RE	G. NO.		
1. DECEDENT'S NAME (First, Middle, Las	1 I dilloco		ridge		2. DATE OF DI	EATH / DAY.	/ YEAR	3. TIME OF BEATH
Frances	Goodnida				03	1 02	141	D'AM"
4. SOCIAL SECURITY NUMBER	5, SEX 6. AGE	In yrs. last birthday)	IF UNDER 1 YEA	-	7, DATE OF BI	RTH Voor)	8. BIRT	HPLACE (State or Foreign
243-40-1854	1 M 2 XXF	82 YRS.	MONTHS DAY	78 HOURS MIN.	Dec.	3, 1908		th Carolina
Se. FACILITY NAME (If not institution, give	e street and number)		9b. CITY, TOV	VN OR LOCATION OF DE	EATH	9c. C	DUNTY OF	DEATH
Suburban Hospital RESIDENCE OF DECEDENT 108. STATE 108. COU	al		Beth	esda		Mo	ontgo	mery
10a. STATE 10b. COU	NTY	10c. CITY,	TOWN OR LO	CATION	<del></del>			10d. INSIDE CITY LIMITS?
Maryland Mon	tgomery	Che	evy Ch	ase				1 X YES 2 NO
				10f. ZIP CODE		10g. (	CITIZEN OF	WHAT COUNTRY?
106 Oxford Street	et.			20	0815	Ur	nited	States
10e. STREET AND NUMBER  106 Oxford Street  11. MARITAL STATUS  1 Never Married 2 X Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 X NO	If yes	DECENDENT OF HISPAI s, specify Cuban, Mexica YES 2 X NO Specif	an, Puerto Rican,		Spe	CE — American Indian, ck, White, etc. icity: hite
	DUCATION	16a. DECEDENT'S U	USUAL OCCU	PATION	16b. KING	OF BUSINESS		
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5 +)	(Give kind of wi	ork done during	g most of working				
Elementary/secondary (0-12)	6	Teacher	/ Home	emaker	Educ	ation	/ Own	Home
17. FATHER'S NAME (First, Middle, Last)			,	16. MOTHER'S NA	AME (First, Middle	. Maiden Sumam	a)	
	Hamnton				eth Rob		-,	
Second Madison  19a. INFORMANT'S NAME (Type/Print)	Hampton	10h MAII ING	ADDRESS (C)	reet and Number or Rural			7in Codel	
Noah Goodridge				Street,				815
Woall Goodfidge				of cemetery, cremetory or		20c. LOCATION		
20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 F	amovai from State	uburban C						ng, Maryland
4 Donation 5 Other (Specify)  21, SIGNATURE OF FUNERAL SERVICE		ODOLDAIL C		E AND ADDRESS OF F	ACH ITY	211461	Opii	ing, nary ranc
Delles	W. Rap	P	Ran	op Funeral	Servic	es, P.	A.	, MD 20910
23. PART I. Enter the diseeses,	or complications that caus	ed the deeth. Do n						Approximete
shock, or heart fellu	re. List only one ceuse Dn	esch line.						Interval Between Onset and Death
IMMEDIATE CAUSE (Finel disease or condition	06041	BROWA	c. 1. 0	e ne	104	H		
resulting in desth)	a. OUF TO (OR AS	A CONSEQUENCE OF	):	R ACC	7102	,,,,		E acce
	ARM	er D CC	20-	· VACC	10	D116	sare e	Y\$400
Sequentially list conditions,	b. DUE TO (OR AS	A CONSEQUENCE OF	):	IC VISC	CUINC	D 10 1	113.6	707103
if any, leading to immediate cause. Enter UNDERLYING	DIAC	FAVE S	me	KINS				YEAR
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE OF		100				
resulting in death) LAST								
B	d							
PART II. Other eignificant condi	ilons contributing to death	but not resulting I	in the under	riying csuse given ir		WAS AN AUTOR PERFORMED? YES 2 NO		4b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER?  1 YES TO NO  27. MANNER OF DEATH								
25. WAS CASE REFERRED TO MEDICA	HOSPITAL:			26. PLACE OF DEATH (C	check only one)			
1 TYES 2 NO	1 Inpatient 2 ER/O	utpetient 3 DOA	OTHER:	Home 5 - Residence	6 Other (Sp	ecify)		
27. MANNER OF GEATH	28e. DATE OF INJUR (Month, Day, Year	Y 28b. TIM	E OF 28	c. INJURY AT WORK?	28d. DESCRII	BE HOW INJURY	OCCURED	
1 Natural 5 Pending 2 Accident Investigat				YES 2 NO				
3 Suicide 6 Could not U 4 Homicide determine	be 28e. PLACE OF INJU building, etc. (S)	IRY — At home, farm, a pecify)	street, factory,	office	28f. LOCATIO City or To	al Route Number,		
29e. CERTIFIER 1 X CERTIFYING P (Check only one) 2 MEDICAL EXA	HYSICIAN: To the best of my kn	owledge death occur	ed at the time	data and place, and th	in to the causels	and manner a	helete r	
(Check only one)	MINER: On the basis of examine							ne(s) and manner as stated
8		aron aron into angerto	m, m my opm					
296. SIGNATURE AND TITLE OF CENT	./	4.0		29c. LICENSE NI				ED (Month, Day, Year)
o tamel	Josenthe	(m)		104	766		J	2-91 (sol/MD 20893
30. NAME AND ADDRESS OF PERSON	/	DEATH (ITEM 27) (Type	, Print)					
DANIEL R	OSENBUM	MD /	0400	CINNECS	ZWT /	W, KE	MIL	6502 MD 2089
31. DATE FILED (Month Day, Hear)	32. REGISTRAR'S SI	GNATURE AND	2					

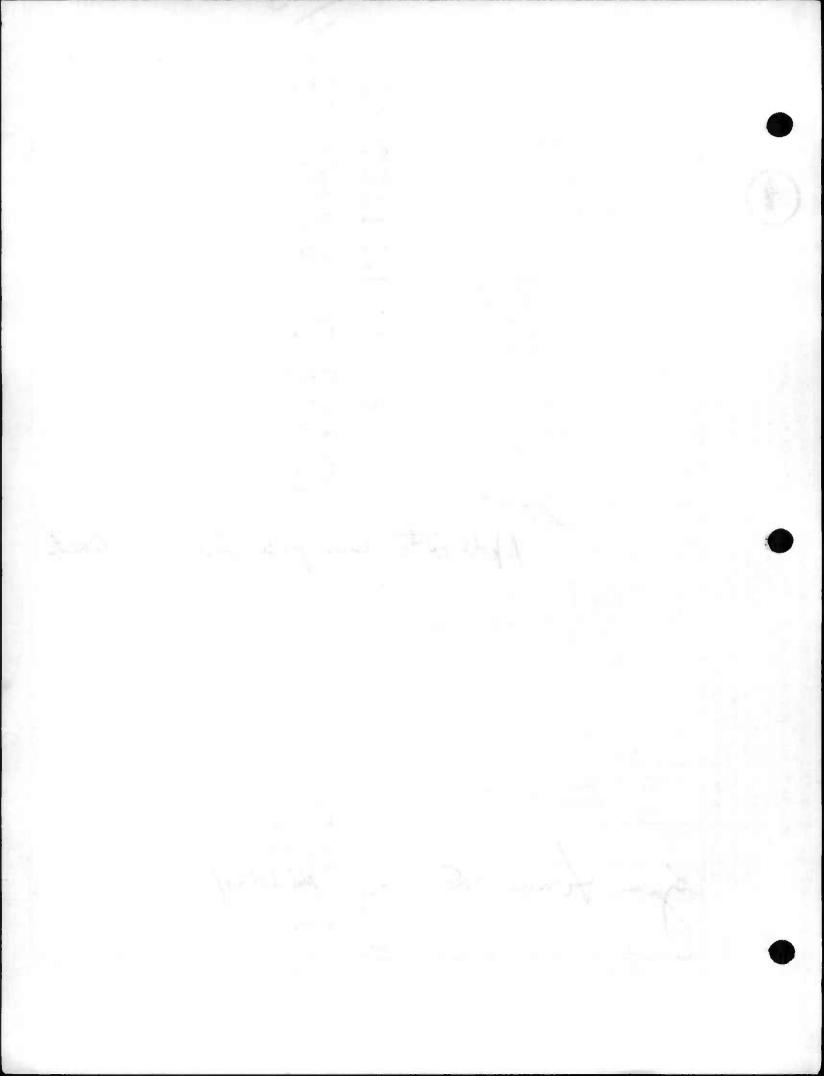




פאבו וואוסחב, ואואח ובאואם	urs after death. Page 6 may be retained by the hos	in by the funeral director, page 5 should be detache removal.	ie medical examiner must be notified at once.
DIVISION OF VIEW RECORDS, F.C. BOX 13139,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach to find within 72 hours after death with the State Dect. of Health and Mental Hotelne prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

- STATE REGISTRAR		CEI	THITOAL	LOI	DEATH		REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE MONTI	DF DEATH	AY	YEAR 3.	TIME OF DEATH
		Elizabe					ruary			12:49 p
4. SOCIAL SECURITY NUMBER	6. SEX	S. AGE (In yrs. lest b	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mont)	OF BIRTH	6	Country)	ACE (State or Foreig
268-05-3559  9e. FACILITY NAME (If not institution, give a		77	YRS.				ober3			ntucky
			96. C1		R LOCATION OF D	EATH		9c, COUNT	Y DF DEAT	Н
Montgomery G	eneral Ho	spital			Olney			M	ontgo	omery
10a, STATE 10b, COUNT	Υ		10c. CITY, TOWN	OR LOCATION	IDN				10	d. INSIDE CITY
Kentucky	Kenton			Co	ovingto	1			15	YES 2 NO
10e, STREET AND NUMBER				101.	ZIP CODE			10g. CITIZE	N OF WHA	T COUNTRY?
1114 West 33rd S	treet				41015			Uni	ted S	States
11. MARITAL STATUS	12. WAS DECEDENT FDRCES? 1	EVER IN U.S. ARME YES 2 X HO			ENDENT OF HISPA			or No- 1	4. RACE — Black, W	American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WA				2 NO Speci				Specify:	
15. DECEDENT'S EDU	I CATION	140 0505	DENT'S USUAL	OCCUPATION		T 401	VIIID OF BU		0.Tmv	White
(Specify only highest grade	completed)	(Give	kind of work done to NOT use retired.	ne during mos	at of working	100	KIND OF BU	SINESS/INUU:	SIRT	
Elementary/Secondary (0-12)	College (1-4 or 5+)							0		
17. FATHER'S NAME (First, Middle, Lest)			Homema	aker	16. MOTHER'S N	AME (First	Middle, Malden	Own H	ome	_
	omas Rung	0								
19a, INFORMANT'S NAME (Type/Print)	Umas Rund		MAILING ADDRE	ESS (Street on	nd Number or Burel		ose St ber, City or Tox			
Vincent Gordon	Gibbs	1000			onal Lar					baclur
20a. METHOD OF DISPOSITION		20b. PLACE DF	DISPOSITION (		netery, cremetory or					State 2085
1 Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	Mother place	r of Go	od Cor	notoru					entucky
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1 110 0110			D ADDRESS DF F	ACILITY		THIS LO.	u. Ke	HLUCKY
			T	Rotho	t A. Pur	TTT Ch	200 7	2 7	EE7 t	7::
23. PART I. Enter the diseeses, or shock, or heart fellure.	complications that List only one caus	MOO caused the deat e on each line	335	Bethes Avenue	sda-Chev e Bethes	y Ch	ase, I Maryla	nc. 7	557 V 814	Approximate Interval Betw
23. PART I. Enter the sheeses, or shock, or heart fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	s	caused the deat	th. Do not ante	Bethes Avenue	sda-Chev e Bethes	y Ch	ase, I Maryla	nc. 7	557 V 814	Approximate
shock, or heert fellurg.  IMMEDIATE CAUSE (Final disease or condition	s	caused the deat e on each line.	335 P.	Bethes Avenue	sda-Chev e Bethes	y Ch	ase, I Maryla	nc. 7	557 V 814	Approximate Interval Betw
shock, or heart fellurs.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	s. Due to (c	OR AS A CONSEDU	335 P.	Bethes Avenue ter the mod	sda-Cheve Bethes	y Ch sda,	ase, I	nc. 7 nd 20 Iratory srre	557 V	Approximate interval Betwo
shock, or heert feliurs.  IMMEDIATE CAUSE (Finel disesse or condition resulting in deeth)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events	s. Due to (c	OR AS A CONSEDU	335 P.	Bethes Avenue ter the mod	sda-Cheve Bethes	y Ch sda,	ase, I Maryla disc or resp	inc. 7 ind 20 iratory srred	24b. WA	Approximate Interval Betw
shock, or heart fellurs.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	s. Due to (c	OR AS A CONSEDU	335 P.	Bethes Avenue ter the mod	sda-Cheve Bethes	y Ch sda,	ase, I Maryla disc or resp	inc. 7 ind 20 iratory srred	24b. W. A. CO	Approximate Interval Betwonset and Donest an
shock, or heart fellurs.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	s. Due to (c	OR AS A CONSEDU	335 P.	Bethes Avenue ter the mod	sda-Cheve Bethes	y Ch sda,	ase, I Maryla disc or resp	inc. 7 ind 20 iratory srred	24b. W. A. CO	Approximate Interval Betwonset and Donest an
shock, or heart fellurs.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	s. Due to (c	OR AS A CONSEDU	335 P.	underlying	sda-Cher <u>Bethes</u> de of dying, su	Pert I.	ase, I Maryla disc or resp 24a. WAS AI PERFD 1   YES	inc. 7 ind 20 iratory srred	24b. W. A. CO	Approximate Interval Betwonset and Donest an
shock, or heert fellurs.  IMMEDIATE CAUSE (Fine) disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	b. DUE TO (d. DUE TO (d. HOSPITAL:	OR AS A CONSEDU	THENCE OF):  SENCE OF):  SENCE OF):  OTHI	underlying  28. PL	g ceuse given in	Pert I.	ase, I Maryla disc or resp  24a. WAS AP PERFD 1   YES :	inc. 7 ind 20 iratory srred	24b. W. A. CO	Approximate Interval Betwonset and Donest an
shock, or heert fellurg.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	b. DUE TO (d. DUE TO (d. HOSPITAL:	CR AS A CONSEDU  OR AS A CONSEDU  OR AS A CONSEDU  DR AS A CONSEDU  DR AS A CONSEDU  DR AS A CONSEDU  DR AS A CONSEDU	HENCE OF):  BENCE OF):  BUILDING In the or	underlying  28. PL.  ER:  Hursing Home	g cause given in  ACE DF DEATH (C	Pert I.	ase, laryladisc or resp  24a. WAS APPERFO 1  YES:	AUTOPSY RMED?	24b. W. A. A. C.	Approximate Interval Betwonset and Donest an
shock, or heart fellura.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in death and conditions in death and conditions in the conditions in	b. DUE TO (d. DUE TO (d. HOSPITAL:	CRAS A CONSEDU  OR AS A CONSEDU  OR AS A CONSEDU  OR AS A CONSEDU  DR AS A CONSEDU	THENCE OF):  SENCE OF):  SENCE OF):  OTHI	underlying  28. PL  EER:  tursing Home  28. INJU  WO	g cause given in  ACE DF DEATH (C	Pert I.	ase, I Maryla disc or resp  24a. WAS AP PERFD 1   YES :	AUTOPSY RMED?	24b. W. A. A. C.	Approximate Interval Betwonset and Donest an
shock, or heart fellurs.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 ND  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	b. DUE TO (() c. DUE TO (() d. HOSPITAL: 1 12 Inpetient 2 12 28a, DATE OF 1 (Month, Da) 28a, PLACE OF	CRAS A CONSEDU  OR AS A CONSEDU	ENCE OF):  BENCE OF):  BUILDING In the original pool of the original poo	underlying  28. PL  ER: tursing Home  28. WJU  1 1 Y	ACE DF DEATH (Co 5   Rasidence URY AT RK?	Part I.	ASE, IMATY 1 a disc or resp  24a. WAS AT PERFO 1  YES:	I AUTOPSY RMED?  2X NO	24b. W AM CO O 1	Approximate Interval Betwonset and Donest an
shock, or heart fellura.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in death and conditions in death and conditions in the conditions in	b. DUE TO (() c. DUE TO (() d. HOSPITAL: 1 12 Inpetient 2 12 28a, DATE OF 1 (Month, Da) 28a, PLACE OF	CRAS A CONSEDU  OR AS A CONSEDU  OR AS A CONSEDU  OR AS A CONSEDU  DR AS A CONSEDU	ENCE OF):  BENCE OF):  BUILDING In the original pool of the original poo	underlying  28. PL  ER: tursing Home  28. WJU  1 1 Y	ACE DF DEATH (Co 5   Rasidence URY AT RK?	Part I.	ase, I Maryla disc or resp 24a. WAS AI PERFO 1 U YES	I AUTOPSY RMED?  2X NO	24b. W AM CO O 1	Approximate Interval Betwonset and Donest an
shock, or heert fellurs.  IMMEDIATE CAUSE (Fine) disesse or condition resulting in deeth)  Sequentielly list conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND  27. MANNER OF DEATH 12 Netural 5 Pending Investigation 3 Suicide 8 Could not be 4 Homicide 10 NCCERTIFYING PHYS	BICIAN: To the best of n	Caused the deet e on each line.  OR AS A CONSEDU  OR AS A	BUILD IN THE OF INJURY M.  The form, street, for the occurred et the	underlying  28. PL.  ER: Hursing Home  28c. INJU  1	g cause given in  ACE OF DEATH (CO  S C Residence  URY AT RK?  (ES 2 ND  end place, end de	Pert I.	ase, I Maryla disc or resp  24a. WAS AI PERFO 1  YES  CATION (Street or Town, Stete use(e) end ma	I AUTOPSY RMED?  2X NO  INJURY OCCU	24b. What,	Approximate interval Betwonset and Donaet an
shock, or heart fellurs.  IMMEDIATE CAUSE (Fine) disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 ND  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 5 Could not be 4 Homicide 4 SCERTIFFIER (Check only)  1 XCERTIFIER (Check only)	B. DUE TO (C. DUE TO (	Caused the deet e on each line.  OR AS A CONSEDU  OR AS A	BUILD IN THE OF INJURY M.  The form, street, for the occurred et the	underlying  28. PL.  ER: Hursing Home  28c. INJU  1	ace of dying, su  ceuse given in  ACE DF DEATH (C  5 Residence URY AT  RK7  end place, end de eath occured at the	Pert I.  Check only or  286. LOC  286. LOC  286. Loc chy  are to the case time, determined.	ase, I Maryla disc or resp  24a. WAS AI PERFO 1  YES  CATION (Street or Town, Stete use(e) end ma	Inc. 7 ind 20 iratory srrei	24b. W AM COI 1	Approximate Interval Betwonset and Donaet an
shock, or heart fellura.  IMMEDIATE CAUSE (Fine) disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 ND  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 5 Could not be 4 Homicide 6 determined  29a. CERTIFIER (Check only one) 1 XCERTIFYING PHYS (Check only one) 2 MEDICAL EXAMIN  29b. SIGNATURE AND TITLE OF CERTIFIER	BLCIAN: To the basic of exist.	Caused the deet e on each line.  OR AS A CONSEDU  OR AS A	BUILD IN THE OF INJURY M.  The form, street, for the occurred et the	underlying  28. PL.  ER: Hursing Home  28c. INJU  1	g cause given in  ACE OF DEATH (CO  S C Residence  URY AT RK?  (ES 2 ND  end place, end de	Pert I.  Check only or  286. LOC  286. LOC  286. Loc chy  are to the case time, determined.	ase, I Maryla disc or resp  24a. WAS AI PERFO 1  YES  CATION (Street or Town, Stete use(e) end ma	AUTOPSY RMED? 2X NO INJURY OCCU	24b. What,  24b. What,  Parel Rouled	Approximate Interval Betwonset and Donaet an
shock, or heert fellurs.  IMMEDIATE CAUSE (Finel disesse or condition resulting in deeth)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	B. DUE TO (C. DUE TO (	Caused the deat e on each line.  OR AS A CONSEDU  OR AS A	The Do not anti- the Do	underlying  28. PL.  ER: Hursing Home  28c. INJU  1	ace of dying, su  ceuse given in  ACE DF DEATH (C  5 Residence URY AT  RK7  end place, end de eath occured at the	Pert I.  Check only or  286. LOC  286. LOC  286. Loc chy  are to the case time, determined.	ase, I Maryla disc or resp  24a. WAS AI PERFO 1  YES  CATION (Street or Town, Stete use(e) end ma	AUTOPSY RMED? 2X NO INJURY OCCU	24b. What,  24b. What,  Parel Rouled	Approximate Interval Betwonset and Donaet an
shock, or heert fellurs.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   Yes   2   ND  27. MANNER OF DEATH  12   Accident   Netural   5   Pending Investigation   1   Netural	BICIAN: To the basic of extent of the COMPLETEO CAUSI	CRUSED UNDER AS A CONSEDU  OR AS A CONSE	BENCE OF):  JENCE	underlying  28. PL  ER: Nursing Home  28c. INJ  1  Yestory, office te time, date ny opinion, de	ACE DF DEATH (C  o 5   Raeldence UPTY AT RKY?  end place, end de eath occured at th  29c. LICENSE NI	Pert I.  Check only one to the case time, determined to the case time, det	ase, Imary 1adisc or respiration of the control of	INJURY OCCU	24b. WARANCO ON 1 1 SIGNED (M. Druar	Approximate interval Betwonset and Donaet an



TO BE COMPLETED BY FUNERAL DIRECTOR

1	-		R ATE GIS		AF
	1. D	ECE	DEN	T'S	N/
L		_			_

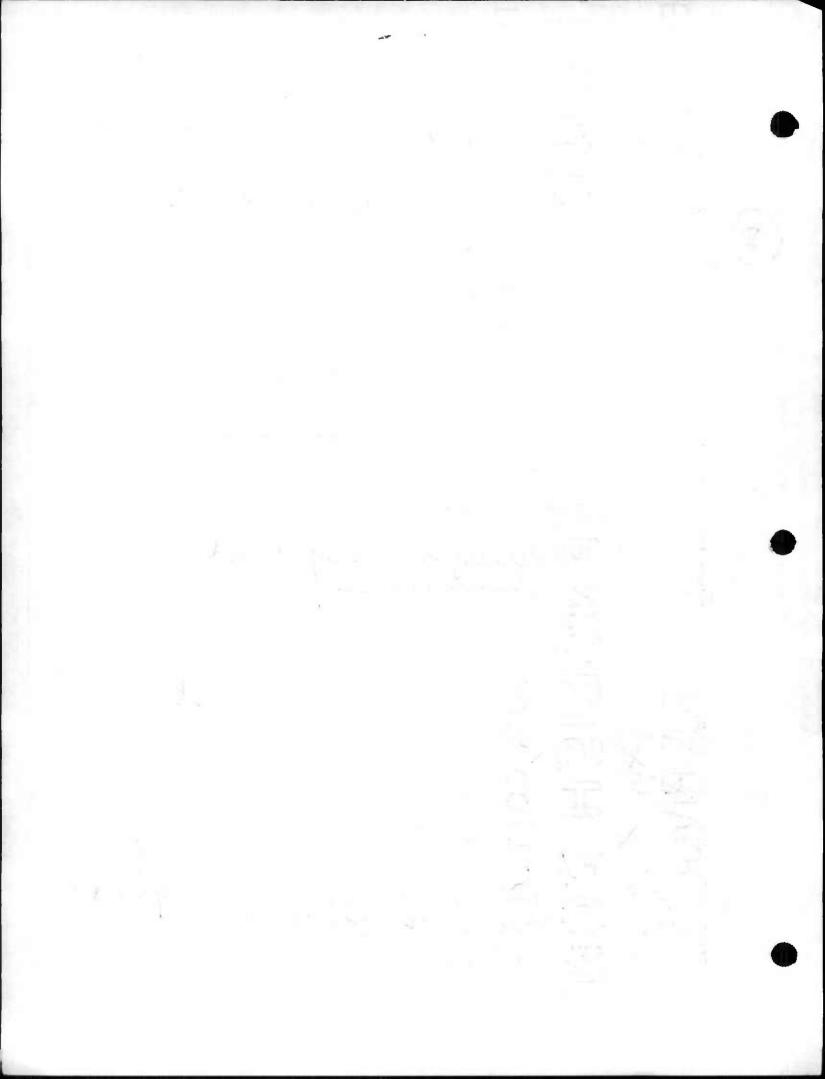
1 - STATE REGIST		STATE OF MARYL		TMENT OF			REG. NO.		
	'S NAME (First, Middle,	LIOTT	Go	LD	72	2. DATE OF MONTH	OEATH OAY	9 PEAR	203 A
052-16		1 M 2 🗆 F	(In yrs. lest birthday)  70 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, I)	3/1921	Bro	oklyn, NY
11 .1		give street and number) SS HOSPITA	9L,		er S		9 100	Mo:	ntgomery
HoL RESIDENCE 100. STATE Maryla		ounty Iontgomery		y, town on Loca thesda	ITION				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
	AND NUMBER				of, ZIP CODE		10g. (		HAT COUNTRY?
11. MARITAL S		errace, #208  12. WAS DECEDENT EVER FORCES? 1 ☑ YES IF YES, GIVE WAR OR I	2 NO	If yes, s	20817 CENDENT OF HISP pecify Cuban, Mexi s 2 🖾 NO Spe	can, Puarto Ric	Specify Yaa or No- an, etc.)	U . S . A 14. RACE Black Speci	— American Indian, c, White, etc.
	15. OECEOENT'S (Specify only highest y/Secondary (0-12)	S EDUCATION	16a. OECEOENT'S			18b. K	G.S.A.	INDUSTRY	White
Willi	NAME (First, Middle, La am Gold				Minni	e Cohe	idie, Maiden Surnam N		
Louis	e Gold (w	vife)	7420	Westlak	e Terrac	e, #20	8 Bethes	da, M	
4 Donatio	n 6 🛮 Other (Specify	Removal from State	bb. PLACE AND DAT cemetary_crematory ing Davi	d Mem. (	Garden	3/3	Falls		Carlo de la carlo
21. SIGNATUR	BE OF THE SERVI	ST. L		Danza		ldberg	Memoria e, Rockv		pels, Inc. MD 20852
Sequentiall if any, leed cause. Ente	e CAUSE (Finel condition n death)  by list conditions, ling to immediate er UNDERLYING sease or injury	OUE TO (OR AS	A CONSEQUENCE O	U CO	man aval Recivin	But of	whos f Stol	15	Interval Between Onset and Deal 2 MIN (N)
PART II. OI	ther eignificent con	ditione contributing to deeth	but not resulting	in the underlyi	ng cause given		24e. WAS AN AUTOP PERFORMEO? 1 YES 2 NO		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1  YES 2  NO
25. WAS CASI EXAMINE		HOSPIAL:		26.	PLACE OF DEATH	(Check only one)			
25. WAS CASI EXAMINE 1  YES 27. MANNER 1  Natur 2  Acces	rel 5 Pendin		28b. Til	4 Nursing Ho	ome 5 Resident NJURY AT VORK? YES 2 NO	-	Specify) RIBE HOW INJURY	OCCURED	
9 Cudel	ide 6 🗌 Could r		RY — A1 home, farm, secify)	street, factory, of	lica		TION (Street and Nur Town, State)	nber or Rural	Route Number,
4 Hom  29a. CERTIFII (Check or one)	2 MEDICAL E	PHYSICIAN: To the best of my kno KAMINER: On the bests of examinat			, death occured at	the time, data a	nd place, and dua	to the cause(	
29b. SIGNATU	D ADDRESS OF PERS	ON WHO COMPLETED CAUSE OF E	DEATH (ITEM 27) (Typ	e, Print)	D//	92	/ 29d.	3/	2/9/
John	Galotto,	M D 5225 Das	La IIII	D 1 41			D 20814		

ELLLIOTT -- City 3 or 10 de 10 or 10

IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLANI		T OF HEALTH AND	MENTAL HYGIENE REG. NO.							
Charles of the Charle	1. DECEDENT'S NAME (First, Middle, Last)	Goodma	W		2. OATE OF DEATH DAY	9 YEA	910 Am					
	4. SOCIAL SECURITY NUMBER  219 34 0306  9a. FACILITY NAME (If not institution, give str	1 ⊠ M 2 □ F 86	YRS. MONTHS	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.  TY, TOWN OR LOCATION OF D.	7. DATE OF BIRTH (Month, Day, Year) 04-16-1904	1, 0	RTHPLACE (State or Foreign buntry) Alabama					
TOR	HOTTORE OF DECEDENT	Dorial Hosp	tal No		race	e Narforo						
FUNERAL DIRECTOR	MD 10a. STATE 10b. COUNTY	arford	10c. CITY, TOWN	on Location avre de Grac	ce		10d. INSIDE CITY LIMITS? 1 X YES 2 NO					
FRAL	915 Eugene Dri	ve		101. ZIP CODE 21078			JSA					
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 XWidowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 (X YES 2 IF YES, GIVE WAR OR DATES (Retired)	□NO	B. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxico 1 YES 2 XNO Specif	an, Puerto Rican, etc.)	16	NACE — American Indian, Black, White, etc. Specify: White					
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)		occupation e during most of working ational Splst	. Federal							
	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NA	AME (First, Middle, Maiden S	lurname)						
) BE	Augustus G.  198. INFORMANT'S NAME (Type/Print)	Goodman	19b. MAILING ADORE	SS (Street and Number or Rural	ne G. Golde Route Number, City or Town,		)					
2	Mrs. Geraldine K			na Avenue, l								
	20a, METHOD OF OISPOSITION 1 A Buriel 2 Cremation 3 Remo	val from State of ceme	ace and date of distary, crematory or other	r place)		ATION — City of						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Witch all—Smith Funeral Home D. A											
	23. PART I. Enter the dissesses, or complications that caused the death. Do not anter the mode of dying, such as cardiac of respiratory arrest,  Approximate											
		let only one couse on each	ulm on	ar the mode of dying, suc	<1 ·	atory arreat,	Approximata interval Between Onset and Death					
CERTIFICATION	Sequentially list conditions, if eny, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST											
AL	PART II. Other aignificant condition	a contributing to death but r	not resulting in the	undarlying couse given in	Part i. 24a. WAS AN / PERFORE 1 □ YES 2	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?					
V: ME					-   ´		1 YES 2 NO					
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	nt 3 DOA 4 DA	28. PLACE OF DEATH (C ER: lursing Home 5  Residence								
BY PHY	27. MANNER OF DEATH  1 Natural 6 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK?  1 YES 2 NO		6 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED						
E	3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, street, f	actory, offica	261. LOCATION (Street a: City or Town, State)	nd Number or R	urel Route Number,					
COMPLET	29a. CERTIFIER (Check only one)  29 MEDICAL EXAMPLE: On the basis of parameters and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.											
BE	29b. SIGNATURE AND TITLE OF CENTRAL	M	0	29c. LICENSE NU	JMBER	3/6	MED (Month, Day, Mar)					
5	30. HAME AND ADDUCTS OF PERSON ON	COMPLETED QUBE OF DEATH	Va (France)	selan	MO							

REGISTRATE SIGNATURE
GISTA DEVISOR - AGNICADO



TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 -	FOR STATE REGISTR	AF
1. D	ECEDENT'S	N/

1 - STATE REGISTRAR		SIAIE OF N	/ MARYLAND CI			OF DE		MENTAL	REG. NO.	:		
1. DECEDENT'S NAME (First	, Middle, Last)			1				2. DATE O	OF DEATH		YEAR .	3. TIME OF DEATH
		LOUREN	A M	GII	LLILA	ND		0.3	0.6		9 9 1	7:20 PM
4. SOCIAL SECURITY NUMBER	SER	5. SEX	6. AGE (In yrs. les		IF UNDER 1 Y	_	DER 24 HRS.	7. DATE O			8. BIRTHI	PLACE (State or Foreign
718 18 437	88	1 🗌 M 2 💢 F	90	YRS.	MONTHS D.	HOUR	S MIN.		09-190	0	· · · · · · · · · · · · · · · · · · ·	" VA
9e. FACILITY NAME (If not in	stitution, give stre	et and number)			9b. CITY, TO	OWN OR LOCA	ITION OF DE	EATH		9c. COUP	NTY OF DE	EATH
CITIZENS		ING HO	ME		HAVE	RE DE	GRA	CE		HA	RFOR	RD C
RESIDENCE OF DEC	10b. COUNTY			I the City	TOWN OR I	OCATION						10d. INSIDE CITY
MD		arford		100. 01.		Havre	de (	Grace				LIMITS?
10e. STREET AND NUMBER		111014				101. ZIP C		JIACC		10a, CITI	ZEN OF W	/HAT COUNTRY?
Control of Assessment	orrison	Blvd.					1078				USA	
11, MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AF						(Specify Yes	or No-	14. RACE	— American Indian, , White, etc.
1 Never Married 2 3 Widowed 4 Divo	52/2/9	FORCES? 1		NO		es, specify Cu YES 2 X N			can, etc.)		Specif	fy:
			1 460 0	OFFICE I	1			1 405 /	THE OF SHE			White
(Specify on	EDENT'S EDUCA	ompleted)	(0	ECEDENT'S L Give kind of wo n. Do NOT use	ork done duri	ing most of wo	rking	100.7	KIND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (	<b>⊬12)</b>	College (1-4 or 5 d	+)		nemak	or						
17. FATHER'S NAME (First, M	fiddle, Last)			HOL	Hillian		OTHER'S NA	ME (First, Mi	iddle, Maiden S	Surname)		
Robe	rt Asbe	ev Taylo	) P				Sarah	Jane	e Meri	ritt		
19a. INFORMANT'S NAME (				b. MAILING	ADORESS (S				or, City or Town		Code)	
MrsViv	-	Michael						Havr	_			ID 21078
20a, METHOD OF DISPOSIT 1 X Burial 2 Crematic	on 3 🗆 Ramov	val from State	other p	viace)		of cometery, o					City or To	
4 Donation 6 Other		Mete	-   Alle	ghany		norial			Alle	ghar	ny C	Co., VA
21. SIGNATURE OF PORTER	SERVICE								neral l	Hom€	e. P.	.A.
الاسلالا	ند ک	Ant 16	)		Ha	vre d	e Gra	ace,	MD	2107	8-31	
23. PART I. Enter the d ahock, or h		emplications the			ot enter th	e mode of	dylng, suc	h as cardi	ec or reapir	ratory arr	reat,	Approximate Interval Between
IMMEDIATE CAUSE (FI		1	)		1,							Onset and Death
disease or condition resulting in death)	<b>→</b>		NEW		MIL	7						
		DUE TO	(OR AS A CONSE	OUENCE OF	):							
Sequentially list condit		DUE TO	(OR AS A CONSE	OUENCE OF	1:							
if eny, leading to imme cause. Enter UNDERLY	ING			A. W. C. Charles	,							
CAUSE (Disease or Injuthat initiated events		DUE TO	(OR AS A CONSE	OUENCE OF	):							
resulting in death) LAS	iT d.											
PART II. Other algorifica	ant conditions	contributing to	death but not	resulting is	n the unde	riving caus	a alven in	Part I.	24a. WAS AN	ALITOPSY	24b.	WERE AUTOPSY FINDINGS
			Wester Carrie			nijmig out	o give	- 1	PERFOR	MED?	1	AMAILABLE PRIOR TO COMPLETION OF CAUSE
								-	1   YES 2	NO		OF DEATH?
	-							—				1 YES 2 NO
25. WAS CASE REFERRED 1	O MEDICAL					26. PLACE O	F DEATH (C)	heck only one	»)			
EXAMINER?		HOSPITAL:	ER/Outpatient	3 DOA	OTHER:	g Home 5 🗆						
27. MANNER OF DEATH		28a. DATE OF		28b. TIME	OF 26	Bc. INJURY AT		7	CRIBE HOW IN	NJURY OC	CURED	
	Pending Investigation	(Month, E	ray, rear)	INJU		WORK?	2 NO					
# Accident 3 Suicide 6	Could not be		OF INJURY - AI h	ome, farm, at	treet, factory	r, offica			ATION (Street a	nd Number	r or Rural F	Toute Number,
4 Homicide	determined		with (opolity)					Only G	Town, Grate)			
29a. CERTIFIER 1 CER	TIFYING PHYSIC	IAN: To the best of	l my knowledge, d	eath occurre	d et the lime	, data and pl	ace, and du	a to the caus	e(a) and man	iner as star	ted.	
one) 2 MEC	ICAL EXAMINER	On the basis of a	xamination and/or	Investigation	a, in my opir	sion, death or	cured at the	e time, date (	and place, and	d due to If	he cause(a	a) and manner as stated.
250 EIGNATURE AND TITLE	OF CERTIFIER	1 1	1 -			29c. í	LICENSE NU	MBER		29d. DAT	E SIGNEO	(Mgnth, Day, Year)
Jana n	i mo	nahul	mD			Po	764	-4		<b>&gt;</b> 3	3/7	191
DANTE	F PERSON WHO	COMPLETEO CAU	SE OF OEATH (ITI			= D	- 0	0. 0		15.4	0 -	1/170
		1/1/1/		) 0/	11/1		- 154	KAP			• 1/	11018
31. DATE FILED (Month, Day	769r) 4	32. REGISTRA	AR'S SIGNATURE		WKE	- 1	= (5)	RAC	E	124	2	4018

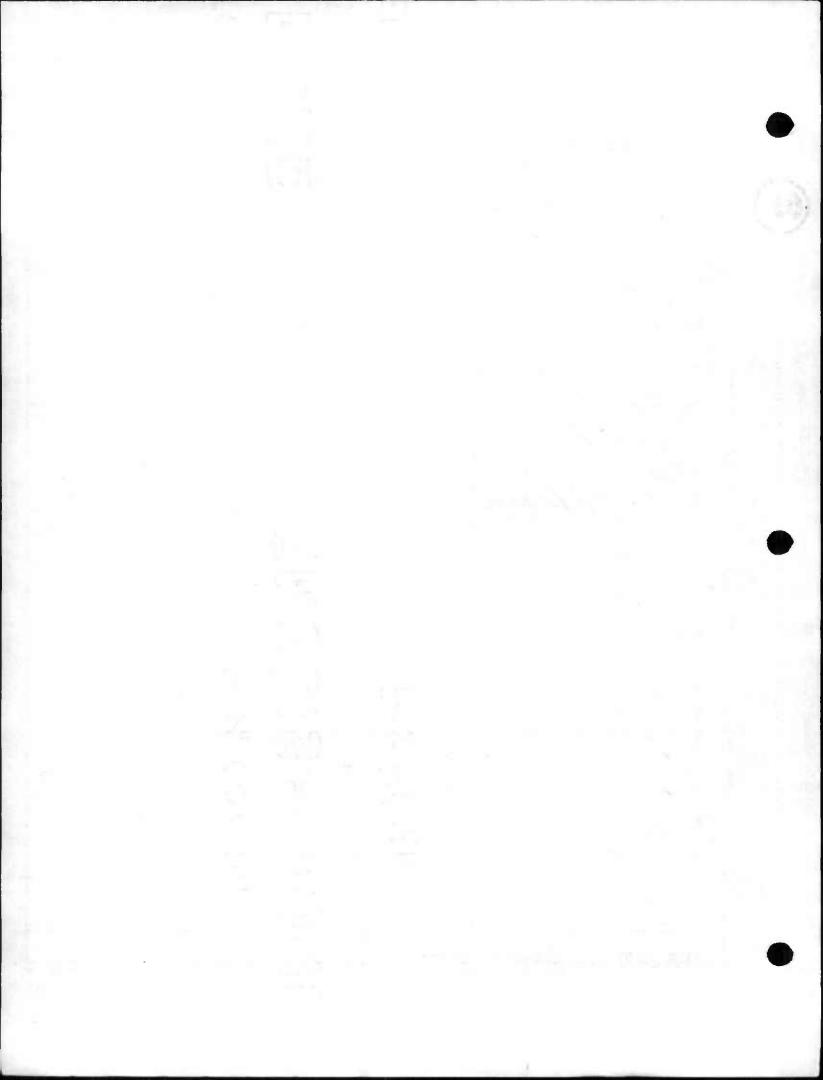
DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	sit perm	
physician.	burial-trar	
attending	e as the	
spital or	ned for us	
by the ho	be detac	at once
retained	5 should	notified
6 may be	ctor, page	nust be
ath. Page	meral dire	aminer r
rs after de	removal.	dical ex
in 24 hou	ely filled In	, the me
cuted with	d complet	lic even
ate be exe	ysician an	trauma
th certifica	ending ph	or other
at the dear	by the att	y injury,
equires that	en signed	hows an
The law n	ate has be	em 23 s
PSICIAN:	is certifica	ed, or it
NDING P	R: After th	Is mark
/ THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permanent of the surface of the detach with the State have of the harm and Mental Homens and it burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HOSPITAL	FUNERAL 72	TANT: H
TO THE	TO THE	IMPOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF	DEATH	R	EG. NO.		
	1. OECEOENT'S NAME (POLAMICASI)	Green	2		72	2. DATE OF I	DEATH DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217=66-0118	9reer 5. SEX 6. AGE 1 □ M 2 □ F		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF E (Month, De	BIRTH y, Year)	8. BIRTI	**
		met and number)	- 01	CITY TOWN	OR LOCATION OF OE	10 0		L'I'na	iland
TOR	90. FACHITY NAME (1/1 pod insulvition of significant in the significan	ind Hospital	Center "	Clina		AIH	9c. C(	Pg	DEATH
	10a STATE 10b COUNTY		10c, CITY, T	OWN OR LOCAT	ION				10d. INSIDE CITY
DIR	Maryland Anne	Arundel		larwood				LIMITS?  1 YES 2 NO	
FUNERAL DIRECTOR	10e. STREET AND NUMBER 4742 D Flander			10	20776		10g. C		what country? dent Visa
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 VE IF YES, GIVE WAR OR	IN U.S. ARMEO S 22 NO DATES	If yes, sp	ENDENT OF HISPAN ecity Cuban, Maxicar 24 NO Specify	n, Puerto Ricar		14. RAC Blac Spec	E — American Indian, k, Whita, etc. #y: Thai
	15. DECEDENT'S EDUC		16a. OECEDENT'S US	UAL OCCUPATION	ON	16b. KIN	D OF BUSINESS/	INDUSTRY	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12) Equilivant 12th	College (1-4 or 5+) N/A	(Give kind of work life. Do NOT use in Laund		st of working	Н	otel		
2	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	ME (Elect Midd)	le Maiden Sumam	-1	
BE CC	Unavailable C	hant			Unav	vailab	le Chu	ien	
5	Joseph D. Green	n		oress (Street a	nd Number or Rural R -F	Route Number, C	City or Town, State,	Zip Code)	
	20a. METHOD OF DISPOSITION  1	oval from Stata	Ob. PLACE AND DATE OF CHEMOTY OF LEE CTEMAT		(Name	DATE	20c. LOCATION		own, State aryland
	21. SIGNATURE OF FUNERAL SERVICE ASC	ENGGE /		22. NAME A	ADDRESS OF FAC	exande	e Funer	al Ho	
	1/WY PLA	Mark		000	o ora rac	-2101100	r rorry	144 0	20735
	23. PART I. Enter the diseases, or cahock, or heart feilure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS	each line.				or reapiratory	arrest,	Approximate interval Between Onset and Death
N	Sequentially list conditions,	. Multiple	Troum	9 2	o mv	4			
CATIC	ceuse. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):						
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):		(1)				
2			Constitution and the						
PHYSICIAN: MEDICAL	PART II. Other algolificent condition Severe Chest Taren	a contributing to death	fuel hem	proum	The LAX	Part I.   24	n. WAS AN AUTOP PERFORMED?  YES 2 NO		b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Z									
호	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	10	Z6. P	LACE OF DEATH (Chi	eck only one)			
YS	1 YES 2 NO	1 - Inpatient 2 (V ER/O			ne 5 🗆 Rasidence				
ву РН	27. MANNER OF OEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year	20b. TIME ( INJUR 9/ 350	Y W	JURY AT DRK? YES 2 X NO	CAY -	BE HOW INJURY		passangerin
	3 Suicide 6 Could not be 4 Homicide detarmined	building, etc. (S)	RY — At home, farm, stre becily)  Burnch A			City or Ti	ON (Street and Number, State)	MLD	Route Number,
4	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my kno			1 3			adada d	
COMPLETED		R: On the basis of axamina							(a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	San			29c. LICENSE NUM D/7/6		29d. (	DATE SIGNE	D (Mogth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WH	and.	CRAIN /		14-47		16000 A	10 2	777
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG		Vary .	UPICE	maye	100VO A	10 20	114-
	CCD 2 v '01	Pully Savidson A	ande BR						



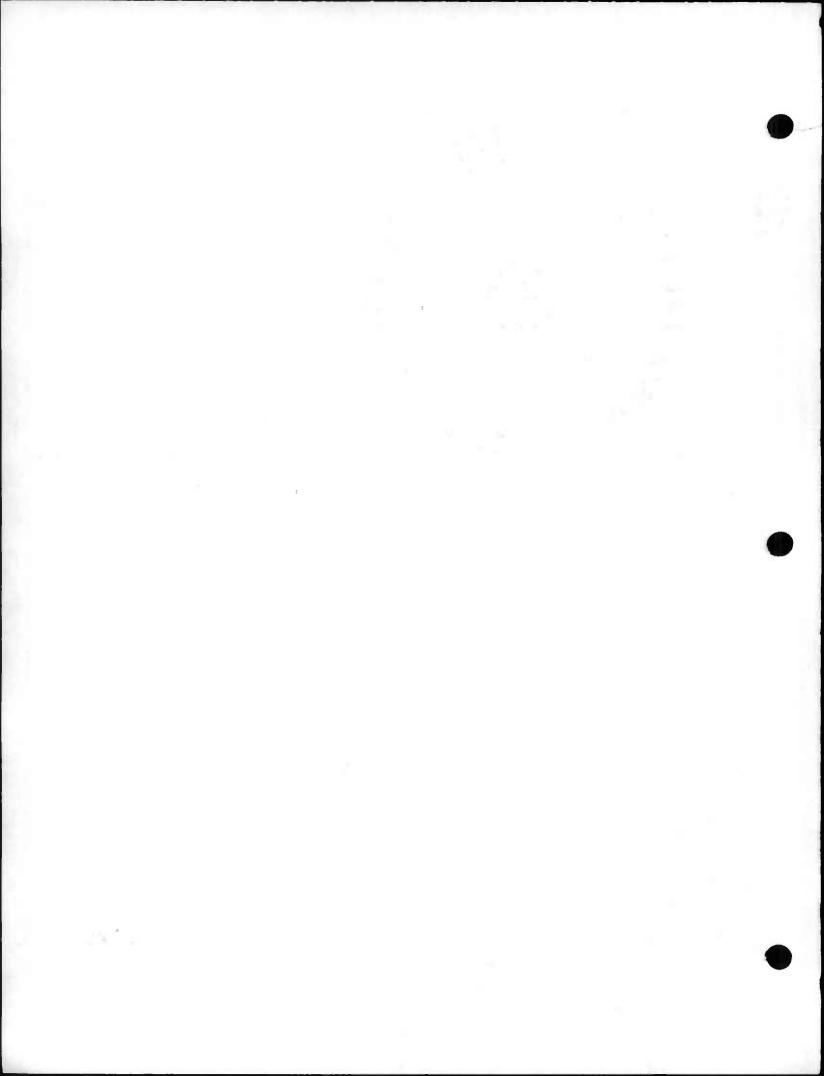
	)
13146,	
BOX	
P.0.	
RECORDS,	
VITAL	
OF	
DIVISION	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	Se		
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.7 nours after death. Page 6 may be retained by the hospital or attending physician,	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pal	pt, of Health and Mental Hygiene prior to buria	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI				YGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) BERNIC	E GROOMS				2. DATE OF MONTH 0 Z	DEATH DAY	91	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 579 14 9269	5. SEX 8. AGE (III		F UNDER 1 YEAR DNTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	BIRTH By, Year) 1-23	8. Bit	Trginia
PRINCE GEORGE RESIDENCE OF DECEDENT		CENTER	- 0	HEVER			COUNTY O	E GEORGES
100. STATE 10b. COUNTY Maryland P	Ţ.		ndove1					10d. INSIDE CITY VLIMITS?  1 YES 2 NO
100. STREET AND NUMBER 1702 61 Ave Ch	everly Mar	yland		1, ZIP CODE 20786		10g	USA	F WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	5/ VAIO	If yes, s	CENDENT OF HISPAI Decity Cuban, Maxics 3 2 NO Spect	n, Puerto Rice		0— 14. R	ACE — American Indian, lack, White-etc. pecify: Black
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 12th rade		16a. DECEDENT'S US (Give kind of wor life. Do NOT use Nurse	BUAL OCCUPATI k done during m retired.)	ON ost of working	455	nd of Busines	S/INDUSTR	Y
17. FATHER'S NAME (First, Middle, Last) enjamin Ford				Bertha			me)	
Dorthy Knowel	es	196. MAILING A	DDRESS (Street	end Number or Rural Cheve:	ryl M	city or Town, Ste arylar	ie, Zip Gode 1d	)
209 METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 Remo	wal from Stata 20b.	ort to Line	Coln	metery, crematory or		Bre	en two	ood Marylan
21. SIGNATURE OF FUNERAL SERVICE LIC	Duch	en .		ADDRESS OF FA		ome 3	200 Tan	hodeisla
shock, or heart fellure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A			I awre	57 min			Interval Between Onset and Death
PART II. Other significant condition	s. contributing to death b	ut not resulting in	the underlyl	ng ceuse given in		4a. WAS AN AUTO PERFORMED	7	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28.	PLACE OF DEATH (C	heck only one)			
1 YES 2 NO	1 ☑ Inpatient 2 ☐ ER/Outs		6 ☐ Nursing Ho	me 5 Residence		Specify) RIBE HOW INJUI	TY OCCURE	D
1-2 Natural 5 Pending 2 Accident investigation	(Month, Day, Year)	INJU	RY V	YES 2 NO				
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	' — At home, farm, sti	reet, factory, of	ice		ION (Street and I Town, State)	lumber or R	ural Route Number,
one)	CIAN: To the best of my know R: On the basis of examination							use(s) and menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	Hyung.	MD.		29c. LICENSE NO		29	d. DATE BIG	NED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WH	3450 form	MEAN (ITEM 27) (Type,	Print) Ro			Mo	2071	7
FEB 27 91	Julia Davidson-R							



30. NAME AND ADDRESS OF PERSON W

31. DATE FILED (Month, Day, Year)

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1/1700, Print)

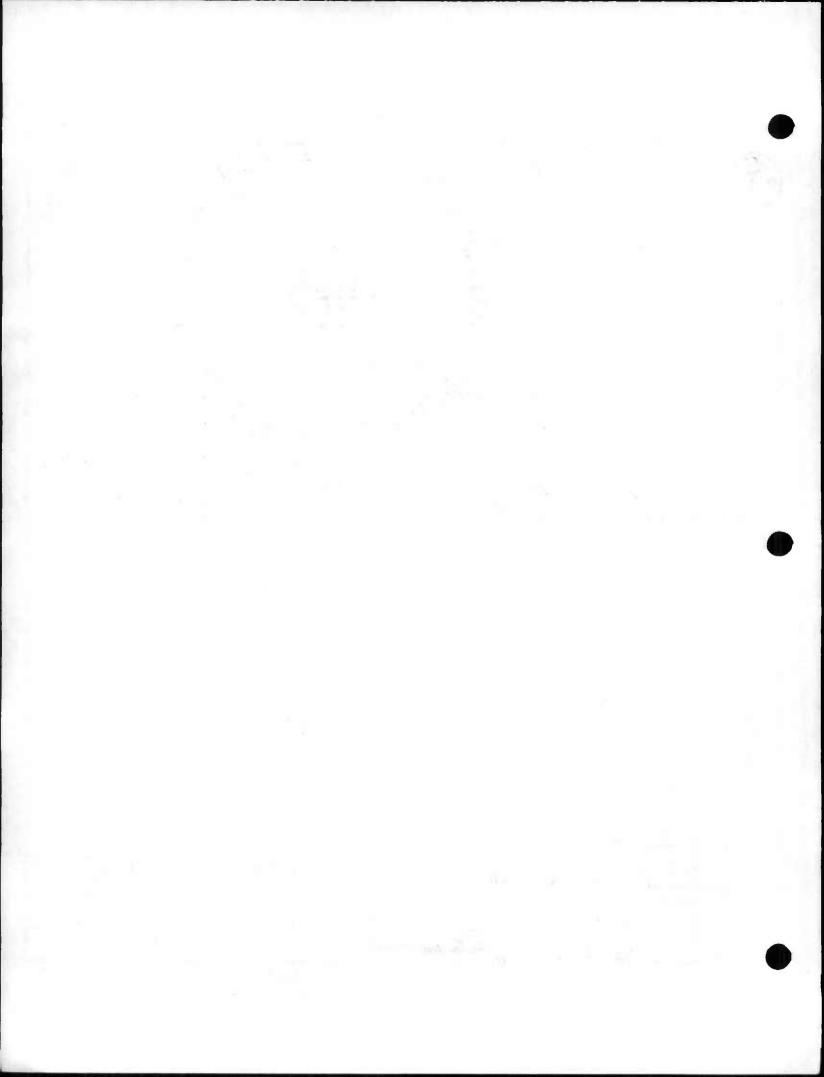
32. REGISTRAN'S SIGNATURE
Julia Davidson Rondolls

S, P.O. BOX 13146,	13146,	BALTIMORE, MARYLAND 21203-3146	
death certificate be ex	cecuted within 2-	the death certificate be executed within 2.1 wours after death. Page 6 may be retained by the hospital or attending physician.	
e attending physician a	and completely fil	the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, * 3 signal and completely filled in by the funeral director, page 1, * 3 signal and completely filled in by the funeral director.	38
I Mental Hygiene prior to burial, cremation, or removal.	bunal, cremation	n, or removal.	
must rether traum	offer avent the	mine, or other transfer event the medical eventiner much be notified at once	

	1 - STATE REGISTRAR	TATE OF MARYLAND	O / DEPART CERTIFI				MENTAL HYGIEN REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	JAMES PAU	L GARV	/IN			2. DATE OF DEATH DA	Y YEAR	3. TIME OF DEATH
		SEX 8. AGE (In yrs	for Markey	IF UNDER	vera T	IF UNDER 24 HRS.	3-5-	41	HPLACE (State or Foreign
		SEX 8. AGE (In yrs	1	MONTHS	DAYS	HOURS MIN.	(Mogth, Day, Year) 4-13-0(	o M	aryland
DIRECTOR	Washington 6. TRESIDENCE OF DECEDENT	tospital		Ha	ger.	STOWN,	md	Wash	ington Co
3EC	10s. STATE 10b. COUNTY		10c. CITY	TOWN O	R LOCAT	ION			46d. INSIDE CITY
		hington		Hag	erst				1 TYES 2 ND ND
FUNERAL	10e. STREET AND NUMBER					ZIP CODE			WHAT COUNTRY?
N.	3 East Northern Av	WILL DECEDENT EVEN IN ILE	ADMED	140.1	_	21740	IIC ORIGIN? (Specify Yes		S.A.
BY FU	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO		yes, spe		n, Puerto Rican, etc.)	Bla	white White
ED	15. DECEDENT'S EDUCATION (Specify only highest grade com-	ON 16e	DECEDENT'S	USUAL OC	CUPATIO	ON et of working	18b. KIND OF BU	SINESS/INDUSTRY	
COMPLET	Elementary/Secondary (0-12)	ollege (1-4 or 5+)	(Give kind of w life. Do NOT use				Home Co		dan Campani
MP	8 17. FATHER'S NAME (First, Middle, Last)		Carpent	Ler		40 1107117710 114	ME (First, Middle, Maiden		ion Company
	William Hen	ry Garvin				Laur		ALCOHOL: NO CONTRACTOR OF THE PARTY OF THE P	re
H	19a. INFORMANT'S NAME (Type/Print)	2) 002 1211		ADDRESS	(Street e		Route Number, City or Tow		
2	Berneta M. Garvin		3 East	Nor	ther	n Avenue	, Hagersto	wn, Md.	21740
	20s. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Removat 4 Donation 5 Other (Specify)	from State 20b. PL.	ACE OF DISPOS or places ONSDOTO	Cei	me of cen	netery, cremetory or ry 3-		cation — city or	Town, State Wash., Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENS			22.	NAME AN	ID ADDRESS OF FA		- 1 II	Т
	> L'heel to	rades		- 1			fman Funer		Md. 21740
	23. PART I. Enter the diseases, or com								Approximete
	ahock, or heart fellure. List IMMEDIATE CAUSE (Fine)	only one cause on each		1			1 /	4	Onset and De
	disease or condition resulting in death) a	Houte	(Phe	bro	Vas	sidou	Acciden	X.	2 days
		DUE TO (OR AS A CO	NSEQUENCE OF	2	C	1	en disc	20 G2	10/00
NO N	Sequentieily list conditions, b	DUE TO (OR AS A CO	(CLO	10	Cer	revascu	in all	COVE	10,000
ATI	if eny, leeding to immediate couse. Enter UNDERLYING			,					/
RTIFICATION	CAUSE (Diseese or injury that initiated events	DUE TO (DR AS A CO	NSEDUENCE OF	F):					2
ш	resulting in death) LAST								
LC	PART II. Other algnificant conditions c	ontributing to death but i	not resulting i	n the ur	deriyin	g couse given in	Part I. 24a. WAS AI		4b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO
20	Anterian	A COM	marry	Us	200	/ disea	SQ 1 □ YES	_ /	COMPLETION OF CAUSE OF DEATH?
MEDICAL	121 101 034CM	2010	10 1		m	1			1 TES 2 NO
	MIGH CO	NALZMAR	fort	(	ai	we			
SICIAN:		OSPITAL:		OTHE		LACE OF DEATH (C	heck only one)		
HYS	1 YES 2 NO 1	28e. DATE OF INJURY	ont 3 DOA	-	_	JURY AT	6 Other (Specify)  28d. DESCRIBE HOW	INJURY OCCURED	
УНУ	1 Negural 5 Pending	(Month, Day, Year)		URY M	WC	YES 2 ND	200. DESCRIBE HOW	MOONT COCONES	
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF INJURY —	At home, farm,	street, fac			28f. LOCATION (Street		al Route Number,
TED	4 Homicide determined	building, etc. (Specify)					City or Town, State	)	
PLE	290. CERTIFIER 1 OERTIFYING PHYSICIA	N: To the best of my knowleds	ge, death occum	ed at the	lme, dete	end place, and du	e to the cause(e) end m	inner as stated.	
COMPLET	400)	On the basis of examination ar	nd/or investigation	on, In my	opinion, o	death occured at the	e time, date and place, a	nd due to the caus	se(e) and manner as stated
ш	29b. SIGNATURE AND TITLE OF CENTIFIED	10				29c. LICENSE NU	IMBER	29d. DATE SIGN	NEO (Marin, Chy, War)
0	Vale X IX	ull				1 104	144	P 3/	1/4/
0	30. NAME AND ADDRESS OF PERSON WHO C						~	-	// //

DHMH-16 Rev 1/89

Hagerstown



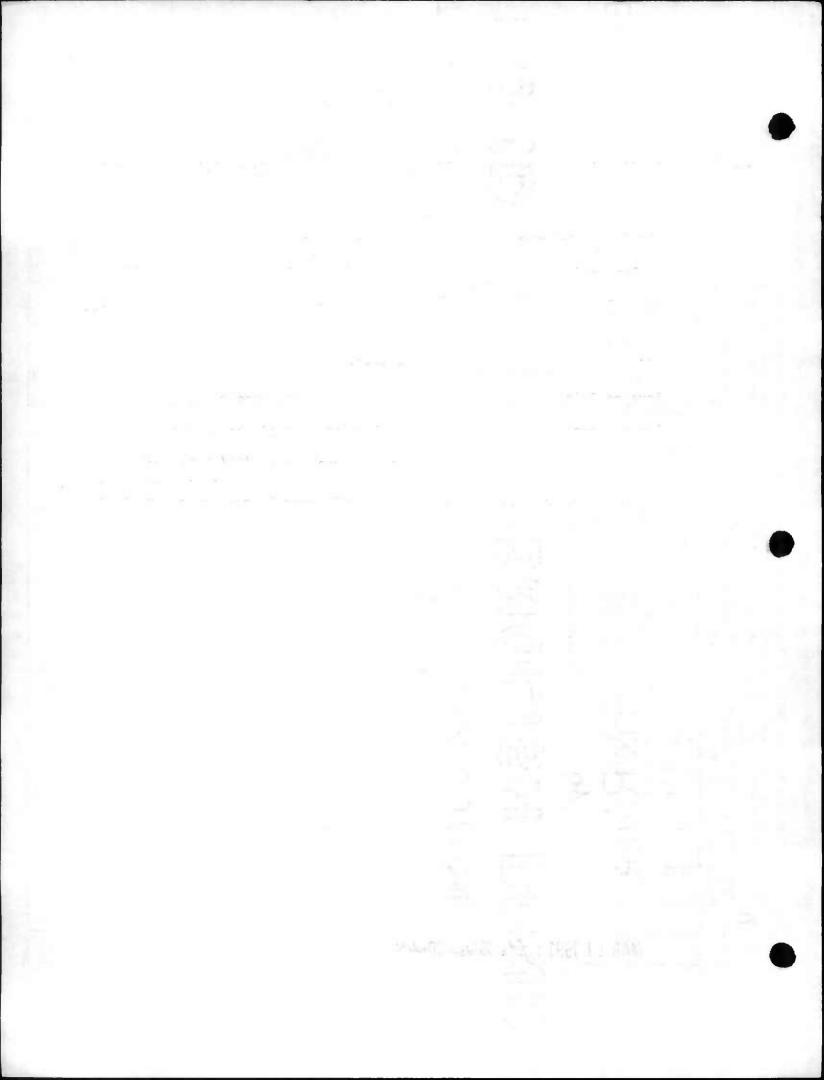
- 31	1. DECEDENT'S NAME (First, Middle, Last)		1				2. DATE C	OF DEATH		3. TIME OF DEATH
1 1	BEULAH HERRING						MONTH	L 28	9/	AR 41.58
	OCIAL SECURITY NUMBER	(E. SEX	B. AGE (In yrs. last birthda			R 24 HRS.	7. DATE O	F BIRTH Day, Year)		BIRTHPLACE (State or Foreign
<b>1</b>	226 26 0824	1 🗆 M 2 😾 F	81 YR	MONTHS D	AYS HOURS	MIN.		6/1909		North Caro
<i>J</i>	9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TO	WN OR LOCAT	ION OF DE	ATH		9c. COUNTY	
CTOR	KIMBROUGH HOSPIT	AL		FOR	r MEADI	E, MA	RYLA	D	F	AA Co
H.	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c.	CITY, TOWN OR I	OCATION					10d. INSIDE CITY
DIA	N. C.			Watha						1 YES 2 NO
	10e. STREET AND NUMBER				101. ZIP COD				10g. CITIZEN	OF WHAT COUNTRY?
띮	Rt 2 Box 203	3			284	71			USA	A
FUNERAL	11, MARITAL STATUS		EVER IN U.S.ARMED YES 2 NO		S DECENDENT				or No- 14.	RACE — American Indian, Black, White. etc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WA			YES 2XXNO					BLACK
ED 6	15. DECEDENT'S EDUC			T'S USUAL OCCI			16b.	KIND OF BUSI	NESS/INDUST	
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffn Do NO	of work done duri If use retired.)	ng most of work	ing				
립	1.12	2	Nur	se				Medi	cine	
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOT	HER'S NA	ME (First, M	iddle, Malden S	umame)	
ш	UNKNOWN				UNK	NOW	J			
TO B	19a, INFORMANT'S NAME (Type/Print)			ING ADDRESS (S	treet and Numbe	or or Rural F	Route Num's			
-	Isaiah Graham	n					inde			.J. 07036
	20a METHOD OF DISPOSITION 1 D Burlai 2 Cremation 3 Remo	ovel from State	20b. PLACE OF DIS	Position (Name Teaven:			om.			or Town, State  Over N.J.
	4 Donation 5 Other (Specify)  21, SIGNATURE OF FUNERAL/SERVICE LIC	ENGEE	1	_	ME AND ADDR			<u> </u>	IIaii	JVEI N.O.
	5-41 N	11.1						1 Hom	ne. 12	2 Ridgely
	23. PART I. Enter the diseases, or o	cong		An	napol	is,	Md 2	1401		Approximate
						- 0	11	11-		Onset and De
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. /	OR AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE		18 card	ocas	infa	info	ichin	10 hum
N: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (d)	OR AS A CONSEQUENCE	E OF):				240. WAS AN A PERFORM	UTOPSY	10 min
CIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  Carystul  Abeliant Use  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d. OUE TO (d)	ASCUDOR AS A CONSEQUENCE death but not result!	oTHER:		given in	Part 1.	24a. WAS AN A PERFORM 1 YES 2	UTOPSY	4/90  4/90
YSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  Carry full  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 \( \subseteq NO	d. OUE TO (d)	OR AS A CONSEQUENCE	OTHER:	28. PLACE OF	given in	Part I.	24e. WAS AN A PERFORM 1 UYES 2V (Specify)	UITOPSY HED? NO	4/90  4/90  4/90  24b. WERE AUTOPSY FINDII AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  Carystul  Abeliant Use  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d. OUE TO (d)	DOR AS A CONSEQUENCE  death but not resulti  LEAT disias  ER/Outpatient 3 DOS  INJURY 286.	OTHER:	28. PLACE OF G Home 5.2 In. INJURY AT WORKY	given in	Part I.	24e. WAS AN A PERFORM 1  YES 2	UITOPSY HED? NO	4/90  4/90  4/90  24b. WERE AUTOPSY FINDII AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
TED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  CAUSE (Disease or injury that initiated events resulting in death) LAST	HOSPITAL:  1   Inpetient 2    28e. PLACE OF	DOR AS A CONSEQUENCE  death but not resulti  LEAT disias  ER/Outpatient 3 DOS  INJURY 286.	OTHER: A 4 Nursin	28. PLACE OF g Home 5 1 E. INJURY AT WORK? 1   YES 2	given in	Part 1.  Beck only one Control	24a. WAS AN A PERFORM 1 YES 2 Y 2) 2) (Specify) CRIBE HOW IN	JUTOPSY JED? NO JURY OCCUR	4/90  4/90  4/90  24b. WERE AUTOPSY FINDII AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
OMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. NANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only	DUE TO (dd.  a contributing to de la contributing de la contribution de la co	death but not resulting the state of the sta	OTHER:  A 4 Nursin  TIME OF INJURY M  rm, street, factor	26. PLACE OF g Home 5. The String of the Str	given in  DEATH (Ch  Residence	Part 1.  Beck only one  Clip collection  Description  The cause of the	24a. WAS AN A PERFORM  1 YES 2 Y  (Specify)  CRIBE HOW IN  ATION (Street ar or Town, State)	JURY OCCUR	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH?  1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. NANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only	HOSPITAL: 1   Impatient 2   28a. DATE OF a (Month, Day) 28c. PLACE OF building, e	death but not resulting the state of the sta	OTHER:  A 4 Nursin  TIME OF INJURY M  rm, street, factor	26. PLACE OF g Home 5 BC. INJUSTY AT WORK? 1 YES 2 f, office	given in  DEATH (Ch  Residence	Part 1.  6 Other  28d. DES	24a. WAS AN A PERFORM  1 YES 2 Y  (Specify)  CRIBE HOW IN  ATION (Street ar or Town, State)	JURY OCCUR	24b. WERE AUTOPSY FINDS AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER 1 CERTIFYING PHYSI (Check only one)  2 MEDICAL EXAMINE	HOSPITAL: 1   Impatient 2   28a. DATE OF a (Month, Day) 28c. PLACE OF building, e	death but not resulting the state of the sta	OTHER:  A 4 Nursin  TIME OF INJURY M  rm, street, factor	26. PLACE OF g Home 5 BC. INJUSTY AT WORK? 1 YES 2 f, office	given in  DEATH (Ch  Residence  NO  NO  NO  Ce, and due  ured at the	Part 1.  6 Other  28d. DES	24a. WAS AN A PERFORM  1 VES 2V  c)  (Specify)  CRIBE HOW IN  ATION (Street ar or Town, State)  ase(s) and many and place, and	JURY OCCUR	24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH?  1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER 1 CERTIFYING PHYSI (Check only one)  2 MEDICAL EXAMINE	HOSPITAL:  1   Inpatient 2    28a. DATE OF building, e	DOR AS A CONSEQUENCE  death but not result!  ER/Outpatient 3 DO  NJURY 28b.  INJURY At home, fautc. (Specify)  my knowledge, death oc amination and/or investige.	OTHER:  A   OTHER: A   OTHER: HUNNIN  TIME OF   21  INJURY M  Tm, street, factory  coursed at the time getion, in my opin	26. PLACE OF g Home 5 BC. INJUSTY AT WORK? 1 YES 2 f, office	given in  DEATH (Ch.  Residence  NO  NO  Ce, and due	Part 1.  6 Other 28d. DES	24e. WAS AN A PERFORM  1 VES 2 V  c)  (Specify)  CRIBE HOW IN  ATION (Street ar Town, State)  ae(a) and many and place, and	JURY OCCUR	24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH?  1 YES 2 NO  Rural Route Number,  Buse(a) and manner as state  GNED (Month, Day, Year)

TO BE COMPLETED BY FUNERAL DIRECTOR

Decion.		must
10 INE PUNERAL DIRECTOR. ATTENDED THIS COLUMNICATE THIS DEPOT BY THE ALCOHOLING PRINCIPLE OF THE WINDOW, A		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must
200	Oval.	al ex
200	r rem	edic
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Supre.	. crem	other traumatic event, 1
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reate	State	Iter
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CILIT	with	rked
1011	death	s ma
5	after	28
1325	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Item
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É	With	TAN
H	filed	POR
2	2	3

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR		STATE OF M		DEPAR					MENTA	L HYGIEN	_	1	11013
1. DECEDENT'S NAME (First	st, Middle, Last)	(E/E/3)								OF DEATH			3. TIME OF DEATH
KAREN	I RUT	H HARROD							MAR	CH 08		YEAR	0230 a
4. SOCIAL SECURITY NUM	MBER		6. AGE (In yrs. le	et birthday)		A 1 YEAR	IF UNDER		7. DATE	OF BIRTH h, Day, Year)		8. BIRTHP	LACE (State or Foreign
213-44-6	015	1 □ M 2 🙀 F	46	YRS.	MONTHS	DAYS	HOURS	MIN.	June	04,19	44		yland
e. FACILITY NAME (If not	institution, give s	street end number)			96. CITY, TOWN DR LOCATION OF DEATH					9c. COU	9c. COUNTY OF DEATH		
CALVERT ME	MORIAL	HOSPITAL			PRI	NCE	FRED	ERIC	K		CA	LVERT	
RESIDENCE OF DE	10b. COUNT			10c. Cl	TY, TOWN	DR LOCA	R LOCATION					10d. INSIDE CITY	
Maryland	Ca	lvert			H	unti	ngto	wn					LIMITS?
o. STREET AND NUMBER	R						. ZIP COD			-	10g. CIT		HAT COUNTRY?
250 Kyler	Road						20	639				USA	
MARITAL STATUS  ☐ Never Merried 2 Merried ☐ Wildowed 4 ☐ Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ✓ NO IF YES, GIVE WAR OR DATES					13.	If yes, sp		ın, Mexic	en, Puerto	1? (Specify Yes Rican, etc.)	or No—		American Indian, White, etc.
	ECEDENT'S EDU		16a. D	ECEDENT'S	S USUAL C	OCCUPATI	DN		16b	, KIND OF BU	SINESS/INC	DUSTRY	
(Specify of Elementary/Secondary	only highest grade (0-12)	completed) College (1-4 or 5+)	co.	Give kind of a. Do NOT u			est of working	ng			No. Care Com		
0-11				Do	mest	ic							
, FATHER'S NAME (First,	Middle, Last)						16. MOT	HER'S N	AME (First,	Middle, Maiden	Surname)		
Clarence	Smith	1					R	uth	Broo	ks			
. INFORMANT'S NAME			19	96. MAILIN	G ADORES	SS (Street e	end Numbe	r or Rural	Route Num	ber, City or Tow	rn, State, Zip	Code)	
Oliver H								Hunt	ingt	own, M			
De. METHOD OF DISPOSI		noval from State	20b. PLACI of cemetary	v cremator	v or other	place)			OAT			City or Tow	
Donation 5 Doth			St.	Edm	onds	Chu				3/91 S	unde	rland	, Md
1. SIGNATURE OF FUNER	IAL SERVICE LI	f. Ser	well				Fun						each Rd.
23. PART i. Enter the shock, or IMMEDIATE CAUSE (F disesse or condition resulting in death)	haart failure. Finai	a. Pulmon	se on asch lin	10.		r tha mo	ode of dy	ring, su	ch as can	diac or resp	Iratory ar	reat,	Approximata interval Betwee Onset and Das
		DUE TO (	OR AS A CONSE	EQUENCE (	DF):			1	11	)	-0101		YEARS
Sequentially list cond	litions,	DIABE DUE TO	OR AS A CONST	KEN	JAC	1-101	LUK	E	HAI	DEUTIE	50V51	DIV	101410
f any, leading to imm cause. Entar UNDERL	YING	BAID	ETES	, a out	J. j.			-					YEARS
CAUSE (Disease or in that initiated events resulting in death) LA			OR AS A CONSE	QUENCE (	DF):								
PART II. Other aignific	cent conditio	ns contributing to	death but not	regulting	In the u	-nderivir	o cause	civen in	Dart 1	245 WAS AN	ALITOPSY	24h	WERE ALITOPSY FINDING
		PSTROPAL		Todaking			y cause			PERFO			AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
5. WAS CASE REFERRED	TO MEDICAL					26. P	LACE OF I	DEATH (C	heck only o	ne)	-	1	
EXAMINER?		AOSPITAL:	ED/O-darelland	a 🗆 2004	OTHE	R:						_	
7. MANNER OF DEATH		28s. DATE OF		28b. TI		_	JURY AT	lesidence	6 - Oth	SCRIBE HOW	INJURY OC	CURED	
_	Pending	(Month, De			NJURY	W	YES 2	□ NO	1				
2 Accident 3 Suicide 6 Homicide	Could not be determined	26e. PLACE OF	F INJURY — At hetc. (Specify)	iome, farm,	, atreet, fa				28f. LOG C/fy	26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
CONSCR ONLY		SICIAN: To the best of ER: On the basic of ex					-						and manner as stated
96. SIGNATURE AND TIT	LE OF DERTIFIE	ER					29c. LIC	ENSE N	JMBER		29d. DA	TE SIGNEO	(Month, Day, Year)
a	M						D	291	057		<b>)</b>	3 8	91
C.A. JUDG	0					ים דריי	MA	DVI »	MD	2067	0		
1. DATE FILEO (Month, De MAR	ay, Year)	32. PEGISTRA		ICE F		RICK	, MA	RYLA	(ND	2067	8		
MAR	1 1 199	32. DEGISTRA	widson-A	andell	2								



sages	
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1 within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	

	1. DECEDENT'S NAME (First, Middle, Last)		11	200	12	2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH
	LILEN  4. SOCIAL SECURITY NUMBER	Mary	HO	110	10	2 28	1991	11 4
1	888-7/-/-/-/	5. SEX 8. AGE (	in yrs. lest birthday) IF L	THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1	8 Gountry	
U I	9a. FACILITY NAME (If not institution, give		10)	CITY, TOWN C	OR LOCATION OF DE	ATH 9	COUNTY OF DE	ngland
E	Anne Arundel	Medical Cer			polis	Md	Anne	Arundel
ີ ລູ	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT			WN OR LOCAT			ишис	10d. INSIDE CITY
E I								LIMITS?
. 10	Maryland A:	nne Arundel	De	ale 101	ZIP CODE	10	g, CITIZEN OF W	- 1
FUNERAL	Whipoorwill	Drive			20751		II S	Δ
15	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED			IIC ORIGIN? (Specify Yes or in, Puarto Rican, stc.)	No- 14. RACE Black	— American Indian, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA		1 TYES	2 NO Specify	r:	Specif W	hite
8	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S USU.			16b. KIND OF BUSINE	SS/INDUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	iile. Do NOT use reti	ired.)	st or working			
COMPL		4	Accou	ntant		IR		
- 16	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Maiden Sun	name)	
	Thomas A  19a. INFORMANT'S NAME (Type/Print)	Mc Donald		ORESS (Street a		Route Number, City or Town, S		
TO BE	Jos	seph J. Cor		Same				
	26a. METNOD OF DISPOSITION	201	D. PLACE AND DATE DF		(Name	DATE 20c. LOCAT	ION City or To	wn, State
	1 Burial 2 Cremation 3 Ran 4 Donation 5 Other (Specify)		cemetary, crematory or o		funera	13/1/91 A	lexand	dria, Va
	21. SIGNATURE OF FUNERAL SERVICE I	CENSEE			ND ADDRESS OF FA	CILITY		
	· Lehen	we.		Ra	usch Fu	neral Home	Owing	gs, Md.
	IMMEDIATE CAUSE (Final disesse or condition resulting in death)	s. Gener DUE TO (OR AS A	a/iZe	di	trter	roscler	05,5	Sparent of the second of the s
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (DR AS A	A CONSEQUENCE OF):					
ERTIFI	CAUSE (Disease or injury that initiated events resulting in dasth) LAST	DUE TO (DR AS A	CONSEQUENCE DF):					
C	PART II. Other significant condition	ns contributing to deeth	not resulting in th	ha undarlyln	g cause given in			WERE AUTOPSY FIND
	Dehydrat	ion,	reren	91		1   YES 2		AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
S	ADOTE	mia,	UT.	_				1 YES 2 NO
S								
: MEDICA	25 WAS CASE DESERVED TO MENO	//			10F 00 00 00 00			
: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	LACE DF DEATH (Ch			
HYSICIAN: MEDICA		1 Inputant 2 ER/Out	petiant 3 DOA 4 DOA 28b. TIME OF	THER:  Nursing Non 28c. IN.	ne 8 🗆 Rasidence	eck only one)  8  Other (Specify)  28d. DESCRIBE HOW INJU	IRY OCCURED	
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D BY PHYSICIAN: MEDICA	EXAMINER?  1 YES 2 TOO  27. MANNER OF DEATN  1 Netural 8 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	THER:  Nursing Non F 28c, IN. W M 1	ne 8 Rasidence	8 Other (Specify)		Route Number,
TED BY PHYSICIAN: MEDICA	EXAMINER?  1 YES 2 7400  27. MANNER OF DEATN  1 Netural 8 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Dey, Year)  28a. PLACE OF INJURY 28a. PLACE OF INJURY	28b. TIME OF INJURY	THER:  Nursing Non F 28c, IN. W M 1	ne 8 Rasidence	8 Other (Specify)  28d. DESCRIBE HOW INJU  28f. LOCATION (Street and		Route Number,
LETED BY PHYSICIAN: MEDICA	EXAMMER?  1 YES 2  27. MANNEB OF DEATN  1 Netural 8 Pending investigation  3 Suickide 8 Could not be detarmined.  29a. CERTIFIER (Check only)  1 CERTIFYING PNYS	1 Pinpetient 2 ER/Outs 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Special Control of the Cont	28b. TIME OF BNJURY  T — At home, farm, stree city)	THER:  Nursing Non  F 28c. IN.  W 1  ot, factory, office  t the time, deter	ne 8 Residence JURY AT JEK? YES 2 NO	281. LOCATION (Street and City or Town, State)  to the cause(a) and menner	Number or Rural F	
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20 K 10 K 1991 J. Landerson Berlins

1. DECEOENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

MAR 04 '91

LEVIN

217-36-1412

9a. FACILITY NAME (If not institution, give street end number)

DREXEL

5. SEX

1 M 2 - F

HUFFINGTON

95

6. AGE (In yrs. last birthday)

YRS.

FOR STATE REGISTRAR

1 -

9:20

8. BIRTHPLACE (State or Foreign

YEAR

91

9c. COUNTY OF DEATH

7. DATE OF BIRTH
(Month, Day, Year)
4-24-1895
MARYLAND

3. TIME OF DEATH

2. DATE OF OEATH DAY

2

MONTH 3

46, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within \$2 mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-first has fined within 2 hours after death with the State Deot. of Health and Mental Hygiene prior to burial, cremation, or removal.	secondary. It have 30 to marked on New 32 shape one interes or other trainfell event the medical eventines must be notified at once
( 131 <sup>4</sup>	e executer an and co	umafic .
. BO)	rtificate b ng physici piene prio	other tra
, P.O	death ce attendir ental Hy	ושר טיי
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	w requires that the s been signed by the pt. of Health and M	2 shows any inte
VITAL	Sertificate har the State De	or Ham 9
N OF	NG PHYS fter this c	hadren
VISIO	RECTOR: A	al 90 m
IO	TO THE HOSPITAL OR TO THE FUNERAL DIR The filed within 72 hour	SATISFACTOR NAT. 14 18ac

-	8	Salisbury Nu		ome		\$a	alisb	ur	y, Md.			Wic	omico	
-	ЕСТОЯ	RESIDENCE OF DEC	10b. COUNTY			10c. CITY, TO	WW OR LO	CATIC	OM .				104	1. INSIDE CITY
Page	DIR	MD.		MICO		EDEN	WIN ON EC	CATIC	JN :				1	LIMITS?
permit	AL C	10e. STREET AND NUMBER		MICO		LDLN		10f. 2	ZIP CODE			10g. CITI	ZEN OF WHAT	
新	ERA	COLLINS	WHARE	ROAD					21822			Ш	.S.A.	_
the burial frams	BY FUNER	11. MARITAL STATUS 1  Nover Married 2  3 Widowed 4 Dive	Married 1	2. WAS OECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2) N		If yes	, spec	NDENT OF HISPAN ofly Cuban, Mexican NO Specify	, Puarto R				American indian.
use as	ETED		EDENT'S EDUCAT by highest grade con		(Gh	CEDENT'S USU	done during	ATION most	of working	16b.	KIND OF BUS	INESS/IND	USTRY	
ğ	APLE	Elementary/Secondary (	0-12)	College (1-4 or 5+)	Hfe.	F A	RMEF	}			OWN	FARM	tu .	
5 should be detached notified at once.	E COMPL	17. FATHER'S NAME (First, A		NGTON					16. MOTHER'S NAI				RKER	
e 5 should notified	TO B	19a. INFORMANT'S NAME ( DOUGLAS N		6	- 1	ESXO	DRESS (Stre	eet en	d Number or Rural F		er, City or Town			21810
st be		20a, METHOO OF DISPOSIT		al from State	b. PLACE O	OF DISPOSITIO	N (Name o	f ceme	etery, crematory or		20c, LO	CATION —	City or Town,	State
lirector, p		4 Donation 5 0 0the	r (Specify)	17	AL	LEN	CEME				A	LLEN	,MAR	YLAND
al. examiner		21. SIGNATURE OF TUNERA	eld (	& Bru	ne	eS/	1000		ADDRESS OF FA		. ном	E,SA	LISBU	JRY,MO.
and completely filled in by the funeral director, page burial, cremation, or removal. natic event, the medical examiner must be		23 PART I. Enter the cahock, or h IMMEDIATE CAUSE (Fi disease or condition reaulting in death)	eert fellure. Lis	st only one ceuse on e	ech line.	mon		mod	le of dying, such	aa card	lac or reapl	ratory en	rest,	Approximate Interval Between Onset and Death
ending physician il Hygiene prior to or other traur	ERTIFICATION	Sequentielly list condi if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LA:	ring c.	DUE TO (OR AS										
een signed by the of Health and Me shows any Inju	4: MEDICAL C	PART II. Other signific		Scleros Sleedi			he under	lying	ceuse given in	Part i.	24a. WAS AN PERFOR	RMED?	CO	PRE AUTOPSY FINDINGS ARLABLE PRIOR TO OMPLETION OF CAUSE OEATH?  YES 2 NO
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ortificate has be state D	SIC	EXAMINER?		HOSPITAL:	ipatient 3		THER:	Home	5 🗆 Rasidence	6 🗆 Othe	r (Specify)			
with with	ву РНУ	27. MANNER OF DEATH  1 Natural 5 2 Accident	Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)		28b. TIME O INJURY	1	WOF	IRY AT RK? ES 2 NO	28d. DES	CRIBE HOW I	NJURY OC	CURED	
after de 28 Is	TED	9 Culatdo	Could not be determined	28e. PLACE OF INJUR building, atc. (Spe	Y — At ho	me, farm, stree	et, factory,	office	'	28f. LOC City	ATION (Street or Town, State)	and Numbe	r or Rural Rout	e Number,
로 의 는	COMPLE	one)		AN: To the best of my known on the basic of axaminsti-										nd manner as stated.
五 6 5	BE	29b. SIGNATURE AND TITL	E OF CERTIFIER	10-11	62			Т	29c. LICENSE NUI		13	29d. DA1	3 / C	fonth, Day, Year)
₽ % ₹	TO	30. NAME AND ADDRESS O	OF PERSON WHO	COMPLETED CAUSE OF D	EATH (ITE	M 27) (Type, Pri	1	In	in (	7 to	75	Us	Ben.	Mel.
	,	31. DATE FILEO (Month, Day	( Year)	32. REGISTRAR'S SIG	NATURE	[ ] [	00	10		0,0	7	1112	27	,

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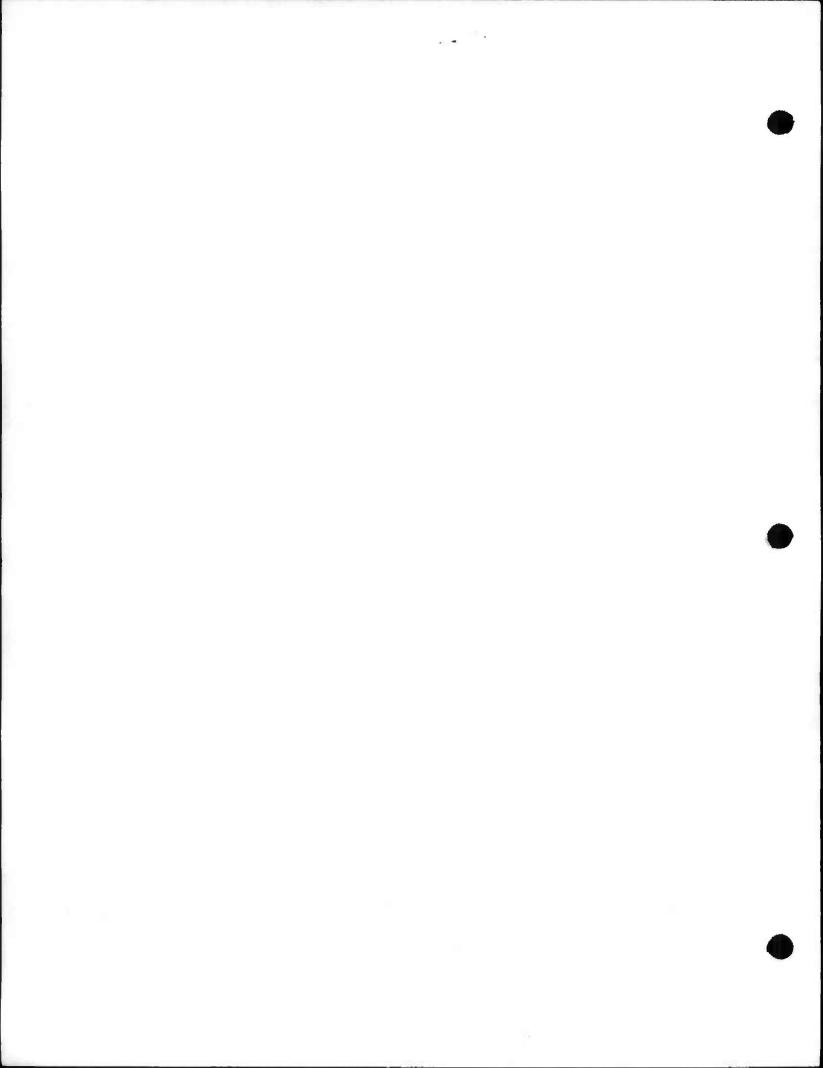
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**CERTIFICATE OF DEATH** 

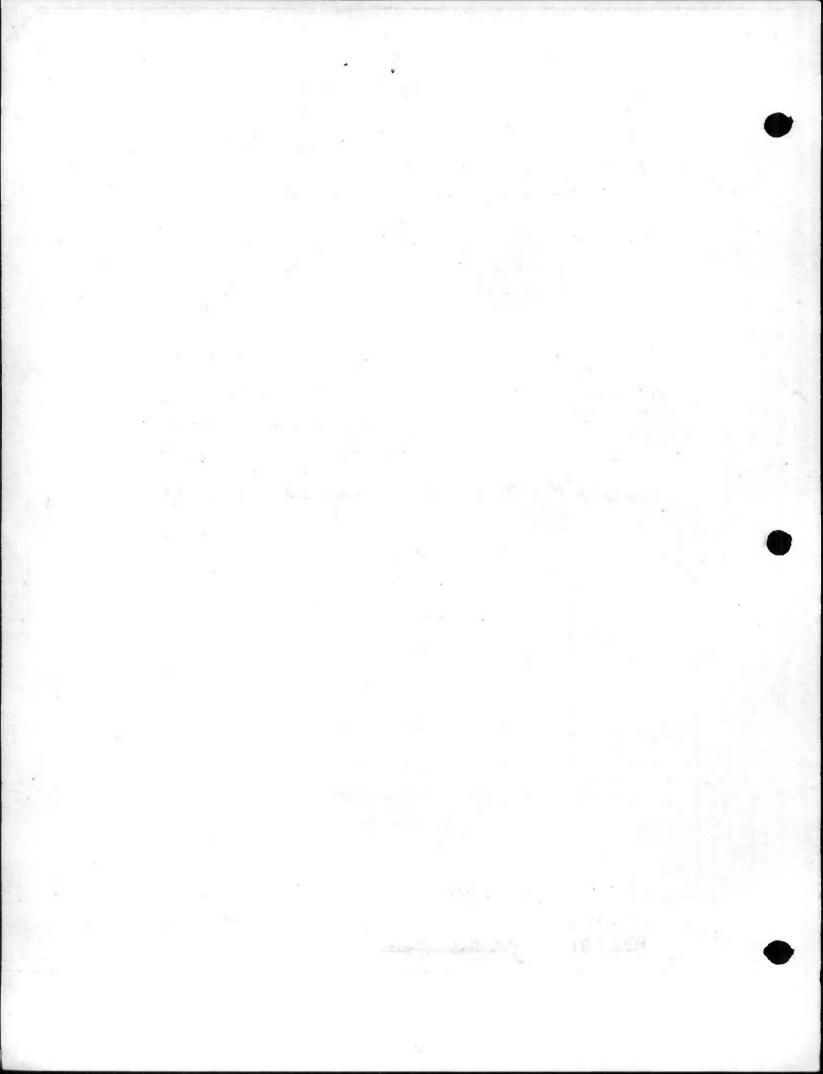
IF UNDER 1 YEAR

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH



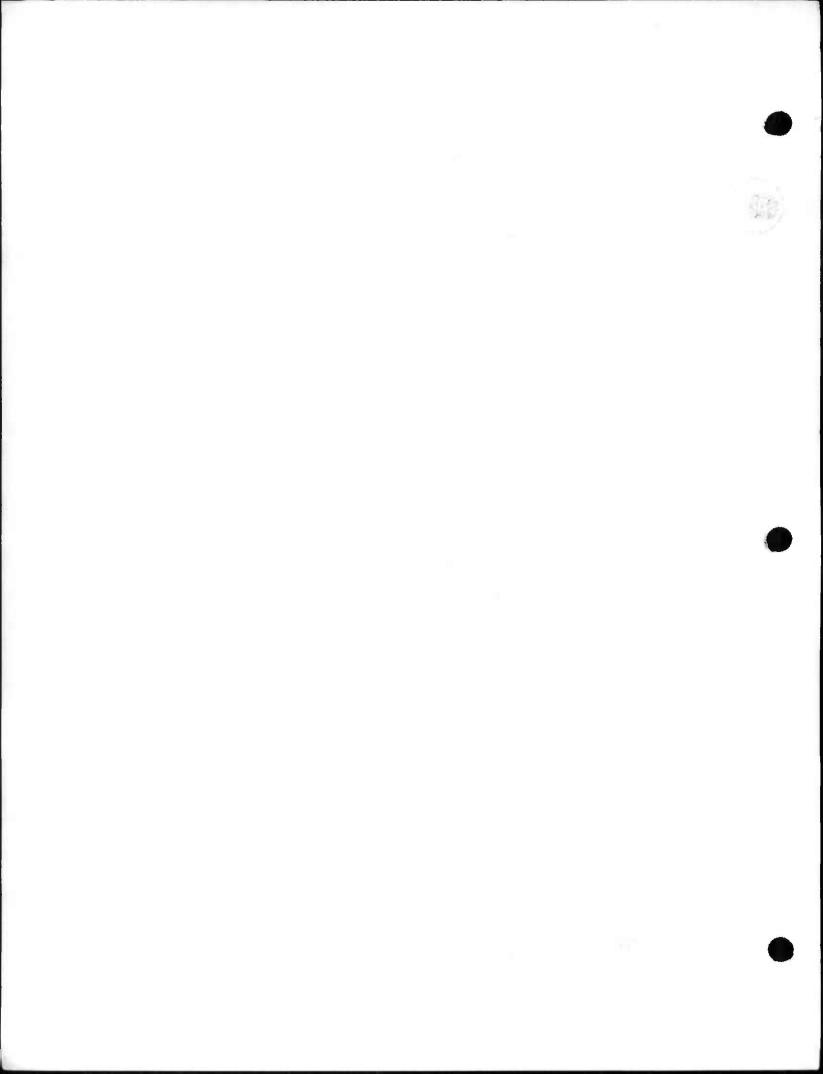
GERAI	Middle, Last)						H	2. DATE O	F DEATH			TIME OF DEATH
OLIUL	D	L			HOSIER		le le	Febru	arv 2	4, 19	PEAR	10:50P
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In ye	s. last birthday)	IF UNDER 1 YEAR	1	4 HRS.	7. DATE OF				ACE (State or Foreign
219 07 7802	2	1 M 2 □ F	74	YRS.	MONTHS DAYS	HOURS	MIN.		0-16	1		ERSEY
PERRY PO			COTTA		9b. CITY, TOWI	OR LOCATION		ATH		9c. COUNT		Н
RESIDENCE OF DEC		VEI. HU	DETIA		PENN	IATEL				CECI		
10e. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN OR LO	CATION					10	d. INSIDE CITY
MD.	WIC	OMICO		SAL	ISBUR							YES 2 NO
100. STREET AND NUMBER HOBBS RE	) B	T.3.BOX	430			10f. ZIP CODE 218	01				N OF WHA	T COUNTRY?
11. MARITAL STATUS	, , ,	12. WAS DECEDEN		S. ARMED	13. WAS D	ECENDENT OF		C ORIGIN?	(Specify Yea			American Indien,
1 Never Married 2 💢	•	FORCES?	XYES 2	□ NO	If yes,	specify Cuben	, Mexican	, Puerto Ric			Black, W Specify:	fhite, etc.
3 Widowed 4 Divo	reed	11.720,0112			1	20 1 23 110	оросну.				ороску.	***************************************
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17. FATHER'S NAME (First, Mi	iddle, Last)					18, MOTH	ER'S NAM	NE (First. MI	ddle, Malden	Surname)		
FREDERI		OSIER						ARBY		,		
19e. INFORMANT'S NAME (7)				19b. MAILING	ADDRESS (Street	et end Number	or Ruret A	oute Numbe	r, City or Tow	n, State, Zip C	ode)	21801
VIRGIE H	OSIE	R		HOBE	BS RD.	, RT.	#3,	вох	430,	SALIS	BUR	Y,MD.
20e. METHOD OF DISPOSITI		noval from State			SITION (Name of		ntory or			CATION — CH		State
4 Donation 5 Other			AL	LEN CE					AL	LEN, N	10.	
21. SIGNATURE OF ENNERAL	1d	17 //	uno	3/		UNDS			. Ном	E,SAL	ISB	URY,MD.
disease or condition resulting in death)  Sequentially list conditions any, leading to imme-	diata ING	b. CIRRHO DUE TO	O (OR AS A CO OSIS O O (OR AS A CO	ARREST PARSEQUENCE OF LIVET PARSEQUENCE OF SIS PARSEQUENCE OF SIS	F):							
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	withi	ficate has been signed by the attending physician and completely filled
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	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retaine	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 show

	1. 0	REGISTRAR DECEDENT'S NAME (First, Middle, Last	2)				F DEATH		REG. NO.			OF DEATH
	,	Alfred D.	Hoaney					MONT			1 6	:10 a
	4. 9	SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER 1 YEA		(3.40.0)	OF BIRTH		BIRTHPLACE (S Country)	tate or Foreign
	2	218-24-4199	1 2 M 2 D F	67	YRS.			5	24/2		MA	
OB	90.	FACILITY NAME (If not institution, give Memorial Hos	· ·				wn or Location of aston	OF DEATH		9c. COUNTY	1bot	
-5-		ESIDENCE OF DECEDENT	•							14		
DIRE	10a.	. STATE 10b. COUN	1			TOWN OR LO	. 11				LIM	IDE CITY
AL D	10e.	STREET AND NUMBER			1 of	evens	101, ZIP CODE			10a, CITIŽEI	N OF WNAT COL	S 2 NO
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BY		Never Married 2 Married Widowed 4 Divorced		WAR OR DATES	147		YES 2 WO S		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Specify:	10
8		16. DECEDENT'S EC	DUCATION	16a.	DECEDENT'S U			16	b. KIND OF BU	I SINESS/INDUS	STRY	
<u>=</u>		(Specify only highest gra	College (1-4 or 8	+)	life. Do NOT use	retired.)	g most of working					
COMPLET				V	U9-ter	man			Oktere			
_	17. 1	FATHER'S NAME (First, Middle, Last)	Hoos	ney			16. MOTHER	A A COM	Middle, Maiden		VYYC	
BE	19e.	. INFORMANT'S NAME (Type/Print)	11090	101	19b, MAILING	ADDRESS (Stra	set and Number or F	Rural Route Nun	11			<u> </u>
5		Haze Ho	ogney		107	Hoan	1845/9	ne	stern	suille,	md.	21666
		Burlel 2 Cremetion 3 Re	moval from State		CE AND DATE			07	TE 20c. LO	CATION — CIT	y or Town, State	
1		☐ Donation 5 ☐ Other (Specify) SIGNATURE OF FUNERAL SERVICE		- mary	and Vo	terans	Cemeter	4311	9/1 HU	rock,	ma.	
	21.	SIGNATURE OF FUNERAL SERVICE		/ 1		00. 01000			2	4 1 7		7
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9a. FACILITY NAME (If not institution, give street and number)	GE (In yrs. lest birthday) 69 YRS.	IF UNDER 1 YEA	IF UNDER 24 HRS.	1			
5		MONTHS DAY		7. DATE OF BIRTH (Month, Day, Yes 12-8-2)	nr)	Country	PLACE (State or Foreign rginia
SHOON GLOVE AUVENILES	- Hoan		VN OR LOCATION OF DI			NTY OF DE	
RESIDENCE OF DECEDENT	t Hosp.		Rockvill	Le		TWO	GOMERY
Shady Grove Adventist  RESIDENCE OF DECEDENT  10a. STATE  Maryland  Montgomery	10c, CIT	Y, TOWH OR LO	CATION				10d. INSIDE CITY LIMITS?
Maryland Montgomery	7	Gern	nantown':				1 X YES 2 NO
10e. STREET AND NUMBER			101. ZIP CODE		10g. CITI	ZEN OF W	HAT COUNTRY?
12916 Walnut View Cour			2087			U:	SA
12916 Walnut View Cour  11. MARITAL STATUS  1	YES 2 XNO	If yes	DECENDENT OF HISPAI , specify Cuban, Maxica YES 2 1 NO Specif	an, Puerto Rican, etc			- American Indian, White, atc.
Section of the second section of the section of the second section of the sectio	16a. DECEDENT'S	USUAL OCCUP	PATION g most of working	16b, KIND OI	F BUSINESS/IND	USTRY	
S S C C C C C C C C C C C C C C C C C C	House	e retired.)	y most of working				
ON the party of th				AME (First, Middle, Me			
J > 8 8 I MAY ANGELSON			Edna	Beaner	c		_
P 19e. INFORMANT'S NAME (Type/Print)  O Jay Henry (Son)			ut View				20874 , MD
20a, METHOD OF DISPOSITION  1	20b. PLACE OF DISPOS	SITION (Name or	f cemetery, cremetory or		c. LOCATION —		
Commercial Commercia	Lee Cr				Vashin	gto	n, DC
decath.	owler	SNO ROC	E AND ADDRESS OF FA WDEN FUN KVILLE,	ERAL HOMD 2085	50		
shock, or heady failure. List only one ceuse of within the many of	onic rena	l fai	lurem he sease	modials	sis p	atie	Approximate interval Between Onset end Der
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	AS A CONSEQUENCE O						
SO BET IN DESCRIPTION OF THE PRINT OF THE PR	th but not resulting	in the under	lying cause given in	PE	AS AN AUTOPSY REFORMED?	24b.	WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION DF CAUSE
MEC Of Head							OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL		2	6. PLACE OF DEATH (C	heck only one)	R	chul	I/e, nD
S Set of the set of th	Outpatient 3 - DOA	OTHER:	Home 5 - Realdence	8 Other (Specif)	111		el Adventist
O F E ≩ ⊇	URY 28b. TIN	JURY	NJURY AT WORK?	28d. DESCRIBE	IOW INJURY OC	CURED	
O O S S S Suicide 6 Could not be 288, PLACE UP IN.	JURY — At home, farm, (Specify)	street, factory,	office	26f. LOCATION (S City or Town,	Street and Number State)	r or Rural F	Route Number,
4   Homicide detarmined	knowledge, death occur	red at the time.	date and place, and du	e to the cause(s) an	d menner as sta	ted.	
Check only one) 2 MEDICAL EXAMINER: On the basis of examile of examile of examile of examile of examile on the basis of examil							i) and menner as stated
> - 1 296, SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	IMBER	29d. DA1	TE SIGNED	(Month, Day, Year)
20b. SIGNATURE AND TITLE OF CERTIFIER    Continue of the basis of example of the continue of t			02430	98	•	226	9/ 770 Pm
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF PAIL OF 15 22	OF DEATH (ITEM 27) (Type	Print)	0243°	06 8	orto:14	2 00	20850



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physicial	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-the state institution of common	IMPORTANT: If Item 28 is marked, or Item 23 shows eny injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAL	TO THE FUNERAL DIRECTOR: After this certification	IMPORTANT: If Item 28 is marked, or

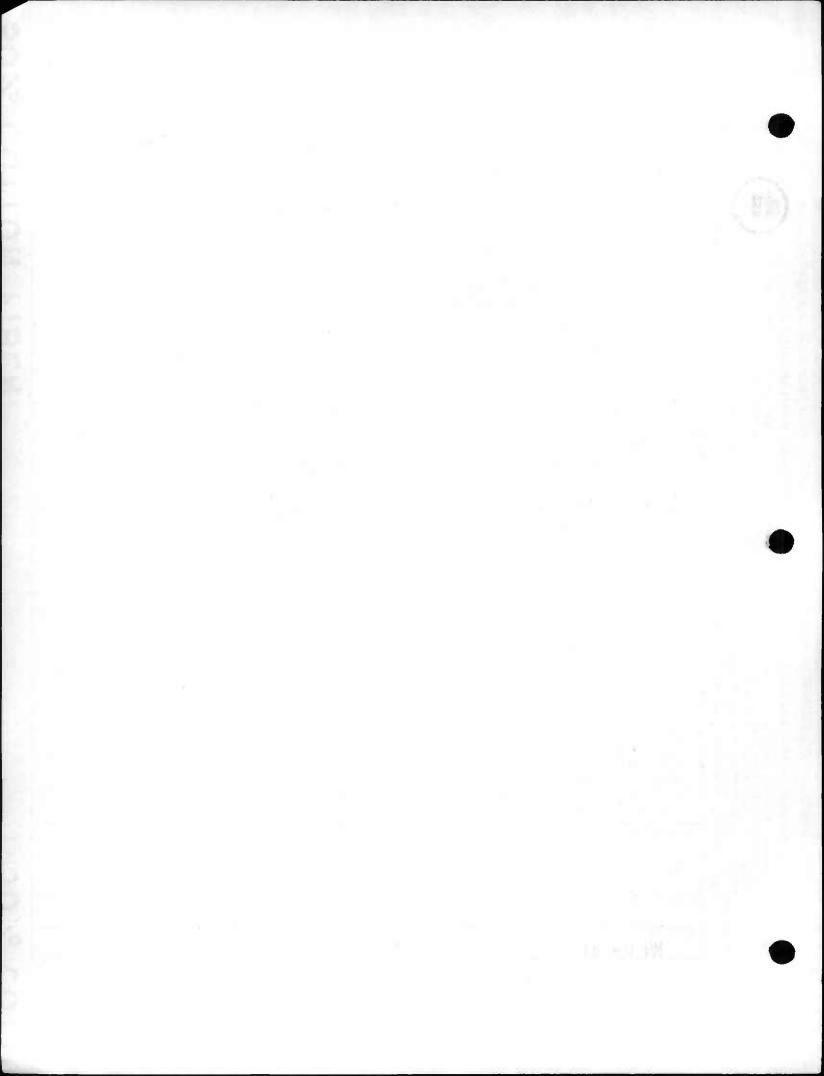
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

	Last)					2. DATE OF OEATH	NAW.	VEAR	3. TIME OF DEAT	Н
MILDREI	W.		HEWI	TT		2 - 2	7-	. 97	9:05	P
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	OUNTY		10c. CITY,	TOWN OR LOCA	TION				10d. INSIDE CITY	
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				"	I. EIF CODE		Tog. Ci.	IZEN OF V	THAT COOKINT?	
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Λ								WHI	TE	
15. DECEDENT'S (Specify only highest	B EDUCATION grade completed)			SUAL OCCUPATI rk done during me		16b. KIND OF B	USINESS/IN	DUSTRY		
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	2		HOMEMA	KER						
FATHER'S NAME (First, Middle, La	et)				18. MOTHER'S NA	ME (First, Middle, Maide	n Sumame)			
J. MARION WES'	T				TECCT	E DUDLEY				
. INFORMANT'S NAME (Type/Print		4	9b. MAILING A	DDRESS (Street		Route Number, City or To	wn. State 7	in Cordel		_
BATTER STATE WELL IN				Selling Street		III MARKET OF THE				
RANK L. HEWIT'	T.III (SON)				AVENUE					_
Wourfal 2 [ Cremetion, 3 [	Removal from State	20b. PLACE other p	E OF DISPOSIT place)	TON (Name of ce	metery, crematory or	20c. L	OCATION -	City or To	wn, State	
Donation 5 - Other Sheaty	The state of the s	GATE	OF HE		EMETERY	STI	VER S	SPRIN	IG MARYL	AN
SIGNATURE OF FUNERAL BERY	CE INCENSEE	1 /			ND ADDRESS OF FA		TAT T	TO1/17	T110	
( A. A	11 14	) (				LLINS FUNE				
/vu pu	2 1	-	_			Y BOULEVAR				_
3. PART I. Enter the disesses shock, or heart fa	s, or complications to llure. List only one ca	at caused the d	leeth. Do no	t enter the mo	ode of dying, suc	th as cardiac or res	piratory a	rrest,	Approximation interval B	
MMEDIATE CAUSE (Final	0	1	1						Onset and	
isease or condition	Silas	I Cencer	. Cuth	metasti	isis to 6	mel			744,5	m
restrictly in agenty	DUE TO	O (OR AS A CONSE	EQUENCE OF):			5.003			9-17	_
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any, laeding to immedista ause. Enter UNDERLYING AUSE (Disease or Injury nat Initiated events seuting in death) LAST  ART II. Other significant con  WAS CASE REFERRED TO MEDICEL CONTROL CONT	d	□ ER/Outpatient  □ ER/Outpatient  IF INJURY Day, Year)  OF INJURY — At h g, etc. (Specify)  of my knowledge, c examination and/or	s DOA 4 29b. TIME INJUI	26. P  OTHER:  Nursing Hot  OF  W  1   wet, factory, offi	LACE OF DEATH (Cr	PERF( 1 YES  1 Other (Specify)  28d. OESCRIBE HOW  28f. LOCATION (Street City or Town, State of the cause(a) and report of time, date and place, MBER	PRMED? 2 NO 1 INJURY Of the and Number as stand due to	or or Flural ated.	AMALABLE PRIOR COMPLETION OF ( OF DEATH?  1  YES 2    Route Number,  a) and manner as a	TO
any, landing to immediate nues. Enter UNDERLYING AUSE (Disease or injury at initiated events sutting in death) LAST  ART II. Other significant con  WAS CASE REFERRED TO MEDICELAMINER?  1 YES 2 NO  MANNER OF OEATH  1 Natural 5 Pending investig 3 Suicide 6 Could in determine Check only 2 MEDICAL EX  BERMATURE AND TITLE OF CE	d	□ ER/Outpetient □ ER/Outpetient □ FINJURY Dey, Year)  OF INJURY — At h g, etc. (Specify)  of my knowledge, c examination and/o	3 DOA 2 St. TIME INJUINATION STREET S	26. POTHER:    Nursing Hot   Nursing Hot   Nursing Hot   Sec. IN   W   1       eet, factory, offi	LACE OF DEATH (C)  no 5 A Residence  JURY AT  ORK?  YES 2 NO  no and place, and dudenth occurred at the	PERF( 1   YES  1   YE	PIMED? 2 NO 1 INJURY Of trans Number as at send due to 1 29d. DA	or or flural ated.  The cause(	ARALABLE PRIOR COMPLETION OF COMPLETION OF COP DEATH?  1  YES 2    Route Number,  a) and manner as a cop (Month, Day, Year)  2	TO CAUS
WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2 NO  MANNER OF CEATH  1 Netural 5 Pending Investig 3 Suicide 6 Could r Geternic Cone)  2 MEDICAL EX  MEDICAL EX  MEDICAL EX  MANUER OF CE  MEDICAL EX  ME	CAL HOSPITAL: 1 Inpetient 2  guardion and be best of CAMINER: On the best of CAMINER: On the best of CAMINER: On the best of CAMINER: On WHO COMPLETED CAMINER: ON WHO CAMIN	□ ER/Outpetient □ ER/Outpetient □ FINJURY Dey, Year)  OF INJURY — At h g, etc. (Specify)  of my knowledge, c examination and/o	s DOA 20b. TIME HUJUI nome, ferm, str	26. POTHER:    Nursing Hot   Nursing Hot   Nursing Hot   Sec. IN   W   1       eet, factory, offi	LACE OF DEATH (C)  no 5 A Residence  JURY AT  ORK?  YES 2 NO  no and place, and dudenth occurred at the	PERF( 1 YES  1 Other (Specify)  28d. OESCRIBE HOW  28f. LOCATION (Street City or Town, State of the cause(a) and report of time, date and place, MBER	PIMED? 2 NO 1 INJURY Of trans Number as at send due to 1 29d. DA	or or flural ated.  The cause(	ARALABLE PRIOR COMPLETION OF COMPLETION OF COP DEATH?  1  YES 2    Route Number,  a) and manner as a cop (Month, Day, Year)  2	TO CAUS



3

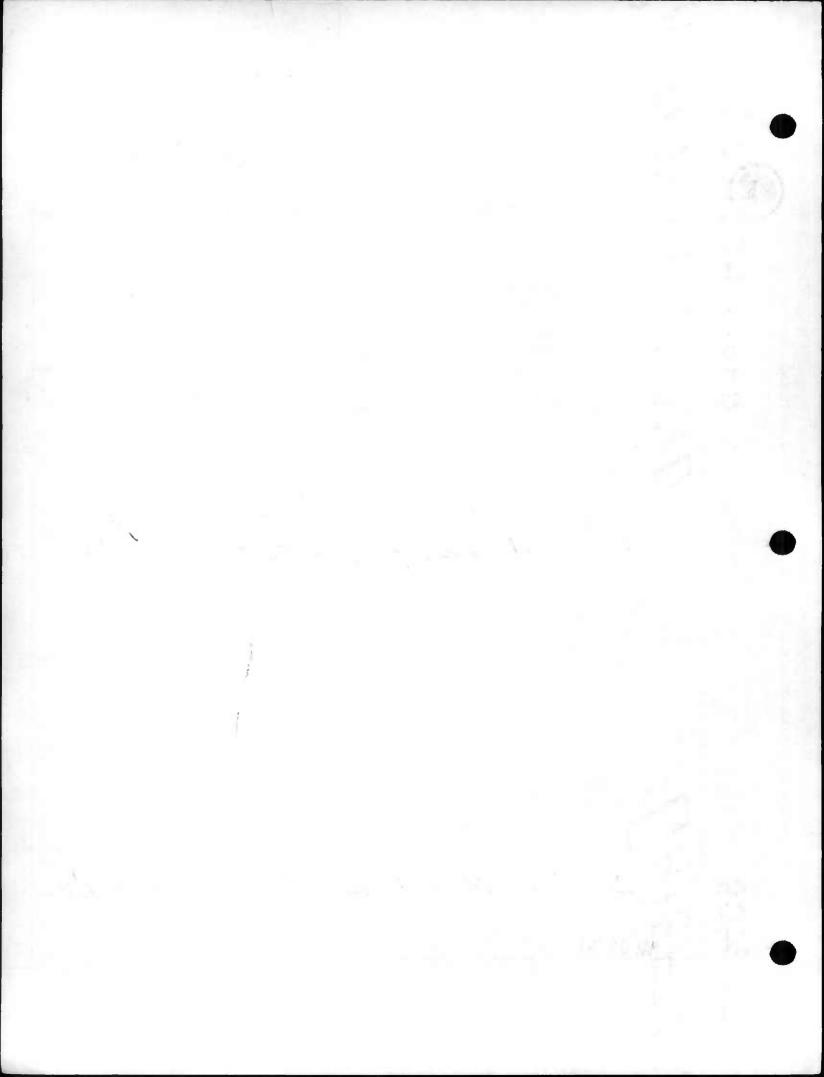
	, Last)		1					MONTE			YEAR	3. TIME OF DEATH
	Erhpao		Huang					Febr		7, 1	991	4:40 P
4. SOCIAL SECURITY NUMBER 061-64-9212	5. SEX	6. AGE (In )	rrs. lest birthday) YRS,	MONTHS	DAYS	# UNDER	MIN.	(Monti	OF BIRTH 1, Day, Year) 18, 1	904	Count	IPLACE (State or Foreign ry) ina
9a. FACILITY NAME (If not institution	, give street and number)			9b. CITY	, TOWN I	DR LOCATI	ON OF D			9c.,COU	NTY OF D	EATH
COLLINGSU	Sooo Nurs	sing C	enter	Ro	داد	VII	le			M	ont	BUM ER
RESIDENCE OF DECEDER	COUNTY		10e, CF	TY, TOWN	OR LOCAT	TION						10d. INSIDE CITY
	ontgomery			ckvi]								LIMITS?
10e. STREET AND NUMBER					10	1. ZIP COD	Ε			10g. CIT	IZEN OF	WHAT COUNTRY?
703 Monroe Str	reet, #302						20	852		(	China	a .
11. MARITAL STATUS  t Never Married 2 Married  3 X Wildowed 4 Divorced	12. WAS DECEDED FORCES?				If yes, sp	DENDENT (Decity Cubic 2) NO	n, Mexic	n, Puerto	i? (Specify Yea Rican, etc.)	or No—	Spec	E — American Indian, k, White, etc. //y: LNESE
15. OECEDENT	'S EOUCATION	1	Sa. DECEDENT	B USUAL O	CCUPATI	ON		16b	KIND OF BUS	BINESS/INI	DUSTRY	
(Specify only highes Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of ille. Do NOT	work done	ounng mo	DBT OF WORK	ng					
Ó			Home	make	r				Own I	Home		
17. FATHER'S NAME (First, Middle, L	ast)					18. MOT	HER'S N	AME (First, I	Middle, Malden	Surname)		
(Unavailable)	Chang					Un	avai	lable	е			
19a. INFORMANT'S NAME (Type/Prin			19b. MAILIN	G ADDRES	S (Street				ber, City or Tow	n, State, Zi	p Code)	
Anson Huang									ale, N		0583	
20a. METHOD OF DISPOSITION		20h. P	LACE OF DISPO					-		CATION —	City or Ti	own, State
1 ☐ Burial 2 ☐ Cremation 3 ☐ Donation 5 ☐ Other (Specif		Suf	ourban	Crem	ator	V	, , ,		10.75			ng, Maryla
	es, or complications the silure. List only one ca			not ente	the my	ada ad ab	dea eur		dias on mosal		Mar and	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. SEM DUE TO	O (OR AS A C	PUL ONSEQUENCE ( O NO I ONSEQUENCE ( O MAT ONSEQUENCE (	MO/ OF): OF): OC F OF):	VAK	4	An	NE		AUTOPSY NMED?		Approximata interval Betwood Onset and Do On
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	c. SEM DUE TO	O (OR AS A C	PUL ONSEQUENCE ( O NO I ONSEQUENCE ( O MAT ONSEQUENCE (	MO/ OF): OF): OC F OF):	VAK	4	An	NE	24a. WAS AN PERFOI	AUTOPSY NMED?		b. WERE AUTOPSY FINDI MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant countries.	c. SEM DUE TO d.  Inditional contributing to	O (OR AS A C	PUL ONSEQUENCE ( O NO I ONSEQUENCE ( O MAT ONSEQUENCE (	MO/ OF): OF): oF):	VA/C	ng cause	And given in	NE	24a. WAS AN PERFOI	AUTOPSY NMED?		b. WERE AUTOPSY FINDI MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	e. SEM DUE TO d.	O (OR AS A C	PUL ONSEQUENCE ( O NU A ONSEQUENCE ( O NA TO ONSEQUENCE (	MO/OF):  OF):  OF):  OF):	UA/C	ng cause	And given in	N E	24a. WAS AN PERFOI	AUTOPSY NMED?		b. WERE AUTOPSY FINDI MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are sufficient to the significant conditions are suffic	d. DUE TO d. HOSPITAL: 1   Inpetient 2	O (OR AS A C	PUL CONSEQUENCE (1) ONSEQUENCE (1) MATONSEQUENCE (1) ONSEQUENCE (1	OF):  OF):  OTHE	DA/C	PLACE OF	And given in	Part I.	24a. WAS AN PERFOI	AUTOPSY RMED?	24	b. WERE AUTOPSY FINDI MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in death and the sequence of	d. DUE TO d. HOSPITAL: 1   Inpatient 2 28a. DATE 0 (Month,	O (OR AS A C	PUL ONSEQUENCE ( O NU A ONSEQUENCE ( O NA TO ONSEQUENCE (	OF):  OF):  OTHE	DA/C	PLACE OF I	And given in	Part I.	24e. WAS AN PERFOI 1 U YES :	AUTOPSY RMED?	24	b. WERE AUTOPSY FINDI MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are serious and	DUE TO  d	O (OR AS A C	ONSEQUENCE OF THE PROPERTY ON SEQUENCE OF THE PROPERTY OF THE	OF):  OF):	26. Firming Hoo	PLACE OF INTERPRETATION OF THE PLACE OF INTERPRETATION OF THE PLACE OF	And given in	Part I.  heck only o  6  Other  284, DE	24a. WAS AN PERFOI 1 YES 2	AUTOPSY NEED?	24	b. WERE AUTOPSY FINDI MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the condition of the condition	DUE TO  d.  DUE TO  DUE TO	O (OR AS A C O (OR	ONSEQUENCE ON ATTOMOSEQUENCE O	OF):  OF):	26. Firming Hoo	PLACE OF The S of Florida Place of the and place death occurrence of the and place of the a	given in	heck only o	24a. WAS AN PERFOIL  1 YES :  1 YES :  CATION (Street or Town, State)	AUTOPSY RMED?  EXXXNO  INJURY OF	CCURED or or Rural sted, the cause	b. WERE AUTOPSY FINDS MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH  t YES 2 NO

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21203-3146	ID THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal be filled within 22 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT, it Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
-	SIROL	or ren	med	
	in 25 h	ely fille tation,	the .	
46,	ed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fibe within 22 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	event	
131	evecut	and c	matic	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ate be	prior t	r traus	
O.E	certific	ding pl	r othe	
9.	death	ental H	ITY, 01	
SQL	at the	by the	ny infu	
00	ulres th	signed Health	WE BU	
RE	aw requ	s been	3 sho	
TAL	The l	tate De	tem 2	
FV	SICIAN	certific	1, or	
Ö	G PHY	er this	narked	
SIO	TENDIN	DR: Aft	8 Is n	
N	TTA NO	OURS at	lem 2	ı
۵	PITAL (	ERAL D	T. H. II	
	E HOSI	E FUN	RTAN	
	H C	TO THE	IMPO	
				4

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR		C	ERTIFIC	CATE OF	DEATH		REG. NO			
	owers		kinso	n		MONT	of DEATH D	1991	EAR	TIME OF DEATH 2:30 A
4. SOCIAL SECURITY NUMBER 577-10-4565	5. SEX 1 (X) M 2   F	6. AGE (In yrs. les		IF UNDER 1 YEAR WONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH	1903	BIRTHPL Country)	ACE (State or Foreign
Sa. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN	OR LOCATION OF DI	EATH	Ĺ	9c. COUNTY	Y DF DEAT	тн
3601 Edelmar Ter	race			Silver	Spring			Monto	gomei	ry
10a. STATE 10b. COUNT	Υ		10c. CITY,	TOWN OR LOCA	TION			-	10	Dd. INSIDE CITY
	tgomery		Si	lver Sp						LIMITS?
3601 Edelmar Ter	race			10	i. ZIP CODE	906				at country? States
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	X YES 2	IMED NO	If yes, s	CENDENT OF HISPAI secify Cuben, Mexics 2 2 NO Specif	in, Puerto		s or No— 14	Specify:	- American Indian, White, etc.
15. DECEDENT'S EDU (Specify only highest grade	e completed)	(0	CEDENT'S U	ISUAL OCCUPATI ork done during m	ON ost of working	16b	KIND OF BU	SINESS/INDUS	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5+	)			- Correspo	ndent		Newsp	aper	
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First,	Middle, Melden	Sumame)		
Frank Andrew Ha	akinson				Jessic	a Be:	ryl Bo	wers		
19a. INFORMANT'S NAME (Type/Print)					and Number of Rural					
Anne J. White		2	53 S.	Picket	t St., #	201,	Alexa	ndria,	, VA	22304
20e. METHOD OF DISPOSITION  1 Buriel 2 Commetton 3 Ren  4 Donetton 5 Other (Specify)	noval from State	20b. PLACE other p SUDUI	of Disposition C	remator	metery, cremetory or			ver Sr		, State g, Marylan
21. SIGNATURE OF PUNERAL SERVICE LI  23. PART I. Enter the diseases, or shock, or heart failure.	complications thin	caused tha d	eath. Do no	933 G	ND ADDRESS OF FA FUNERAL ist Aven ode of dying, suc	Serv	Silve	r Spri	ing,	MD 20910 Approximate Interval Batween
IMMEDIATE CAUSE (Final disease or condition resulting in death)	Ades	(OR AS A CONSE	, q	P	estiti	2			7	Onset and Deat
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	(OR AS A CONSE								
PART II. Other significant condition	ns contributing to	death but not	resulting is	the underlyle	g cause given in	Part I.	24a, WAS AN	AUTOPSY	24b. W	/ERE AUTOPSY FINDINGS
							PERFO		0	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL				28. 1	LACE OF DEATH (C)	heck only o	ne)		1	
EXAMINER?  1 YES 2\(\)\(\)\(\)\(\)\(\)\(\)	HOSPITAL:	ER/Outpatient	3 DOA	OTHER:	ne 5X Residence	8 □ Oth	er (Specify)			
27. MANNER OF DEATH  1)(X)(Natural 8 Pending	28a. DATE OF (Month, D		28b. TIME INJU	OF 28c. IN	JURY AT ORK? YES 2 ND			INJURY OCCU	IRED	<u></u>
2 Accident 3 Suicide 6 Could not be determined	28e. PLACE O	F INJURY — At h etc. (Specify)	ome, farm, s	treet, factory, offi	00		CATION (Street or Town, State	and Number of	r Runal Rou	ute Number,
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	SICIAN: To the best of IER: On the basis of e									and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE  David 30. NAME AND ADDRESS OF PERSON W	a.	115/	end	MD	NC 14	MBER 73.	5	N 1	SIGNED (A	North, Day, Your)
David G. McLeod					NW, Wash:	ingto	n, DC	20012		
31. DATE FILED (Morith, Day, Year)	grena 1	avidon-								

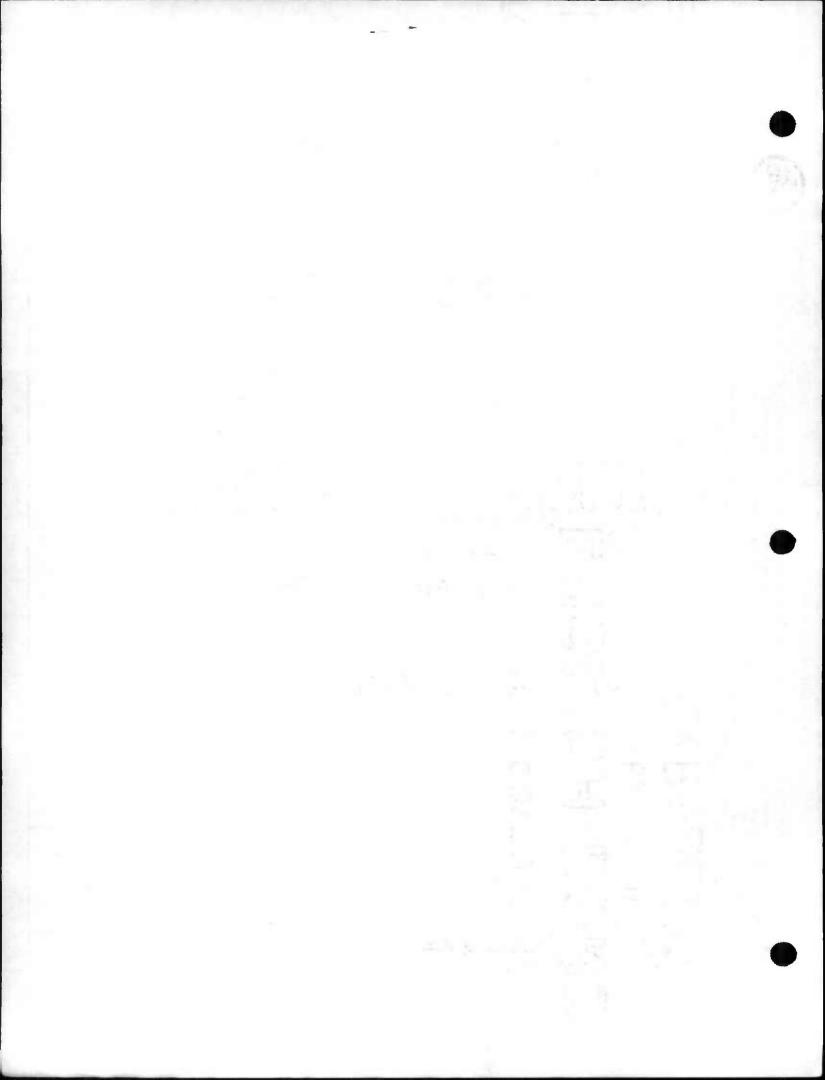


DHMH-15 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit   lon, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pe filled within 72 hours after death with the State Deor. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / [	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIEN
CEI	RTIFICATE	OF	F DEAT	TH		REG. NO.

REGISTRAR			CKIIF	ICALE	: UF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle JOHN	W.	НО	RN				MONTH	ch 6,	1991	YEAR	0:53 A
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. is	st birthday)	IF UNDER	1 YEAR	IF UNDER 24 HR	/0.0	OF BIRTH , Day, Ybar)		8. BIRTHPI Country)	ACE (State or Foreign
705-10-5127	1)XXM 2 □ F	84	YRS.	MONTHS	DATE	HOURS MIN	02,	04/0	7		SYLVANIA
9a. FACILITY NAME (If not institution	, give street and number)			9b. CITY,	TOWN	OR LOCATION OF	FDEATH		9c. COUN	ITY OF DEA	тн
Memorial H	ospital			Cui	nber	land			A11	egany	
	COUNTY		10c. CIT	Y, TOWN O	R LOCA	TION				1	od. INSIDE CITY
PA S	OMERSET		H.	YNDMA	AN					1	LIMITS?
10s. STREET AND NUMBER					10	. ZIP CODE			10g. CITI	ZEN OF WH	AT COUNTRY?
R D 1, BOX 27	9					15545			Ü	JSA	
11. MARITAL STATUS  1 Never Merried 2 Marrie  2 Widowed 4 Divorced		T EVER IN U.S. A YES 2	BMED NO	1	f yes, sp	ENOENT OF HIS ecity Cuban, Ma 24 NO Sp	xican, Puerto 1		or No—	14. RACE - Black, Spac/by WH	- American Indian, White, atc.
15. OECEOENT	'S EOUCATION	16a. D	ECEDENT'S	USUAL OC	CUPATIO	DN	16b.	KIND OF BUS	INESS/IND	USTRY	
(Specify only highe Elementary/Secondary (0-12)	st grade completed)  College (1-4 or 5		a. Do NOT us	work done one retired.)	during mo	est of working					
0			HOST	CLER				RAIL	ROAD		
17. FATHER'S NAME (First, Middle, L	ast)						NAME (First, I				
ROSS R. HORN							IAN M.				
19a. INFORMANT'S NAME (Type/Pri	10)	1				and Number or Ru					
LEORA E. DOM					_	36, MEY		<u> </u>			
29e. METHOD OF DISPOSITION 1- ☐ Burial 2 ☐ Cremation 3		of cemetar	y, crematory	or other p	lace)		OAT			City or Tow	
4 Donation 5 Other (Special Street Street)		HILL	CREST			PARK NO ADDRESS OF		. CUI	MBERI	AND.	MD
LAMAIN	had be					EY H. Z		R FUNE	RAL H	IOME	
MULHAN	agor					ENCE ST					5-0636
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a	OR AS A CONS		F): /	yre	ration	7				
resulting in death) LAST	d										
PART II. Other significent co	nditions contributing to	deeth but not	resulting	fac	lu	g ceuse giver	n in Part I.	24m. WAS AN PERFOR	RMED?		WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
25. WAS CASE REFERRED TO MED					26. P	LACE OF OEATH	(Check only or	10)			
EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 DOA	4 Nur		ne 5 🗆 Resider	nce 6 🗆 Othe	r (Specify)			
27. MANNER OF OEATH  1 X Netural 5 Pending Investi	28e. DATE O (Month, getion	F INJURY Day, Year)	28b, TIN	IE OF JURY M	W	JURY AT ORK? YES 2 NO		CRIBE HOW I	NJURY OC	CUREO	
3 Suicide 6 Could 4 Homicide detarm	not be building	OF INJURY — At I , atc. (Specify)	nome, farm,	street, fact	tory, offi	00		ATION (Street or Town, State)		or Rural Ro	oute Number,
cool	G PHYSICIAN: To the best of										and manner as stated.
29b. SIGNATURE AND TITLE OF C	Lerust	1				D 289			29d. OAT	E SIGNED	Month, Day, Mari
Dr. H. C. Mer	rick Mem	orial H	ospit		edi	cal Bld	g. Cum	berlar	nd, M	D 215	502
MAR 0 7 199	giolia Jamas	AR'S MONATURE	2								



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DIVISION OF VITAL RECORDS, P.O. BOX 13146,  THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the state death. Page 6 may be retained by the hospital or attending DIVISION. The two requires that the death of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the before field within 72 hours after death with the State Degr. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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BE COMPLETED

2

	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND / Ce		RTMENT					HYGIEN REG. NO	9 <b>E</b>		07029
	1. DECEDENT'S NAME (First, Middle, Lest)	Treve	- H	ew	11	-			2. DATE OF MONTH	DEATH O	<u>"</u> 2 /	YEAR 1991	3. TIME OF DEATH  400 M
	4. SOCIAL SECURITY NUMBER 577-42-5139	5. SEX 1 ☐ M 2)☐√F	6. AGE (In yrs. less	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, L) 4 - 2	BIRTH Pay, Year) 7-1	L	8. BIRTI	HPLACE (State or Foreign ry)  Md
TOR	9a. FACILITY NAME (If not institution, give 14501 Beckee RESIDENCE OF DECEMENT		96. CITY, TOWN OR LOCATION OF DEAT Brandywine						EATH		9c. COU	P.(	
DIRECTOR	Md .			r, town o Brand								10d. INSIDE CITY LIMITS? 1 YES XX NO	
FUNERAL	14501 Beckee	_						061				USA	
ВУ	11. MARITAL STATUS  1 Never Merried 2 Married  3 Wildowed MX Divorced	FORCES? 1	IT EVER IN U.S. AR I		1	f yes, sp		n, Mexice	NIC ORIGIN? ( in, Puerto Ric y:		or No—	14. RACI Blac Spec	E — American Indian, k, White, etc. White
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5	(Gi	ive kind of Do NOT u	work done of see retired.)	during mo		ng	16b. K	Own			
BE COM	17. FATHER'S NAME (First, Middle, Last) Ernest Bonn								ME (First, Mic Cusi		Surname)		
TO B	190. INFORMANT'S NAME (Type/Print)  John T. Vassa	110							Route Number,				
	20a. METHOD OF DISPOSITION 15 Surlal 2 Cremation 3 Rer 4 Donetion 5 Other (Specify)	moval from State	20h PLACE other place Was	ace)	gtor	n Na	atio	nal	Cem.	5	Suit	land	own, State d , Md .
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE OLS	3		66 C1	NAME AI 533 Lint	01d	Ale Md.	exand 2073	e Fi er I 5	ner Terr	al I y Ro	Home, Inc. oad
	23. PART I. Enter the diseases, or shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Liet only one cer				the mo	de of dy	ing, auc	h ea cardia	c or reap	Iratory a	rrest,	Approximate Interval Between Onset and Death
TION	Sequentially list conditions, if any, leading to immediate	b. Aten	OSC(e)	OUENCE C	OF):	Her	2.7	De	CAS	2			4%.
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST		heras O (OR AS A CONSEC O D Y AS	1-1-1-1			sse	SEO AS	e				110K.
PHYSICIAN: MEDICAL CI	PART II. Other significent condition	ons contributing to	deeth but not r	reaulting	In the un	nderlyln	g ceuse	given in		4a. WAS AN PERFO		7 24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:	☐ ER/Outpetlent 3	DOA	OTHER 4 - Nun	R:	10		8 Other (	Specify)			
BY PHY	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation		F INJURY Day, Year)	28b. Til	ME OF IJURY M		URY AT PRK? YES 2 [	□ NO	28d. DESC	RIBE HOW	INJURY O	CCURED	

1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO

27. MANNER OF DEATH 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inputient 2 | ER/Outputient 3 | DOA OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined 4 Homicide

29a. CERTIFIER 1 XCERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner se stated.

29b. SIGNATURE AND TITLE OF CENTIFIES

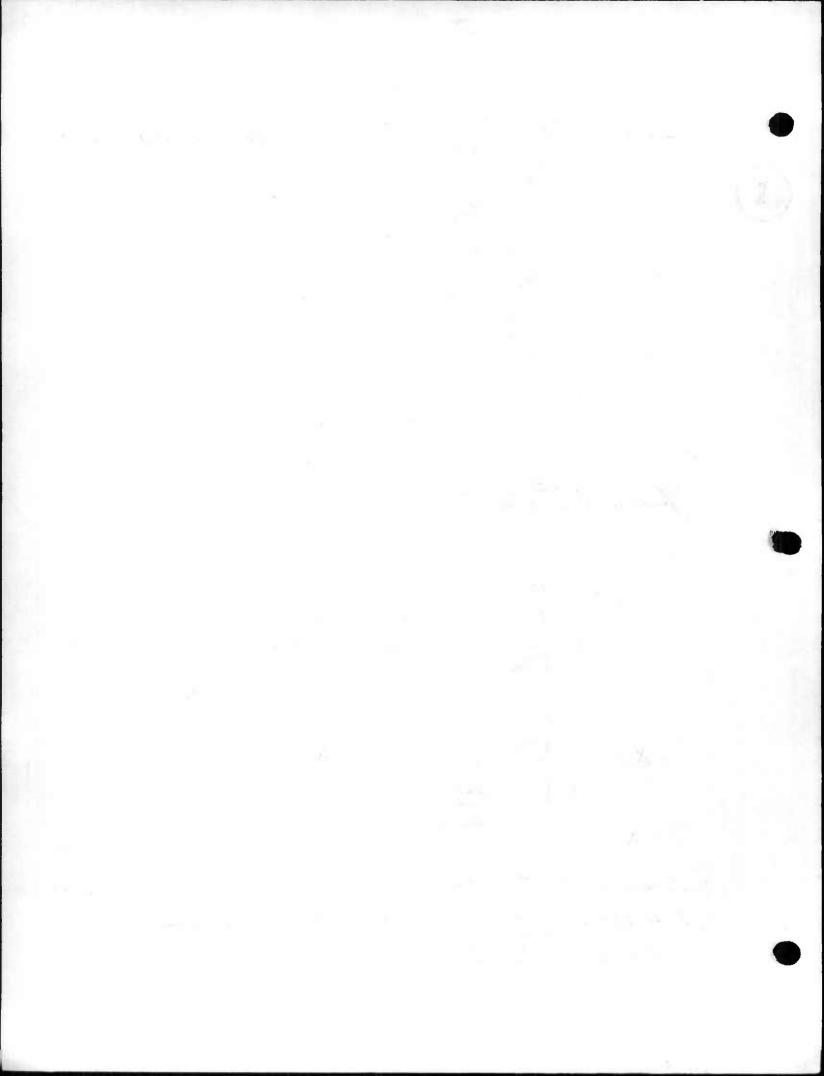
29c. LICENSE NUMBER
DD1923

29d. DATE SIGNEO (Month, Day, Year)

### 1991

Teldson

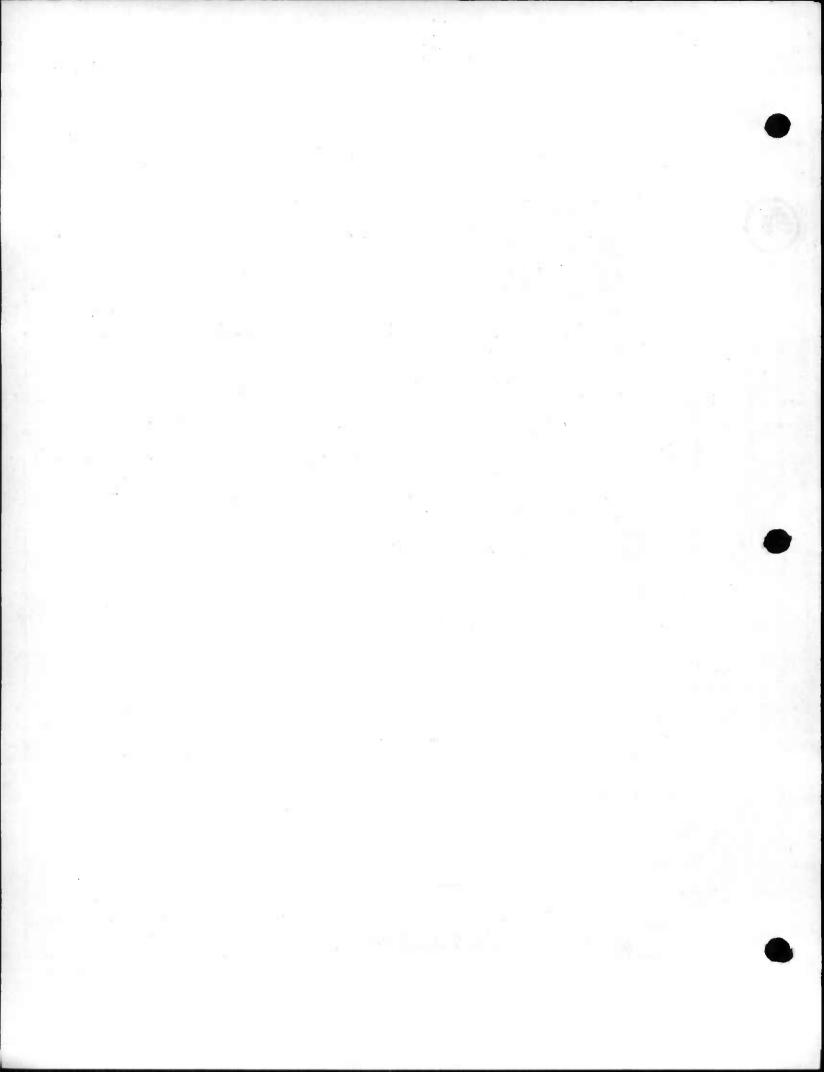
31. DATE FILED (Morith, Day, Year)
FEB 28 '91 32. REGISTRAR'S SIGNATURE Julia Daydoon Kandalle



		FOR	
1	-	STATE	
		REGISTRAR	

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF	DEATH	F	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF MONTH	DEATH DAY	VF.4.0	3. TIME OF DEATH
MINNIE AMBLER	HESS				March	10.	L991	11:30 A
4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	NRTH	8. BIRTI	HPLACE (State or Foreign
225-10-3858  So. FACILITY NAME (If not institution, give str		83 YRS.	NONTHS DAYS	HOURS MIN.	9-4-	1907	Vii	ginia
5332 Mt. Carmel				ysville	JUNIO DE LA CONTRACTOR			ngton
10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	TION				10d. INSIDE CITY
	ngton		Keedys					LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 5332 Mt. Carmel	Church Roa	d	1	21756		10g. C	U.S.	WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Married  3 X Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 1 IF YES, GIVE WAR C	ES 2 NO	If yes, s	CENDENT OF HISP pecify Cuben, Mexi S 2 NO Spe	ican, Puerto Rice	Specify Yea or No— n, etc.)	14. RAC Blac Spec	E — American Indian, k, White, etc. b//y: White
15. DECEDENT'S EDUC (Specify only highest grade of	ATION (Compainted)	16a. DECEDENT'S U	ISUAL OCCUPAT	ION	16b. Kill	ND OF BUSINESS/	INDUSTRY	
Elementary/Secondary (0-12) 10 Yrs	College (1-4 or 5+)	Owner/ O	ork done during m retired.)		S	hoe Stor	re	
17. FATHER'S NAME (First, Middle, Last)		OWICE/ O	peracoi			lle. Maiden Surname		
John W. Sutphi	n				(, , , , , , , , , , , , , , , , , , ,	inia Car	,	
190. INFORMANT'S NAME (Type/Print)	4.4	19h Maii puo	Inness /Sheet			City or Town, State,		
Patricia D. Ruggl	ec					, Maryla		21713
20s. METHOO OF DISPOSITION	CS	20b. PLACE OF DISPOSI				20c. LOCATION		
1 Surial 2 Cremation 3 Remo	val from State	other place)  Mt. Jacks			*			, Virginia
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	IIC. DUCKO		AND ADDRESS OF	FACILITY			
Douglas A. Fie	m // //	In A Ti	Bact	Funora	Lomo			oro PIke Maryland
Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	lerotic Ca: as a consequence of as a consequence of as a consequence of	:	cular Di	isease			Many Yrs
PART ti. Other significant conditions	contributing to des	th but not resulting in	the underlyli	ng cause given		e. WAS AN AUTOPS PERFORMED?	SY 24	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26.1	PLACE OF DEATH	Chack only one)			
EXAMINER?	HOSPITAL:		OTHER.					
1 VES 2 X NO  27. MANNER OF DEATH  1 Netural 6 Pending Investigation	1 Inpatient 2 ER. 28e. DATE OF INJU (Month, Day, Ye	JRY 26b. TIME	OF 28c. If	MURY AT ORK? YES 2 NO		POCHY) Thomps IBE HOW INJURY		ome Care
2 Accident Investigation 3 Sulcide 6 Could not be 4 Homicide determined	28e. PLACE OF IN. building, etc.	JURY — At home, farm, at (Specify)	reet, factory, off	ce	28t. LOCATION OF T	ON (Street and Num own, State)	nber or Rural	Route Number,
anal —		nowledge, death occurre						(e) end menner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	v Ditt	went	7	DO 1				11, 1991
Edward W. Ditto,	III, M.D.,	217 West W	ashing	on Stre	et, Hag	erstown	, Mar	yland 2174
MAR 1 1 '91	32. REGISTRAR'S	SIGNATURE Davidson-Rank	delle					



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-	-	T.
		12

BALTIMORE, MARYLAND 21203-3146

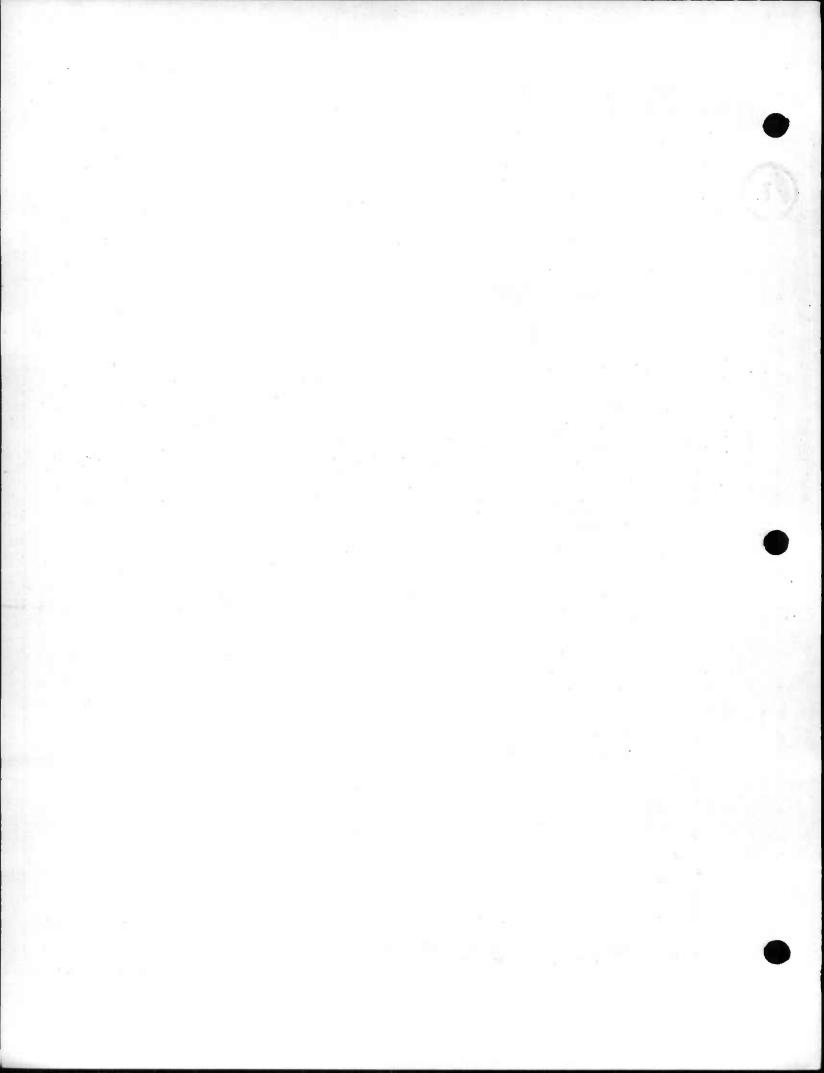
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-riours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

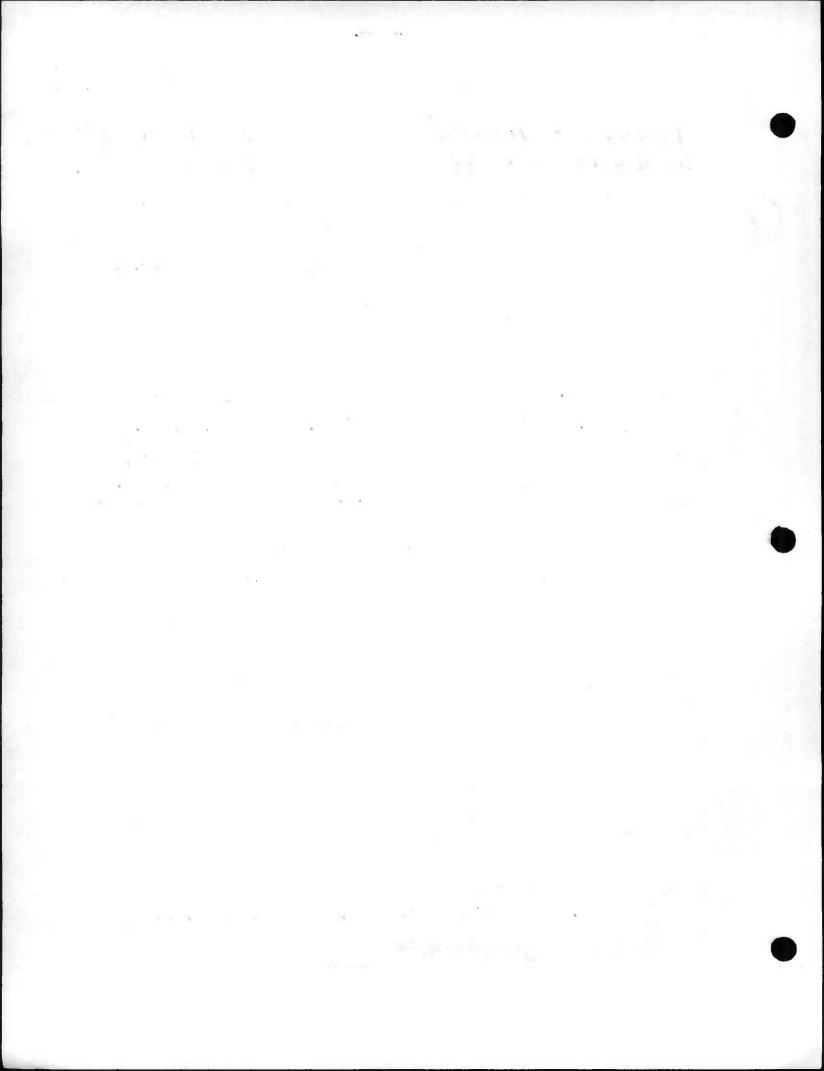
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAR			ERILLE	ICALE	Ur	DEA	I II	F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle,					2. DATE OF DEATH MONTH DAY			YEAR 3. TIME OF DEATH				
	IRA WHEE								March 8 1991			3/8/41 H	
	4. SOCIAL SECURITY NUMBER			MONTHS		DAYS			7. DATE OF BIRTH (Month, Day, Year)			8. BIRTH	IPLACE (State or Foreign y)
	217 30 0370 12 00			YAS.					May 2	2, 19			ryland
~	9a. FACILITY NAME (If not institution,		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							EATH			
0	4402 Main Stre		Rohrersville Washington							ton			
DIRECTOR	RESIDENCE OF DECEDEN		10c, CIT	Y. TOWN OF	R LOCAT	ION						10d. INSIDE CITY	
H	Maryland Wa		Po	hrore	-sz: 1	10				LIMITS?			
1	10e. STREET AND NUMBER	Rohrersville					10g, CITIZEN OF N						
BA/	4402 Main Street				21779						[]	.S.A	
COMPLETED BY FUNERAL	11. MARITAL STATUS	EVER IN U.S. AR	3. ARMED 13. WAS DECENDENT OF HISPANIC			IC ORIGIN? (5	specify Yaa			E — American Indian, k, White, etc.			
	1 Never Married 2 Married	FORCES? 1	YES 2 XA	10				n, Mexican Specify:	, Puerto Rica	n, etc.)		Spec	
	3 Widowed 4 Divorced						200						White
	15. DECEDENT' (Specify only highes	S EDUCATION t grade completed)	16a. DE	CEDENT'S	USUAL OC	CUPATIO	ON st of workli	na	16b. Kil	ND OF BUS	SINESS/IND	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+	) life.	. Do NOT us	se retired.)								
MP	4 yrs.			Far	mer					airy		ming	
00	17. FATHER'S NAME (First, Middle, La		-			16. MOT		ME (First, Midd	lle, Maiden	Surname)			
BE	Ezra				upt			Es					Palmer
2	19a. INFORMANT'S NAME (Type/Print								loute Number,				3 04550
	Onieda S. Haur	Ot							hrersv				
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3		20b. PLACE other pla	ece)				natory or			CATION —		
	4 Donation 5 Other (Specify  21, SIGNATURE OF FUNERAL SERV		Boons	sporc	7			SE OF EAC	OIL ITY	BC	onsr	oro,	Maryland
	7606 Boonsboro PIke												
	Douglas A.  23. PART I. Enter the disease		colorby.	the									Maryland
	ehock, or heart fe IMMEDIATE CAUSE (Final disease or condition resulting in death)	hemic	Can		ásci	lar	dis	ine	)			interval Between Onset and Death	
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING												
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	F):											
	PART II. Other significant con	ditions contributing to	death but not r	resulting	in the un	derlyin	g ceuse	given in	Part I. 24	a. WAS AN	AUTOPSY	248	. WERE AUTOPSY FINDINGS
EDICAL		Tooding in the underlying odder given in the					PERFORMED?				AVAILABLE PRIOR TO COMPLETION DF CAUSE		
								1 TYES 2 140			OF DEATH?		
2	1 Tes 2										I TES 2 NO		
AN	25. WAS CASE REFERREO TO MEDICAL 26. PLACE OF DEATH (Check only one)												
SIC	EXAMINER?	HOSPITAL:	OTHER:										
PHYSICIAN: M	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIN		26c. IN.	JURY AT		28d. DESCR		NJURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Investig		M 1 YES 2 NO										
	3 Suicide 8 Could r 4 Homicide detarmi	ome, 1arm,	street, factory, office 26f. LOC City					LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.											a) and manner as stated.	
BE C	29b. SIGNATURE AND DITLE	erranten /	mo				29c, LIC	ENSE NUM	ABER 57	9	29d. DA	TE SIGNED	(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERS	ON WHO COMPLETED CAUS		M 27) (Type	s, Print)				- '			2/11	/ 1
	Dr. R. Lawre	ence Kugler	M.D. 1			ng I	ane	Kee	dysvil	le,	Mary	land	21756
	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  MAR 1 1 '91  July Mary doon—Randelle												



TO BE COMPLETED BY FIINFRAI	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
i examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
val.	be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached for use as the burial-transit perm	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal-transit pent
er death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 mounts after death. Page 6 may be retained by the hospital or attending physician.
BALTIMORE, MARYLAND 21203-3146	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

I. DECEDENT'S NAME (First, Middle, Last				DEATH		REG. NO.				
FANNIE	E HARN				2. DATE O	DAY	9/	3. TIME OF DEATH		
212-76-43/7	1 🗆 M 2 💢 F	(In yrs. lest birthdey) YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		21-02	Count	MD.		
9a. FACILITY NAME (N not institution, give wheet and number)  Colton Villa Nursing Home Hagerstown, Washington										
IOn. STATE 10b. COUN	hington	10c. GT	ear Spr	ing				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
Boyd. Road.			101.	ZIP CODE 21722		U.S.A.				
II. MARITAL STATUS I Never Married 2 Married B Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 NO	If yes, spe	ENDENT OF NISPA city Cuben, Mexic 2 NO Speci	en, Puerto Ri	(Specify Yea or No can, atc.)	Blec	E — American Indian, ik, White, atc. ody: White		
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		(Give kind of w		N It of working	18b. I	HOUGE	/INDUSTRY			
Homemaker House  17. FATHER'S NAME (First, Middle, Lest)										
Samuel 0	. Mason			Etta	Ma		-,			
9a. INFORMANT'S NAME (Type/Print)			ADDRESS (Street a	nd Number or Rural	Route Numbe	r, City or Town, State	, Zip Code)			
Lawrence C.		0b. PLACE OF DISPOS	Boyd							
Burial 2 Cremation 3 Re	moval from State	other place)				Ri o				
A HICHARUMS OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
Thompson Funeral Home, Inc. P.O.Box 310 Clear Spring, MD.21722										
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Onest and Death Covorably Astrony Discase Winner Due to Covorably Astrony Discase Winner Discase Win										
ceuse. Enter UNDERLYING CAUSE (Disease or Injury hat Initiated events reaulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF	F): ·			y phre	etnn	2 week		
ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events reaulting in death) LAST	OUE TO (OR AS	CONSEQUENCE OF	F): ·			24a. WAS AN AUTOI PERFORMED?	PSY 24	b. WERE AUTOPSY FINDH AMAILABLE PRIOR TO		
CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other algorificant condition in the condition of the condition in the conditi	oue to (or as d.  conscionation of death Colon) Cance	CONSEQUENCE OF	F): In the underlying		n Part I.	24a. WAS AN AUTOI PERFORMED? 1 UYES 2 N	PSY 24	b. WERE AUTOPSY FINDH AMAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH?		
Couse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events reauiting in death) LAST  PART II. Other algnificant condition  Old Bourf	oue to (or as	A CONSEQUENCE OF	F): F): In the underlying	cause given in	n Part I.	24a. WAS AN AUTO PERFORMED? 1 YES 2 AN	PSY 24	b. WERE AUTOPSY FINDH AMAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH?		
CAUSE. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events reaulting in death) LAST  PART II. Other algnificant condition  Old Boured  Es. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO	OUE TO (OR AS  d.  Ons contributing to death  Co(an)  Cance  HOSPITAL: 1   Inpeliant 2   ER/Or (Month, Day, Year	A CONSEQUENCE OF But not resulting I but not r	F):  In the underlying  28. PL  OTHER: 4   Nursing Hom EOF 28c. INJ URY WO 1   N	ACE OF DEATH (C)  5  Residence URY AT RKY (ES 2  NO	h Part I.	24a. WAS AN AUTO PERFORMED? 1 YES 2 AN	PSY 24	b. WERE AUTOPSY FINDH AMAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH?		
COUSE. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events reaulting in death) LAST  PART II. Other algnificant condition  Boure  Boure  EXAMINER?  1 YES 2 NO  EX. MANNER OF DEATN  1 Natural 5 Pending	OUE TO (OR AS  d.  Ons contributing to death  Co (an)  Co (an)  HOSPITAL:  1   Inpetient 2   ER/Or  (Month, Day, Year)  28e. PLACE OF INJUR  28e. PLACE OF INJUR  28e. PLACE OF INJUR	CONSEQUENCE OF BA CONSEQUENCE OF BUT NOT reaulting I but not reaul	F):  In the underlying  28. PL  OTHER: 4   Nursing Hom EOF 28c. INJ URY WO 1   N	ACE OF DEATH (C)  5  Residence URY AT RKY (ES 2  NO	h Part I.	24a. WAS AN AUTOI PERFORMED? 1 YES 2 AN	PSY 24	b. WERE AUTOPSY FINDH AMALABLE PRIOR TO COMPLETION DF CAUS OF DEATH? 1 YES 2 NO		
CAUSE (Disease or Injury that Initiated events reaulting in death) LAST  PART II. Other algnificant condition of the conditio	OUE TO (OR AS  d.  Ons contributing to death  Co (an)  Co (c)  HOSPITAL:  1   Inpellent 2   ER/On  (Month, Day, Year  28e. PLACE OF INJUR	but not resulting is but not r	F):  In the underlying  26. PL  OTHER: 4   Nursing Hom  E OF   28c. INJ  URY   WO  1   \( \) \( \)  street, factory, office  ed at the time, data	ACE OF DEATH (C)  5   Residence  TRK?  (ES 2   NO	theck only one  6  Other  28d. DESC  28f. LOCA City o	24a. WAS AN AUTON PERFORMED?  1 YES 2 N  (Specify)  CRIBE HOW INJURY  TION (Street and Nur Town, State)	PSY 24	b. WERE AUTOPSY FINDH AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO  Route Number,		
CAUSE. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events reaulting in death) LAST  PART II. Other algnificant condition  D	OUE TO (OR AS  d.  Ons contributing to death  Colan Canca  HOSPITAL: 1   Inpetient 2   ER/Or  (Month, Day, Year  28e. PLACE OF INJUR (Month, Day, Year)  28e. PLACE OF INJUR (Month, Day, Year)  (SICIAN: To the best of my kne	but not resulting is but not r	F):  In the underlying  26. PL  OTHER: 4   Nursing Hom  E OF   28c. INJ  URY   WO  1   \( \) \( \)  street, factory, office  ed at the time, data	ACE OF DEATH (C)  5   Residence  TRK?  (ES 2   NO	heck only one  1 6 Other  28d. DESC  28f. LOCA City o	24a. WAS AN AUTOI PERFORMED?  1 YES 2 AN  (Specify)  CRIBE HOW INJURY  TION (Street and Nurrown, State)  He(s) and manner as and place, and dua  29d.	PSY 24  O OCCURED  mber or Rural  to the cause	b. WERE AUTOPSY FINDR AMALABLE PRIOR TO COMPLETION DF CAUS OF DEATH?  1 YES 2 NO  Route Number,  (a) and manner as state- D (Month, Day, Year)		
CAUSE. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events reaulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   Yes 2   NO  27. MANNER OF DEATN  1   Natural 5   Pending Investigation 3   Suicide 8   Could not be determined  19a. CERTIFIER (Check only one)  2   MEDICAL EXAMINER	OUE TO (OR AS  d.  Ons contributing to death  Colan Carce  HOSPITAL:  1   Inpetiant 2   ER/Or  (Month, Day, Year  28e. PLACE OF INJUR  (Month, Day, Year  SICIAN: To the best of my kink  NER: On the best of examinat	A CONSEQUENCE OF A CONSEQUENCE OF But not resulting to but not resulting	28. PL OTHER: 4 \( \text{Nursing Hom} \) E OF 28c. INJ URY M 1 \( \text{N} \) street, factory, office ed at the time, data on, in my opinion, d	ACE OF DEATH (Coopers of the coopers	heck only one  1 6 Other  28d. DESC  28f. LOCA City o	24a. WAS AN AUTOI PERFORMED?  1 YES 2 AN  (Specify)  CRIBE HOW INJURY  TION (Street and Nurrown, State)  He(s) and manner as and place, and dua  29d.	PSY 24 D r OCCURED rmber or Rural s stated, to the cause	b. WERE AUTOPSY FINDR AMALABLE PRIOR TO COMPLETION DF CAUS OF DEATH?  1 YES 2 NO  Route Number,  (a) and manner as state- D (Month, Day, Year)		



1	1. DECEDENT'S NAME (First, Middle, Last William				DEATH	REG. NO  2. DATE OF DEATH MONTH  March	DAY	YEAR	TIME OF DEATH			
1	4. SOCIAL SECURITY NUMBER	//	(In yrs. lest birthdey)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1	Country)	1900 M ACE (State or Foreign			
OR	578 38 7518 9a. FACILITY NAME (If not Institution, give	street and number)	00		or Location of or			Y OF DEAT	ngton DC			
DIRECTOR	RESIDENCE OF DECEDENT 106. COUN		10c. CITY	r, TOWN OR LOC		7		10	od. INSIDE CITY LIMITS?			
FUNERAL D	Maryland Cal 100. STREET AND NUMBER 3921: 13th	ı st.				TYES 2 NO						
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR	2 NO	If yes, i		NIC ORIGIN? (Specify Y n, Puerto Rican, atc.) y:	es or No—	I4. RACE — Black, V Specify:	American Indian, White, atc. White			
COMPLETED	15. DECEDENT'S ED (Specify only highest grav Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S (Give kind of wife. Do NOT us) heavy ec	vork done during r e retired.)	nost of working  - Operato	16b. KIND OF B	usiness/indu					
BE COMP	17. FATHER'S NAME (First, Middle, Last)  Norman W. Jacol	bs			Nellie	ME (First, Middle, Meide VanWert						
5	196. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Elizabeth L. Jacobs  same as #10											
	20s. METHOD OF DISPOSITION  1 Separation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place)  Resurrection Cemetery 3 13 91 Clinton PG MD  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place)  Resurrection Cemetery 3 13 91 Clinton PG MD  22. NAME AND ADDRESS OF FACILITY Rausch Funeral Home  PO Box 45 Owings Md. 20736											
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  b. DUE TO (OR AS A CONSEQUENCE OF):  CAUSE (Disease or injury cardiac or respiratory arrest, interval Betwee Onset and Des Onset											
ICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	c							-			
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	c	A CONSEQUENCE OF		_							
_	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algniticant conditions to the conditions of the conditions of the cause	cDUE TO (OR AS	A CONSEQUENCE OF	F):	ing cause given in		IN AUTOPSY DRMED? 2   NO	A C	FRE AUTOPSY FINDINGS MAILABLE PRIOR TO OMFILETION OF CAUSE F DEATH?  YES: 2 NO			
SICIAN: MEDICAL CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algniticant conditions to the conditions of the conditions of the cause	d	but not resulting	In the underly	PLACE OF DEATH (C/	PERFI	ORMED?	A C	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algniticant conditions to the conditions of the con	DUE TO (OR AS  d.  DOB CONTRIBUTING to death  CONCRETE TO THE TO	but not resulting but not resu	26. OTHER: 4   Nursing H	PLACE OF DEATH (C) ome 5  Residence NJURY AT VORK?  YES 2  NO	PERFI	ORMED? 2 NO V INJURY OCC	M C O O 1	MALABLE PRIOR TO OMPLETION OF CAUSE IF DEATH? YES 2 NO			
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algniticant conditions of the condition of the condi	DUE TO (OR AS  d.  DOB CONTRIBUTING to death  CONCRETE TO THE TO	but not resulting but not result not resulting but not resulting b	26. OTHER: 4   Nursing H E OF	PLACE OF DEATH (C)  Dome 5 Residence  NURY AT  YORK?  YES 2 NO  fice	PERFIT YES  1 YES  1 YES  1 YES  1 Other (Specify)  28d. DESCRIBE HOV  28f. LOCATION (Street City or Town, Steet City or Town,	ORMED? 2 NO V INJURY OCC	URED Or Rural Rou	MALLABLE PRIOR TO OMPLETION OF CAUSE IF DEATH?  YES 2 NO			

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dr. Charles Judge, M.D. Royald (Royal)

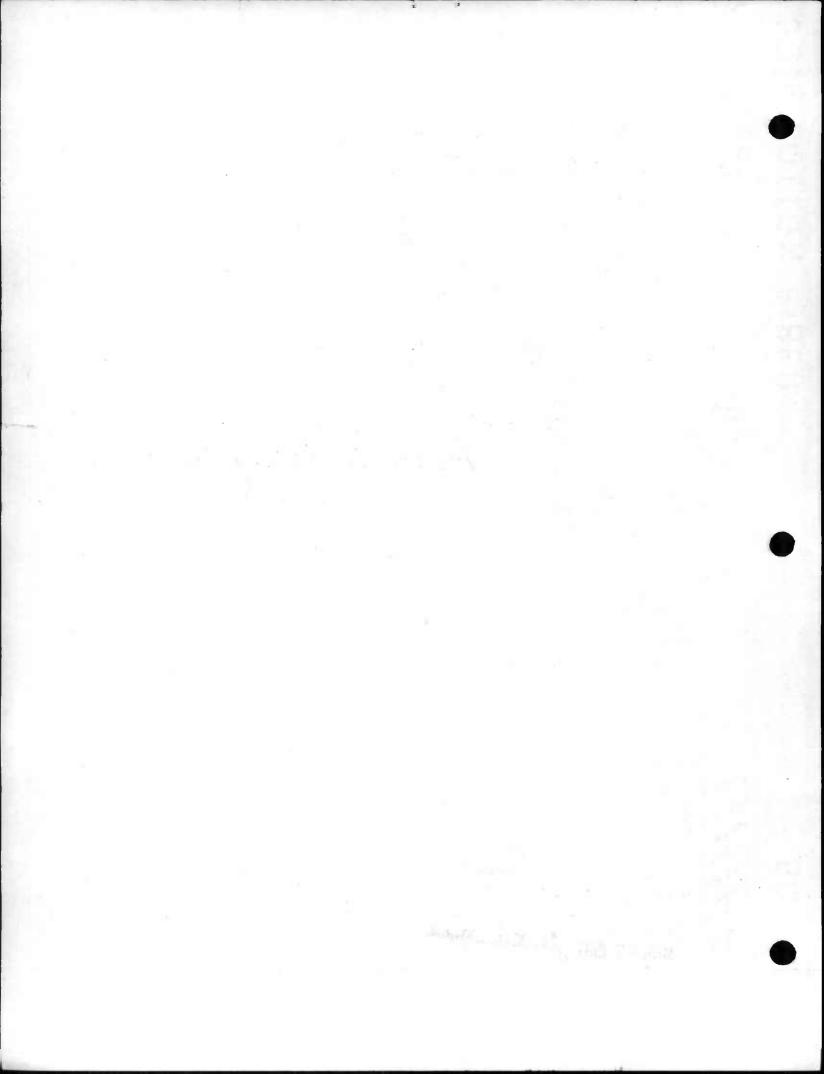
32. REGISTRAR'S SIGNATURE Suria Davidson-Randale

Dr. Charles Judge 31. DATE FILED (MORIT), Day, Year) MAR 1 2 1991

Dr.

1991

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle. 2. DATE OF DEATH CITY, TOWN OR LOCATION OF DEATH Pages 1, 2, 3 = DIRECTOR 10a. STATE IOd. INSIDE CITY YES 2 NO permit. FUNERAL 10a. CITIZEN OF WHAT COUNTRY page 5 should be detached for use as the burial-transit ours after death. Page 6 may be retained by the hospital or attending physician. ATAL STATUS WAS DECEDENT EVER IN U.S. APPRED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Puben, Mexican, Puerto Rican, atc.) RACE ORCES? 1 YES 2
YES, GIVE WAR OR DATES BALTIMORE, MARYLAND 21203-3146 Never Married 2 Mary NO Specify BY 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade of dary (0-12) o (1-4 or 5 +) notified at once. 17. FATHER'S N BE 2 pe METHOD OF D must injury, or other traumatic event, the medical examiner THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zernours after death. Py THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral filed within 72 hours after death with the State Debt. of Health and Mental Hygiene prior to burfal, cremation, or removal. 23. PART I. Enter the dies eses, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or Approximate shock, or heart fellure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death diseese or condition resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST DIVISION OF VITAL RECORDS, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAIL ARK F PRIOR TO Item 23 shows any COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 5 Residence 6 Other (Specify) 4 I Num 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED TIME OF item 28 is marked, 1 Netural 1 YES BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. IMPORTANT: If 29d. DATE SIGNED (Month, Day BE 23 2



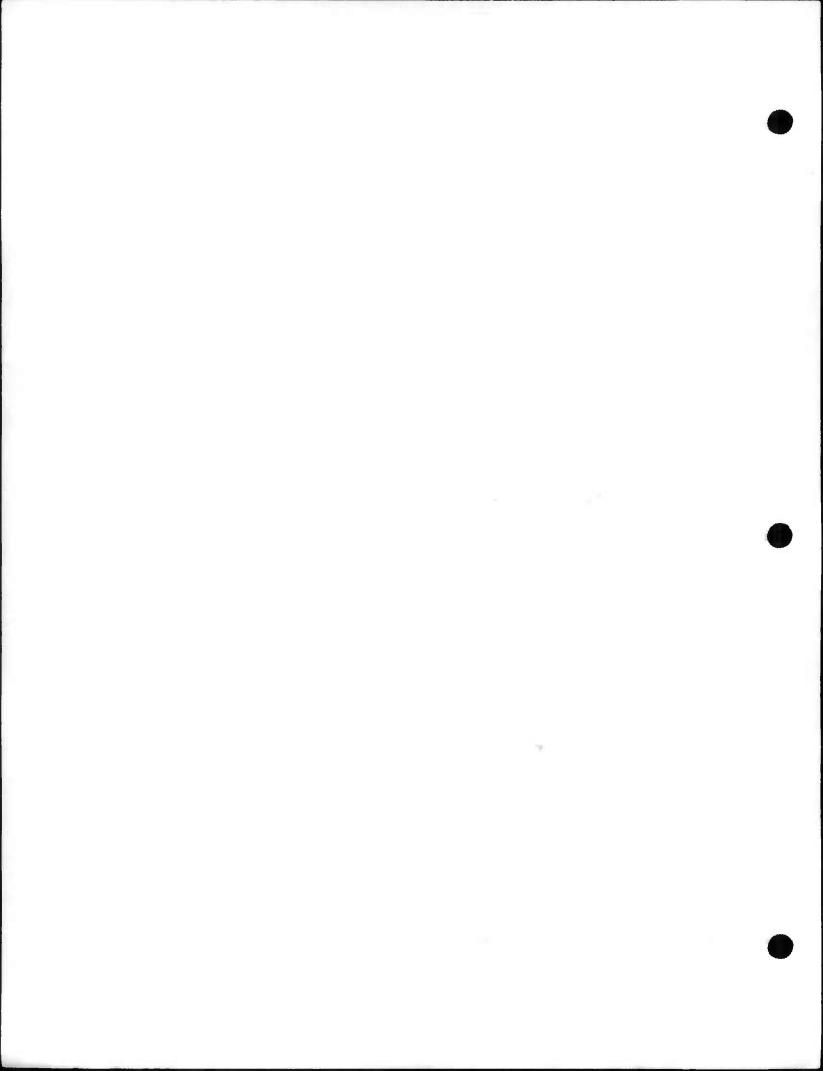
FOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 hould be filled within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR				CE	RTIF	CAT	E OF	DEATH		REG. NO.				
1. OECEDENT'S NAME (First, Middle, Last)						-	- "			2. DATE OF DEATH MONTH DAY YE			3. TIME OF DEATH	
DANIEL L.				7	MA	65				- 27	9	/ TEAN	1255 N M	
4. SOCIAL SECURITY NUME	ER	5. SEX		in yrs. lesi	birthdey)		ER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH		6. BIRTI	HPLACE (State or Foreign	
222-60-9	291	1 PM 2 □ F	22		YRS.	MONTHS		HOURE MIN.		3-1967		De.		
9a. FACILITY NAME (If not in PENINSULA			AL				LISB	OR LOCATION OF D URY	EATH			COMIC		
RESIDENCE OF DEC														
10a. STATE	10b. COUNTY						OR LOCA	TION					10d. INSIDE CITY LIMITS?	
De.		sex			La	ure							1 TES 2 NO	
RD#1 Box 14								1. ZIP CODE 19956				SA	WHAT COUNTRY?	
11. MARITAL STATUS		12. WAS DECEDEN	T EVER II	U.S. ARI	MED	10		CENDENT OF HISPA			or No-	14. RAC	E — American Indian,	
1 Never Married 2 Married   FORCES? 1 YES 2 NO   If yes, specify: White, atc.   Specify: White, atc.   Specify: White														
15. DEC (Specify oni	EDENT'S EDU	CATION completed)		(Gh	ve kind of w	vork don	OCCUPATI e during m	ON ost of working	16b	KIND OF BUS	INESS/IN	DUSTRY		
Elementary/Secondary (I	0-12)	College (1-4 or 5	+)	life.	Do NOT us	e retired Farr	1.)			Grai	n			
17, FATHER'S NAME (First, A	ficialia i nost							18, MOTHER'S N.	AME (Elma 1					
Alden B. Ja								Nanette				ames		
19a. INFORMANT'S NAME (				198	MAILING	ADDRE	SS (Street	and Number or Rural		_				
Alden B. Ja	mes							Laurel,						
20a, METHOD OF DISPOSIT	TON		201	PLACE (	OF DISPOS			metery, crematory or			CATION -	- City or T	own, State	
1 Donation 5 Other	(Specify)		I	other pla	I Hi	ill Cemetery La					urel, De.			
21. SIGNATURE OF FUNERA	AL SERVICE LIC	M //	14	/		S	hort	Windsor Box 678	Dish				Home, Inc.	
23. PART I. Enter the d	Hannes or	complications the	of California	d the de	eth Do r								Approximate	
	eert fellure.	List Dnly one car					lina	0				,	Interval Between Onset and Death	
resulting in death)	<b>→</b>	DUE TO	DII C	COHBE	UENCE,O	PI PI	HUV	W					race	
Sequentially list condi	tinna (	· Cy	\$10	_	Fib	TO	55						SAM	
if any, leading to imme cause. Enter UNDERLY	diste	DUE TO	ALION AS	CONSEC	SUENCE OF	P):								
CAUSE (Disease Dr Injuthat initiated events		DUE TO	OR AS	A CONSEC	UENCE O	F):								
resulting in deeth) LAS	ST	4												
	_				41.5							. 1		
PART II. Other signific	ent condition	e contributing to	death t	out not r	esulting	in the	underlyli	ng cause given i	n Part I.	24a. WAS AN PERFOR		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
									_	1 - YES 2	□ NO		OF DEATH?	
													1 TYES 2 NO	
25. WAS CASE REFERRED	TO MEDICAL						26 1	PLACE OF OEATH (C	Check only o	ne)			<u>-</u>	
EXAMINER?	- mas room	HOSPITAL:	□ FR/O++	patient 1	□ poa	OTH A $\square$ I	ER:	me 5 Residence						
27. MANNER OF BEATH		28a. DATE O	F INJURY		28b. TIM	E OF	28c, IN	JURY AT	-	SCRIBE HOW II	NJURY O	CCURED		
	Pending investigation	(Month, i	Day, Year)		IN.	JURY	W	YES 2 NO						
	Could not be	28s. PLACE (	OF INJUR	Y — At ho	me, farm,	street, 1	lectory, off	Ice		CATION (Street a		er or Rural	Route Number,	
4  Homicide	determined		(-							, 0.010/				
29a. CERTIFIER (Check only	TIFYING PHYS	ICIAN: To the best o	f my knov	vledge, de	ath occurr	red at th	e time, da	te and place, and du	ue 10 the ca	use(a) and mar	nner ee al	ated.		
2 □ MEI	DICAL EXAMINI	R: On the basis of	examinatio	on and/or	investigatio	on, In m	ny opinion,	death occured at th	ne time, det	e and place, an	d due to	the cause	(a) and manner as stated.	
29b. SIGNATURE AND TITL	E-OF CURTIFIE	Down	)		Λ 4	$\wedge$		290 LICENSE N	UMBER C	7	29d. D/	TE SIGNE	(Month, Day, Year)	
30. NAME AND ADDRESS O	DE DEBSON AT	O COMPLETED CAL	ISE OF D	FATH /ITE	W 27) /5-0	Pripas		100	10	<u> </u>	_ <	~ ~	5 1	
Roger C. M	rrill	\					ırv.	Mđ. 2180	1				,	
31. DATE FILED (Month, Day	(bar)	32 HERISTH	A S SIGI	NATURA	ndess	•	<u> </u>	114 2100	<u> </u>					
LFR 5 8	91	Juna	-WIW	4. 1										



1 - STATE

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

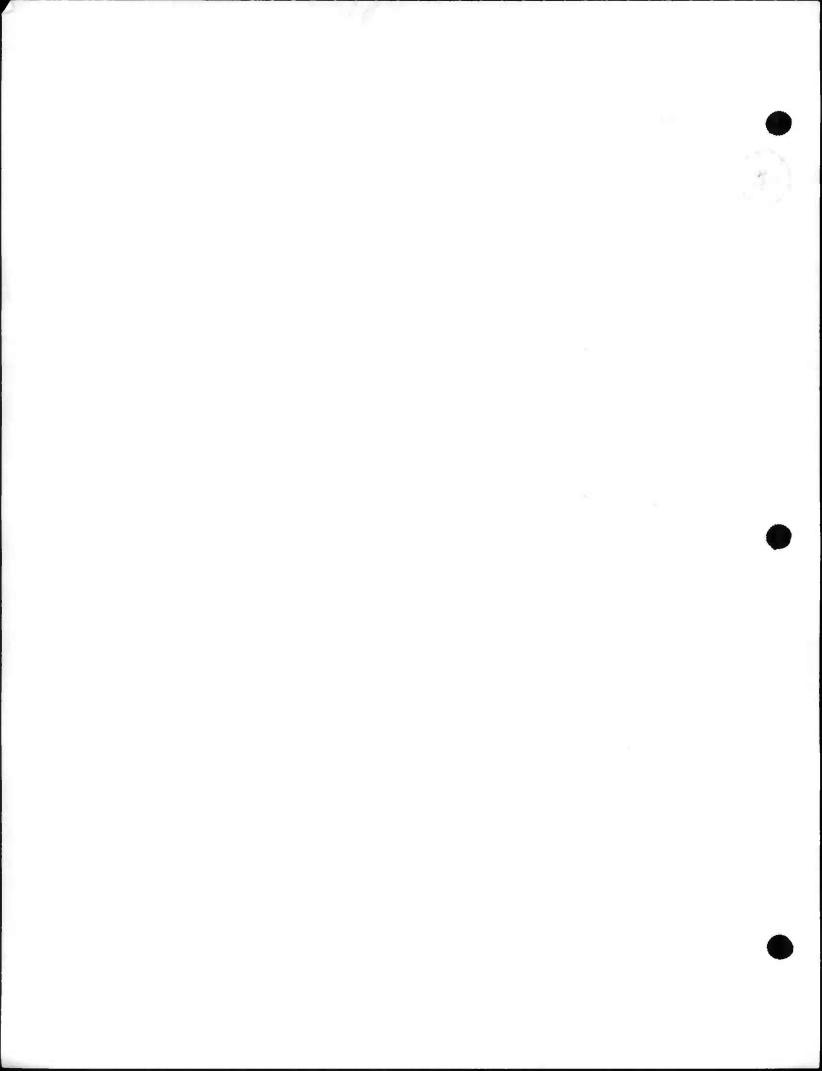
BALTIMORE, MARYLAND 21203-3146

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CET	TIFICA	AIE C	P DEAL	п	RI	EG. NO.				
}	1. DECEMBENT'S NAME (First, Middle Lest)	Johnson		MC				MONTH DAY YEAR 2 9(			3. TIME OF DEATH		
:	4. SOCIAL SECURITY NUMBER 478-32 8649	5. SEX 6. AGE	(In yrs. last bi	YRS. IF I	THE DAY	-	24 HRS. MIN.	7. DATE OF B		4	Country)	LACE (State or Foreign	
İ	96. FACILITY NAME (If not institution, give Shady Grove Adve		al	96.	Po. COUNTY OF DEATH  ROCKVILLE  Po. COUNTY OF DEATH  ROCKVILLE							ath amolu	
ł	RESIDENCE OF DECEDENT				1/1/0/1/0/1/02/29							11/10270	
	Maryland Mon	tgomery	189	10c. CITY, TO	TY, TOWN OR LOCATION  Bethesda					10d. IHSIDE CITY LIMITS? 1 YES 2 HO			
ı	10e. STREET AND NUMBER		10f. ZIP CODE				Т	10- CITIZ	AT COUNTRY?				
	7604 Granada D		20817						tates				
	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARME	D				IC ORIGIN? (Sp		or Ho—	14. RACE	American Indien, White, etc.	
	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR I WW II			YES 2X NO		n, Puerto Ricen	, etc.)	Specify: White				
	15. DECEDENT'S EDI	UCATION	16a, DECE	DENT'S USU	AL OCCUP	ATION		16b. KIN	OF BUSI	NESS/INDU	USTRY		
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 6+)				most of worldr	g	Con	s::1+	ing I	Firm		
	17. FATHER'S HAME (First, Middle, Last)	5+		Economist 16. MOTHER'S NAME							. 1111		
	Charles S. John	son						ney Mo		ame)			
	19e. INFORMANT'S HAME (Type/Print)		19b 8	ALLING AD	DRESS (Str			loute Number, C		State 7in	Code <sup>1</sup>		
	Soon Ja Johnso	n						THE VIDE W.			11.7	20817	
	20a. METHOD OF DISPOSITION	20	b. PLACE OF	DISPOSITIO	Granada Drive, Bethesda, Mar  POSITION (Name of cometers, cremeters or 20c. LOCATIC					-4			
ı	1 Buriel 2X Cremetion 3 Rer 4 Donation 5 Other (Specily)	other place Iontgo	omery Crematorium, Inc. Bethesda, M							aryland			
	21. SIGNATURE OF FUNERAL SERVICE L	моо	198										
4	having	anas			7557	_Wisco	nsin	Ave.	Beth	esda		20814-3501	
	23. PART I. Enter the diseases, or ahock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. List only one cause on			- (		ing, suct	n aa cardiac	or reapin	atory arm	est,	Approximate Interval Between Onset and Death	
	resulting in death)	DUE TO OR AS		SEOUENCE OF):								21	
	Sequentially liet conditions, if any, leading to immediate	DUE TO (OR AS	A COHSEOU										
	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	C. DUE TO (OR AS	A COHSEOU	EHCE OF):	OF):								
	reculting in death) LAST	d											
	PART II. Other significent condition	one contributing to deeth	but not Ass	ulting in ti	0 128				. WAS AH /		24b	WERE AUTOPSY FINDINGS	
	GENSIS	Heart	He	821					PERFORMED?  1 □ YES 2 ☑ NO			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
												OF DEATH?	
				-									
	25. WAS CASE REFERRED TO MEDICAL				2	6. PLACE OF D	EATH (Ch	eck only one)					
	EXAMINER?	HOSPITAL:	tpetient 3		THER:	Home 6 - R	eeldence	6 Other (Sp	ecify)				
	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)		28b. TIME OI		INJURY AT WORK?	7.05	28d. DESCRI	BE HOW IH	JURY OCC	CURED		
	2 Accident Investigation	28e. PLACE OF IHJUR	tY — At home	e, farm, atree	- 1	YES 2 [	_ NO	26t. LOCATIO	N (Street e	nd Number	or Runal Ro	oute Number,	
	4 Homicide 6 Could not be datermined	building, etc. (Sp	ecify)					City or To	wn, State)				
	(Original Oriny	SICIAH: To the best of my kno											
		NER: On the basic of examinat	ion end/or im	reatigation, is	n my opini	on, death occu	red et the	time, date end	place, end	d due to the	e ceuse(e)	end menner ee stated.	
	296 FIGHATURE AND STILE OF CENTIFIC	er mo				D 5	2191	O		29d. DATE	SIGHED	(Month, Day, Year)	
	Dr. RETE	HO COMPLETED CAUSE OF C	EATH (ITEM	27) (Typo, Pril) 394		Ferra	ara	Dr.	1	whea	rton	me 20906	
	31. DATE FILED (Month, Day, Year) 91	32. REGISTRAR'S SIG	inature	Rando 100									
- 1		//		A. division	-								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mours after death. Page 6 may be retained by the hospital or attending physician.

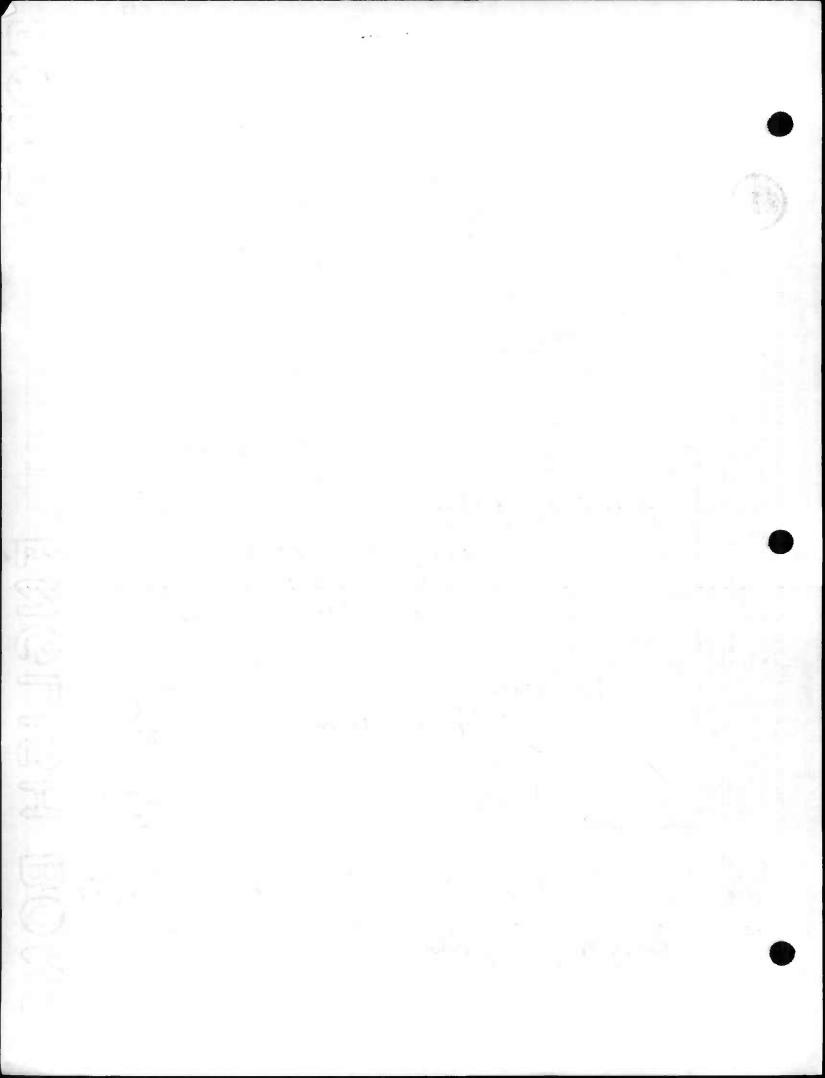
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 3 per filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunal, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,



FOR

## DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE REGISTRAR		CERTIFI	CATE O	F DEATH	REG. NO	D.		
1. DECEDENT'S NAME (First, Middle, Last) JUNE LOUISE JAM	ES				2. DATE OF DEATH	DAY 1991	YEAR	3. TIME OF DEATH 20:00 P M
4. SOCIAL SECURITY NUMBER 214-82-1155	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) 09-20-19	- 1	County	IPLACE (State or Foreign
9a. FACILITY NAME (If not Institution, give SACRED HEART HOS				LAND, MAR		ALLE		
RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT			r, TOWN OR LO	CATION				10d. INSIDE CITY LIMITS?
MD Allega	ıny	Oldt	cown,					1 YES XX NO
Route 1 Box 43				101. ZIP CODE 21555		USA		VHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed XXX Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2/\_MO	If yes,	ecendent of Hispan specify Cuben, Maxica ES NO Specify		es or No—	Black	E — American Indian, k, Whita, etc. nite
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 12		16a. DECEDENT'S (Give kind of w life. Do NOT us housew	vork done during e retired.)	ITION most of working	16b. KIND OF BI		STRY	
17. FATHER'S NAME (First, Middle, Last) (nfn)				16. MOTHER'S NA (nmn)	ME (First, Middle, Maide	n Sumame)		
190. INFORMANT'S NAME (Type/Print)  Mr. Samuel Howa:	rd James, Jr				Acute Number, City or To n, MD 2155		Code)	
20a. METHOD OF DISPOSITION  1 Buriel 2 Cremation 3 Ref	noval from State	06. PLACE AND DATE				ocation – c		own, State
4 Donation 5 Other (Specify)		11.	22 NAME SCAL	-	eral Home			
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	· COU	A CONSEQUENCE OF	ung	5 ha	di di	nfa	~ Ü	Onset and Death  Low  Line  Li
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR AS	A CONSEQUENCE OF	Pi:	42	Liet			
PART II. Other aignificant condition	A S H	but not resulting i	in the underly	ring ceuse given in	Part i. 24a. WS / PERF	AN AUTOPSY DRMED? 2 NO	248	MERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C)	neck only one)			
1 VES 2 NO	1 inpatient 2 ER/O		4 - Nursing I	Injury AT		( IN HIPPY ACC	UDES	
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year		JURY	WORK?	28d, DEŞCRIBE HOV	INJURY OCC	UHED	
3 Suicide 6 Could not be detarmined	28e. PLACE OF INJU building, etc. (S)	RY — Al home, farm, s pecify)	street, factory, d	ffice	281. LOCATION (Street City or Yown, Ste	ot and Number ( te)	or Rural	Route Number,
(one)	SICIAN: To the best of my known							a) and manner as stated.
296. SIGNATURE AND TITLE OF CENTIFI	1 151	ne, 1	MD	290 LICENSE NU	3459	29d. DATE	SIGNE	Month, Day, Holer)  5/91
DR. RENATO ESPI				CUMBERLAN	D, MD 2150	)2		
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI				-			



- STATE REGISTRAR		STATE OF MA		DEPART					MEN.	TAL HYGIEN REG. NO.	E ~		0,000
1. DECEDENT'S NAME (First, ALBERT	Middle, Last)	CHARLES			JACK	SON		Z		ATE OF DEATH	19	9 YEAR	3. TIME OF DEATH 11:45 A
4. SOCIAL SECURITY NUMBER 218-12-82		5. SEX	6. AGE (In yrs. les		ONTHS	PAR	IF UNDER	24 HRS. MIN.	(M	TE OF BIRTH Honth, Day, Year)	924	Count	IPLACE (State or Foreign ry) njemoy, Mc
PAL FACILITY NAME (If not ins ROUTE 28,	GIL	ROY ROAD		1	b. CITY,		NJEM(		EATH		9c. COU	CHA:	RLES
nesidence of dec 100. STATE Maryland	10b. COUNT			10c. CITY,	rown or								10d. INSIDE CITY LIMITS? 1 YES 2 \( \text{NO}\) NO
100. STREET AND NUMBER Route # 1			niemov		, c	10	1. ZIP COD	7.LL			10g. CIT	U.	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divor	Married	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	EVER IN U.S. AF	MED	If	AS DE	CENDENT C	OF HISPA In, Maxici	en, Pue	IGIN? (Specify Yearto Rican, etc.)	or No—	14, RAC Blac Spec	E - American Indian, k, White, etc.
(Specify only Elementary/Secondary (0-			(G	CEDENT'S US live kind of wo Do NOT use	rk done di retired.)	uring m	ost of worldi	ng		18b. KIND OF BUS			- 60
3rd Grad		_	Ri	gger	0p	era	7	HER'S NA	AME (Fir	Nava1		nan	ce Statio
E (		Jackson		b. MAILING A	DORESS	(Street	and Number			e Lee F		_	
Barbara J  20s. METHOD OF DISPOSITI 12 Burlel 2 Cremetlo 4 Donation 5 Other 21. SIGNATURE OF FUNERAL	ON n 3 🗆 Ren (Specify)	noval from State	ol cemetary	Star AND DATE OF Crematory of Jemo	of DISPO r other pla	SITION (SOP) Md	N (Name	r-1	-19	991 Cha	cation -	City or To	Md.20693 own, State ounty, Md ST, N.W.
23. PART I. Enter the di shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	art fallure.	a. Comb	caused the dee on each line			ON'I	rGOM ode of dy	ERY	BF ch as	ROTHERS	FU	NER	AI, HOME Approximate Interval Batwee Onset and Deat
Sequentially list condition if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or Injust that initiated events resulting in deeth) LAS	diate NG ry	b. Chro	DR AS A CONSE	OUENCE OF):	Co	ho	olis	M					
PART II. Other significa	nt conditio	ns contributing to c	laath but not	resulting in	tha uno	dariyir	ng cause	given In	Part	24a. WAS AN PERFOR	RMED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER	26. F	PLACE OF E	DEATH (C	heck on	ly one)			
27. MANNER OF DEATH	Pending investigation	1 □ Inpatient 2 □  26a. DATE OF I (Month, Da	NJURY	28b. TIME		W	JURY AT ORK? YES 2 [		6 KX	DESCRIBE HOW I	OBIL	E, R	TE 28& ROAL
3 Suicide 6	Could not be determined	28e. PLACE OF building, a	INJURY — At he tc. (Specify)	ome, ferm, sti	reet, facto	ery, offi	ce		261.	LOCATION (Street City or Town, State)	and Numbe	or Or Rural	Route Number,
		SICIAN: To the best of r ER: On the basis of ax											s) and manner as stated.
29b. SIGNATURE AND TITLE	OF CENTIFIC	3000					29c. LIC	OCM		77	29d. DA		26 1991

111 PENN STREET

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FEB 28 9

BALTIMORE, MARYLAND 21215-0020

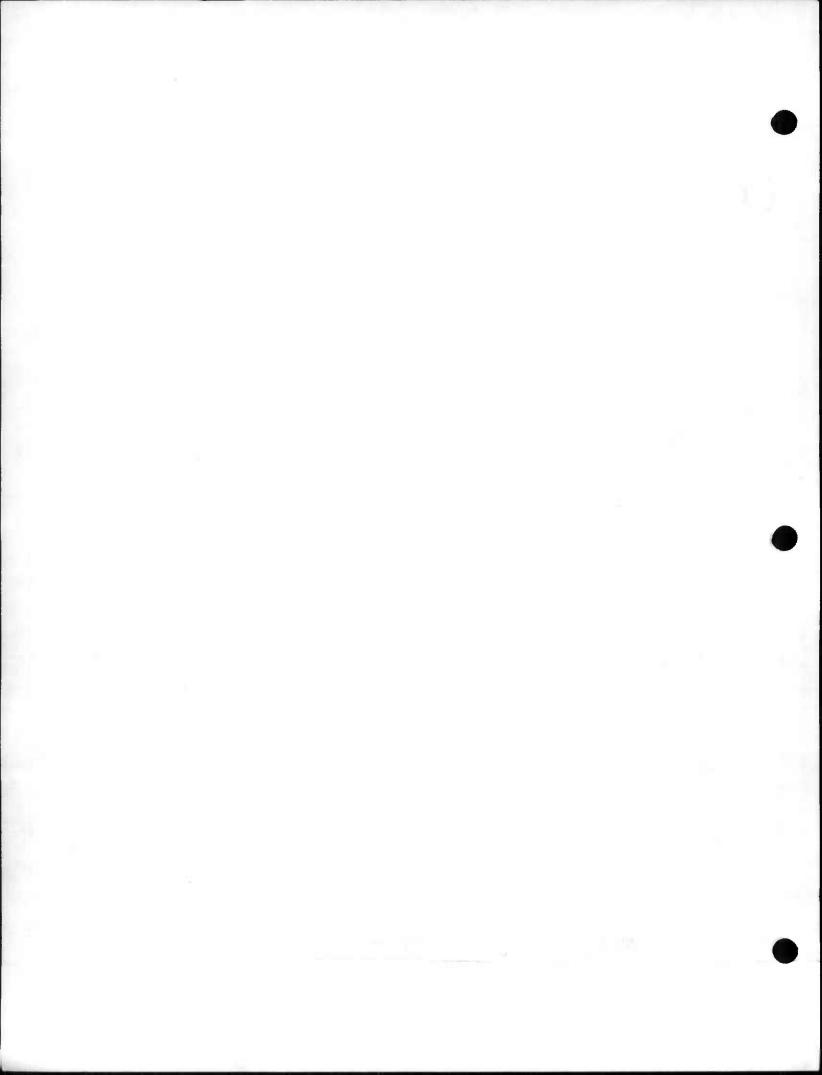
BALTIMORE, MARYLAND 2120

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BALTIMORE, MARYLAND 21203-3146	i.e., nours after death. Page 6 may be retained by the hospital or attending physician. y filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Page from, or remonal. the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within \$\infty\$, incurs after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Last) ELIZABETH CUSTIS									_	
	JOHNSON	J						2. OATE OF DEATH DA	AY	YEAR 3. TIME OF DEAT
4. SOCIAL SECURITY NUMBER 5.	. SEX	6. AGE (In yrs.	last birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE (State or Fo
126-18-8897	□ M 2 Ø F	82	YRS.	MONTHS	DAYS	HOURS	MIN.	Oct. 17,1	908	Tennessee
9a, FACILITY NAME (If not institution, give street	t and number)		-	9h CITY	Y TOWN	OR LOCATI	ON OF DE			NTY OF DEATH
Frederick Memoria		tal			eder		011 01 02			rederick
RESIDENCE OF DECEDENT	2 Hospa	rui		1,70	cact					
10a. STATE 10b. COUNTY			10c. CI1	ry, TOWN	OR LOCA	TION		·		10d. INSIDE CITY
Maryland Freder	ick		M	yers	vill	e.e.				LIMITS?
10e. STREET AND NUMBER					10	H. ZIP COD				IZEN OF WHAT COUNTRY?
2217 Monument Roa	ıd					217	73		1	1.3.A.
11. MARITAL STATUS 12	2. WAS DECEDEN	T EVER IN U.S.	ARMED	13.	WAS DE	CENDENT (	OF HISPAN	IIC ORIGIN? (Specify Ya	or No-	14. RACE - American Indi
1 Never Married 2 Married	FORCES? 1	YES 2	NO			pecify Cubi		n, Puarto Rican, atc.)		Black, White, etc.  Specify:
3 🔀 Widowed 4 🗌 Olvorced						2 100 110	Opecin			White
15. DECEDENT'S EDUCATI	ION	16a.	DECEDENT'S	S USUAL C	OCCUPATI	ION		16b. KINO OF BU	SINESS/INC	DUSTRY
(Specify only highest grade com Elementery/Secondary (0-12)	College (1-4 or 5	•)	(Give kind of life. Do NOT L	ise retired.)	)	ost of work	ng			
			Homem	aker				Own H	ome	
17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Middle, Malden	Surname)	
Clifford Carlon C	Carson					El	izab	eth Custis	Mapr	0
19a. INFORMANT'S NAME (Type/Print)			19b. MAILIN	G AOORES	SS (Street			Route Number, City or Tox		
Royal Johnson								ia, Delawa		/
-		901 BY 1							_	Oliver Transport
20s. METHOD OF DISPOSITION  I □ Burial 2 ☑ Crematton 3 □ Removal	I from State	20b. PLA	ce of dispo place) USDWI	SITION (N	iame of ce	emetery, cre-	natory or			rg, Maryland
Donation 5 Other (Specify)	_	- Pilitoti	Bbace			ND ADDRE			0.0000	eg, morey contra
shock, or heart fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) a				OFI:	52	= 0	From	cen In	~ C	Interval B Onset an
	DUE TO	(OR AS A CON	SEQUENCE (	OF):						
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events		(OR AS A CON	SEQUENCE (	OF):						
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury		(OR AS A CON	SEQUENCE (	OF):						
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO				ınderivi	ng cause	alven in	Part I. 24s. WAS AI	AUTOPSY	24b. WERE AUTOPSY F
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO				anderlyli	ng cause	given in	Part I. 24a. WAS AI PERFO	AMED?	24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO							PERFO	AMED?	AMILABLE PRIOR COMPLETION OF OF DEATH?
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the conditions of the cause of th	DUE TO	death but no	ot resulting	In the u	26. I	PLACE OF	DEATH (C)	PERFO 1 YES	AMED?	AMILABLE PRIOR COMPLETION OF OF DEATH?
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the conditions of the cause of th	DUE TO	e death but no	ot resulting	OTHE	26. I	PLACE OF	DEATH (C)	PERFO 1 YES  eeck only one) 6 Other (Specify)	PMED? 2 NO	AMALABLE PRIOR COMPLETION OF OF DEATHY 1  YES 2
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# any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the cond	ODE TO COMPLETEO CALL CALL COMPLETEO CALL COMPLETEO CALL COMPLETEO CALL COMPLETEO CALL CALL COMPLETEO CALL CALL COMPLETEO CALL CALL COMPLETEO CALL CALL CALL CALL CALL CALL CALL CAL	ER/Outpatient FINJURY Day, Year)  OF INJURY — At, etc. (Specify)  If my knowledge examination and	t 3 DOA 28b. Till thome, farm, death occurrence or investigation of the control o	OTHE 4 No. ME OF SURY M., street, fe	26. I	PLACE OF   mme 5   F mme 6   F mme 7   F mme 7	DEATH (C) lesidence NO No e, and du, ared at the	PERFO 1 YES  1 YES  6 Other (Specify)  28d. DE\$CRIBE HOW  28f. LOCATION (Street City or Town, State)  a to the cause(a) and must time, data and placa, a	and Number	AMALABLE PRIOR COMPLETION OF OF DEATH!  1  YES 2    CCURED  ar or Rural Route Number,  ated.  the cause(a) and manner as  XTE SIGNEO (Month, Dey, Year,  3 -1(-?)
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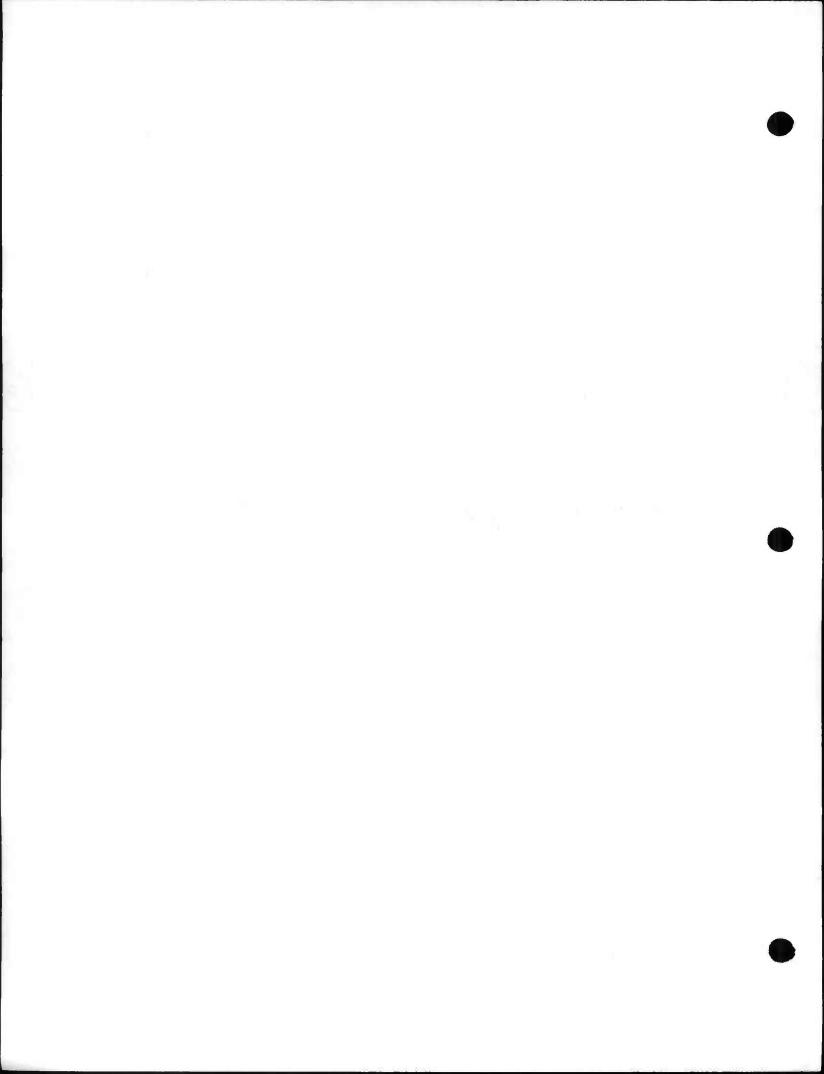
	k I	1. DECEDENT'S NAME (First, Middle, Last,							2. DATE OF		Υ	EAR	3. TIME OF OEATH
P	11 1	Kath		arie		ki			Feb.	28,	199.		M
	V I	4. SOCIAL SECURITY NUMBER	1.1.2.	AGE (In yrs. les	400	THE DAY	-	ER 24 HRS.	7. DATE OF (Month, I	F BIRTH Day, Year)	8.	BIRTHP Country,	PLACE (State or Foreign
B	- 4	396-38-0946	1 M 2 KF	53	YRS.				Aug.	1,19	37 V	Vis	consin
should		9a. FACILITY NAME (If not institution, give			9b.		VN OR LOCA		ATH		9c. COUNT		
ci co	DIRECTOR	530 Pinedale	Drive			Ar	napo	lis			Anı	ne .	Arundel
es 1,	S	10a. STATE 10b. COUN			10c. CITY, TO	WN OR LO	CATION					Т	10d. INSIDE CITY
 %	듬	Maryland An	e Arunde	1	An	napo	lie						LIMITS? 1 YES 2 X NO
physician. burial-transit permit. Pages 1,	A P	10e. STREET AND NUMBER					101. ZIP CO	DE			10g. CITIZE	N OF W	HAT COUNTRY?
insit (	FUNERAL	530 Pinedal	e Drive					2140	1		U.	S	A .
physician. burial-tran	5	11. MARITAL STATUS	12. WAS OECEDENT EX				DECENDENT			(Specify Yes	or No- 14	. RACE Black.	- American Indian, White, atc.
	ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES			YES 2 X NO			, , , ,		Specify	r.
as and		15. DECEDENT'S ED	1 1955 -		CEDENT'S USU	AL OCCUE	ATION		105.10	(IND OF BUE	INESS/INDUS		ite
L >	H	(Specify only highest green Elementary/Secondary (0-12)	(1-4 or 5+)	(Gi	ve kind of work Do NOT use ret	done during	most of wor	king	100. 1	CIND OF BUS	NINE33/INDU	,,,,,	
spital of fo	COMPLETED	1 2	Conege (I-4 or 5+)		Bookk	eene	r			Ret	ail S	Sto	re
detach	No.	17. FATHER'S NAME (First, Middle, Last)			DOOKK	CEDI	7	THER'S NAI	ME (First, Mic	ddle, Meiden		,,,,	
3 8 %	BE C	Jerald Keves	ci					Jose	phin	e Fa	nette		
retained 5 should notified	10 B	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING ADO	DRESS (Str							
be retige 5 s	=	Helen Rickro	le		2563	Fore	est K	noll	, An	napo	lis,	MD	21401
2 3		20s. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Re			OF DISPOSITIO						CATION — CH		
9 9 -		4 Donation 5 Other (Specify)			emont					Da	vidso	nv.	ille, MD
death. Page tuneral direct.		21. SIGNATURE OF FUNERAL SERVICE I	PENSEE	/ /			E AND ADDR			Chap	. 1		21401
97 9		truple A	· Vin YII										is.MD
E 3 & a		23. PART I. Enter the disesses, or				enter the	mode of d	lying, suci	h se cardie	ec or respi	retory srres	it,	Approximate
P & E		shock, or heart fellure IMMEDIATE CAUSE (Finel	. List only/one couse	on each line	7 - 1	-							Interval Between Onset end Death
		disease or condition resulting in death)	. Kend	elt	allu	re							1 month
tted within 24 completely fill ial, cremation, cevent, the		rooding in douting	DUE TO (OF	AS A CONSE	QUENCE OF):	0.1.	*		^	"	0.10.0		1
	Z	Sequentially list conditions,	· IVXQ	stan		OVQ	na	W	Car	CIM	omo		8mos.
e be execute sician and c rior to buris traumatic	CERTIFICATION	If sny, leeding to immediata cause. Enter UNDERLYING	DUE TO (OF	R AS A CONSE	DUENCE OF):								
a se se se	길	CAUSE (Disesse or Injury	cDUE TO (OF	R AS A CONSE	OUENCE OF:								<u> </u>
ding die	Ē	that initiated events resulting in death) LAST		121									
	핑		d									_	+
1 音音	A A	PART II. Other significent condition	ons contributing to de	sth but not r	resulting in ti	he under	lying cause	given in	Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINGINGS AMAILABLE PRIOR TO
ulres that signed by Health an	MEDICAL								_	1   YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
requires seen sign of Heal	M								_				1 TYES 2 NO
has been a Dept. of H	S		1										
ATENDING PHYSICIAN: The law requires that ATENDING PHYSICIAN: The law requires that cortor. After this certificate has been signed by a state death with the State Dept. of Health an 128 is marked, or item 23 shows any	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			THER:	6. PLACE OF						
SICIAN: The certificate h the State	≥	1 YES 2 NO	1   Inpatient 2   El		28b. TIME OF	_	Home 5	Rasidence			NJURY OCCU	RED	
ING PHYS filter this ceath with	P	1 Netural 5 Pending	(Moran, Day,		INJURY		WORK?	. □ NO	200. 0200				
WDING WDING death		2 Accident Investigation 3 Suicide 6 Could not b	28e. PLACE OF II		ome, ferm, stree	rt, factory,	office				and Number o	Rural R	oute Number,
2 after	277	4 Homicide & Could not b	building, atc	: (Specify)					City or	r Town, State)			
OR ATTENDING DIRECTOR: After hours after death	ш	29s. CERTIFIER , OF CERTIFYING PHO	SICIAN: To the best of my	i knowledne de	ath occurred a	t the time	data and nie	re and due	to the caus	ne(e) and mar	nner ee etelec		
世 東京 ==	3		NER: On the basis of sxarr										and manner as stated.
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If	8	29b, SIGNATURE AND TITLE OF CERTIF	160		-	A		ICENSE NUI					(Month, Day, Year)
<b>光光源</b>	BE	Sarguelino	SILLIN	Men	M	De	- 1	389	29				28,1991
223	5	30. HAND AND RESS OF PERSON	YHO COMPLETED CAUSE	OF OEATH (ITE	M 27) (Type, Pri	nt)		-01	0-1				
		Jacqueline J Gregorio Delg	ado, M.D.	3800	Rese	rvo	ir Ro	oad,	NW,	Wash	ningt	on,	D.C.
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE									
		MAR 0 5 199	1 Fichia David	bon-Adn	dell								

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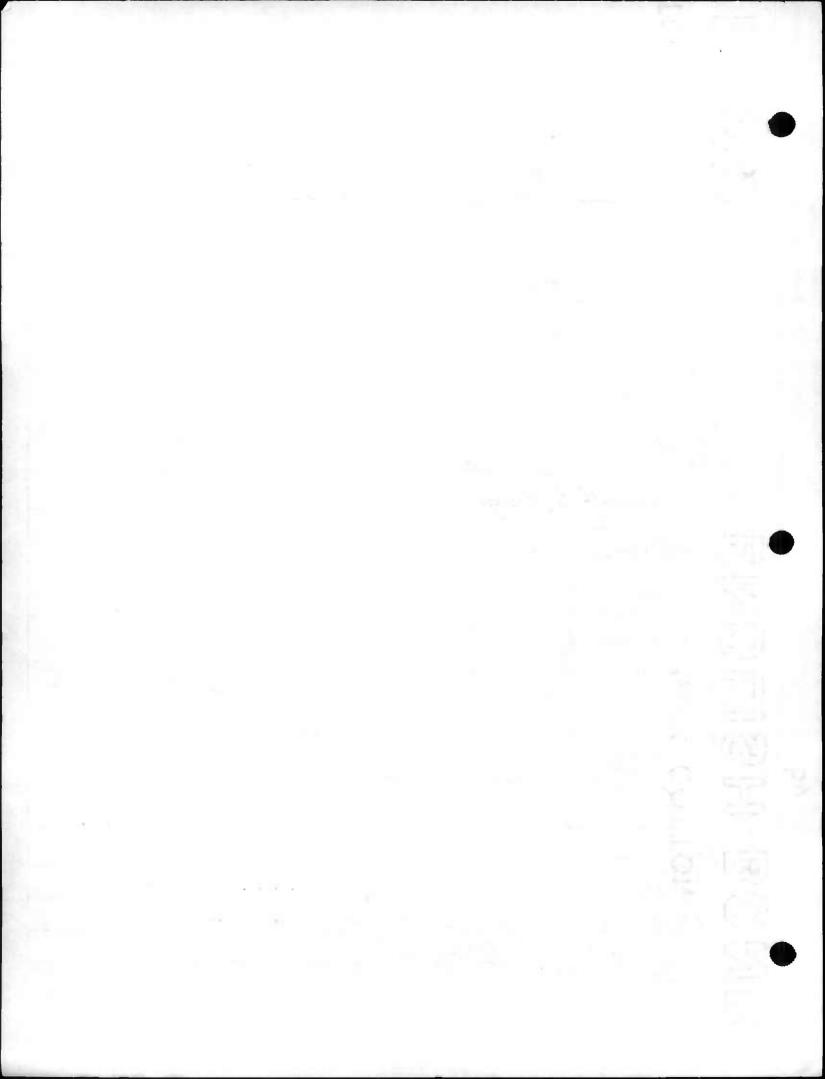
## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle,	Lasi)	:/	Λ		2. DATE C	DAY	ve	3.	TIME OF DEATH
PAUL	A	KEMI	+ HUER	JR	Jehan	yary 2	8 19	91	1830 M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTH	0. 1	BIRTHPLA	CE (State or Foreign
081-18-9467	1 M 2 □ F	64 YRS.	DAYS	HOURS MIN.	MAR.	30, 192	6 N	NEW Y	
9a. FACILITY NAME (If not institution,	give street and number)	9	b. CITY, TOWN	OR LOCATION OF DI	EATH		9c. COUNTY	OF DEAT	н
PENINSULA GENE			SALISB	URY			WICOM	ICO	
RESIDENCE OF DECEDEN  10a. STATE 10b. CO		10c. CITY, 1	OWN OR LOCA	ATION				100	I. INSIDE CITY
MARYLAND WO	ORCESTER	OCE	AN CIT	Ϋ́				11	LIMITS?
10e. STREET AND NUMBER			1	of, ZIP CODE		Т	10g. CITIZEN		
	AY RD, APT. 1A			21842				USA	A
11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEDENT EVER I FORCES? 1 X YES	N U.S. ARMED		ECENDENT OF HISPAI specify Cuben, Mexico			or No— 14.	RACE - Black, W	American Indian, hite, atc.
3 Wildowed 4 Divorced	NAVY WW.	ATES		S 2 X NO Specif				Specify:	WHITE
15. DECEDENT'S (Specify only highest	B EDUCATION grade completed)	16e. DECEDENT'S US	UAL OCCUPAT	TION nost of working	16b.	KIND OF BUSI	NESS/INDUST	TRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use r	etired.)	70					
12 YEARS	NO	SUPERV	ISOR		P	ICITAN	NY ARS	SENAI	_
17. FATHER'S NAME (First, Middle, Las				16. MOTHER'S NA					
PAUL A.	KEMETHER			CAROLII		(un		1cBR	IDE
19a. INFORMANT'S NAME (Type/Print)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		and Number or Rural				de)	
PATTY SHANE-DAU				, ANDOVE	R, NJ	078	21		
20e. METHOD OF DISPOSITION 1 Burlel 2 🗵 Cremation 3 🗆	3/1/91 Removal from State	b. PLACE OF DISPOSIT other place)	ION (Name of c	emetery, cremetory or		20c. LOCA	ATION — City	or Town,	State
4 Donation 6 Other (Specify)		SALISBURY				SA	LISBUF	RY, N	4D
21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE	7_		AND ADDRESS OF FA		HOME, P	A		
NICK	fally 1		501	SNOW HILI	L RD,	SALIS	BURY,	MD	21801
23. PART I. Enter the diseases shock, or heart fel IMMEDIATE CAUSE (Finel disease or condition	lure. List only one cause on e	eech line.		,			etory srrest	,	Approximate interval Between Onset and Desth
resulting in death)	OUE TO (OR AS	A CONSEQUENCE OF):	racher	u ja	<u>viii</u>				lang
1.	- clin		su c	Rulma	nals	1			contenços
Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):	-	/	1.				1
cause. Enter UNDERLYING CAUSE (Disease or Injury	a Clus	ne ol	ec ou	Que 1	ung	de	each		
that initiated events	OUE TO (OR AS	A CONSEQUENCE OF):			0				
resulting in deeth) LAST	d								
PART II. Other significant con-	ditions contributing to death	but not resulting in	the underlyi	ing ceuse given in	Part I.	24s. WAS AN A	WTOPSY	24b. WI	FRE AUTOPSY FINDINGS
		•				PERFORM		AV	AILABLE PRIOR TO MPLETION OF CAUSE
					_	1   YES 2	No		DEATH?
					-			1	YES 2 NO
25. WAS CASE REFERRED TO MEDIC	SAL .		24	PLACE OF DEATH (C	beak actus:	al .			
EXAMINER?	HOSPITAL:		THER:						
1 YES 2 NO 27. MANNER OF DEATH	1 I I Impatient 2 ER/Out 28e. DATE OF INJURY	petient 3 L DOA 4		ome 5 Realdenca	1	(Specify)	TILBA UCCITE	BED.	
1 Natural 6 Pending 2 Accident Investige	(Month, Day, Year)	INJUR	TY V	WORK?	250. 023	STORE FOR THE		· ·	
3 Suicide 6 Could n	28e PLACE OF INJUR	Y At home, farm, atm	eet, fectory, of	fice	28f. LOCA	ATION (Street ar	nd Number or	Runsi Rout	Number,
4 Homicide determin					J., V.	, 5)			
anal anal	PHYSICIAN: To the best of my know								nd manner on eleted
			my opinion			and prece, and			
29b. SIGNATURE AND TITLE OF CEI	RITIFIER			29c. LICENSE NU	IMBER		29d. DATE S	IONED (M	onth, Day, Year)
30. NAME AND ADDRESS OF PERSO	ON WHO COMPLETED CALIFE OF D	MD GET OF	brint)	100211	7		7	-25	5.7/
William R	FLLCS Or			St. Sa	6656	rupa	P	10:	21801
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIO	NATURE				0			
MAR 0 1 '91	Gulia David	son-Randell							
	11								



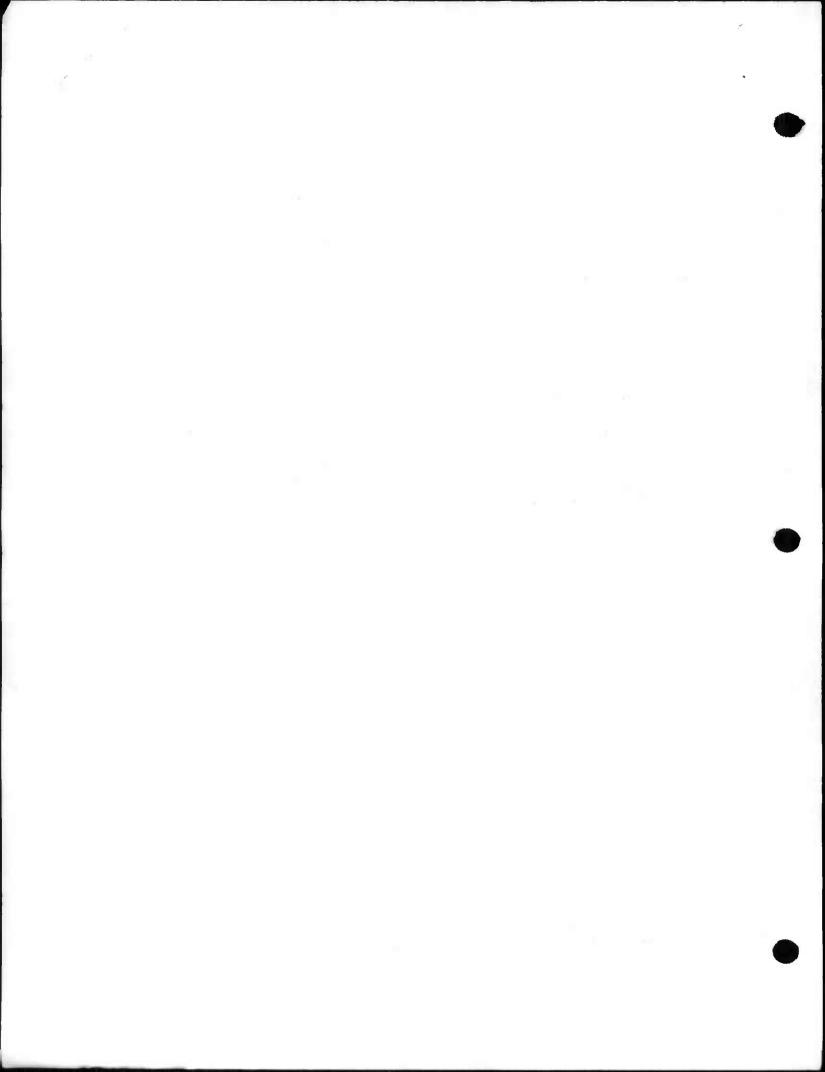
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, DECEDENT'S NAME (First, Middle, Last)				-		2. DATE MONZE	OF DEATH	Y 101	YEAR	3. TIME OF DEATH
Gary R.	-	Kuhns				3	3	19	91	8:00 P
208-46-4944	5. SEX 1 M 2 F	8. AGE (In yrs. lest)		MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	6-1	9-1957		Peni	nsylvania
Harford County Marsile of December 1		Hospital		Darl	Havre	de C	Grace	9c. COUNT Harf		County
0e. STATE 10b. COUNT	caster		1000	ncaste				_		10d. INSIDE CITY LIMITS? 1 XYES 2 NO
om street and number 154 East Walnu	t Street			.10	17602			U.S.		VHAT COUNTRY?
1. MARITAL STATUS  Never Merried 2 Merried  Widowed 4 Divorced	12. WAS DECEDE FORCES? JF YES, GIVE 1976-1	NT_EVER IN U.S. ARM 1 A YES 2 NO WAR OR DATES	IED O	If yes, s	CENDENT OF HISPA pecify Cuban, Mexica \$ 2 NO Specif	n, Puerto I		or No- 1	4. RACE	E — American Indian, c, White, etc. fly:
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Giv		USUAL OCCUPAT rork done during me retired.)		12.0	. KIND OF BUS			
12	0		hini	st		P	recisi	on Ins	str	ment Ind
7. FATHER'S NAME (First, Middle, Last)	C				16. MOTHER'S NA			Surname)		
Jack M. Kuhns,	Sr.					y Scl				
Paul Kuhns					and Number or Rural ate St.		ber, city or Town			22
(a. METHOD OF DISPOSITION  Description   Method   Method	noval from State	of complete.		or olsposition of other place). Memoria	1 Cemete	1		CATION — CI		
1. SIGNATURE OF FUNERAL SERVICE LI										
23. PART I. Enter the diseases, or abock, or heart failure.  MMEDIATE CAUSE (Final disease or condition	complications to	nat caused the des		Tarri Abero		Fune ylan	1 210	01 - 339	99	Approximate Interval Baty
23. PART I. Enter the diseases, or ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	complication of the List only one of a. MUL-	nat caused the dea	UENCE OF	Tarri Aberd ot antar the m	ng-Cargo leen, Mar	Fune ylan	1 210	01 - 339	99	Approximate Interval Bety
23. PART I. Enter the diseases, or abock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications of List only one can DUE T	nat caused the desause on sech line.	UENCE OF	Tarri Aberco ot anter the m	ng-Cargo leen, Mar	Fune ylan	1 210	01 - 339	99	Approximate Interval Betwoonset and D
23. PART I. Enter the diseases, or ahock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	complications. It. List only one control o	nat caused the desause on each line.  TIPLE TO (OR AS A CONSEO)  O (OR AS A CONSEO)  O (OR AS A CONSEO)	UENCE OF	Tarri Aberco ot antar the m	ng-Cargo leen, Mar oda of dylng, suc	Func yland the as care	1 210	O1 – 339 ratory arres	99	Approximate Interval Betw
23. PART I. Enter the diseases, or ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions.	complications. It. List only one control o	nat caused the desause on each line.  TIPLE TO (OR AS A CONSEO)  O (OR AS A CONSEO)  O (OR AS A CONSEO)	UENCE OF	Tarri Aberc  ot antar the m  OCIS  ::	ng-Cargo leen, Mar oda of dylng, suc	Func ylandh sa card	diac or respi	O1 – 339 ratory arres	99	Approximate interval Betwood Onset and Donest Autopsy Find Available Prior To Completion Of Cau
23. PART I. Enter the diseases, or ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions.	complications to List only one can be DUE T b. DUE T c. DUE T d. HOSPITAL:	net caused the declared on a ech line.  TIPLE TO (OR AS A CONSECTO)  O (OR AS A CONSECTO)	UENCE OF	Tarri Aberc ot anter the m  UCUS  7:  7:  OTHER:	ng-Cargo leen, Mar oda of dying, suc	Fund yland the as card	210 diac or respi	O1 – 339 ratory arres	99	Approximate interval Betwood Onset and Donest Autopsy Find Available Prior To Completion Of Cau
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23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other algnificant conditions.  15. WAS CASE REFERRED TO MEDICAL EXAMINER?  17. YES 2 NO	Complications of List only one catalogue To DUE TO	TO OR AS A CONSCO TO OR AS A CONSCO	UENCE OF UENCE OF UENCE OF DOA 25b. TIMM 6:1	Tarri Aberc  ot antar the m  OCIONO  The state of the sta	ng-Cargo leen, Mar oda of dying, suc ng ceuse given in PLACE OF DEATH (C me 5   Residence LIURY AT ORK? YES 2   NO	Fund yland the as card Part I.	24a. WAS AN PERFOR	O1-339 ratory arrest	24b	Approximate interval Betwoen Conset and Donest and Done
23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition presulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	Complications of List only one case.  DUE T	at caused the declared on a ech line.  The transfer of the cause on a ech line.  The transfer of the cause of	UENCE OF UENCE OF UENCE OF DOA 25b. TIMM 6:1	Tarri Aberc  tot antar the m  COLOS  The management of the managem	ng-Cargo leen, Mar oda of dying, suc ng ceuse given in PLACE OF DEATH (C me 5   Residence LIURY AT ORK? YES 2   NO	Part I.	24a. WAS AN PERFORM 1 VES 2  ATION (Street or Town, State)	AUTOPSY AMED?  I NO  NJURY OCCU.  Auto	24b	Approximate Interval Betwoen and D Onset a
23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  17. YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined.  29. CERTIFIER (Check only 1 CERTIFYING PHYS)	Complications of List only one cate a. Due T b. Due T c. Due T d.	at caused the declared on a ech line.  TO OR AS A CONSCO O OR AS A CONSCO	UENCE OF UENCE OF UENCE OF UENCE OF 255. TIM 6:17	Tarri Aberc  tot anter the m  COCION  The model of the mo	ng-Cargo leen, Mar oda of dying, success ng ceuse given in PLACE OF DEATH (C) me 5   Residence IUSTRY AT ORK? YES 2   NO	Part I.  Pert I.  S Other  28d. DE: Dri  26f. Loc City	24a. WAS AN PERFOR 1 VES 2  24	AUTOPSY RMED?  INJURY OCCU A Auto and Number of Darlin	24bb ZABB ZABB ZABB ZABB ZABB ZABB ZABB ZA	Approximate Interval Batt Onset and D Onse
23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  17. YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined.  29. CERTIFIER (Check only 1 CERTIFYING PHYS)	Complications in List only one can be as a Due T b.  Due T c.  Due T d.  Due T d.  Hospital:    Hospital:   1   Inpatient 2	at caused the declared on a ech line.  TO OR AS A CONSCO O OR AS A CONSCO	UENCE OF UENCE OF UENCE OF UENCE OF 255. TIM 6:17	Tarri Aberc  tot anter the m  COCION  The model of the mo	ng-Cargo leen, Mar oda of dying, success ng ceuse given in PLACE OF DEATH (C) me 5   Residence IUSTRY AT ORK? YES 2   NO	Fund yland the as card	24a. WAS AN PERFOR 1 VES 2  24	AUTOPSY TIMED?  INJURY OCCU.  A Auto  Darlin  One as state-  and dua to the  29d. DATE	24bb  24bb  7Tr  90 Tural I	Approximate Interval Bett Onset and D Onse



BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DS, P.O. BOX 13146,	the death certificate be executed within 24 r	y the attending physician and completely fille of Mental Hygiene prior to bun'al, cremation,	injury, or other traumatic event, the
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires tha	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE H	TO THE FI	IMPORT

L SECTION TO MANUFACTURE TO PRINT MANUFACTOR STATE AND A CONTRACTOR AND A	REGISTRAR				CE	HIIFIC	AIE	JE DEATH		REG. NO.			
131-38-3470	1. DECEDENT'S NAME (First, M		sther L	ouise	е Ко	soc			2. DATI MON' 2	THE PLAN	Y	9Tar	1,0,10,10,00,00,00
1.31-38-3470	4. BOCIAL SECURITY NUMBER	3	5. SEX	6. AGE (II	n yrs. lest	birthday) I	F UNDER 1 YE		(1.1				
TRESTORES OF DECERTY  NY  OSTEGO  OSTE	131-38-34	70	1 🗆 M 2 💢 F		73	YRS.	ONTHS DA	YS HOURS MI					γ)
THE STREET OF DECERTIFY  NS. STREET AND MUNICIPAL  BY SECONDAY  NS. THERE AND MUNICIPAL  BY SECONDAY  NS. THERE AND MUNICIPAL  BY SECONDAY  NS. THE AND MUNICIPAL  BY SECONDAY	9a. FACILITY NAME (If not instit	tution, give at	reet and number)			9	b. CITY, TO	WN OR LOCATION O		11/1/			EATH
THE STREET OF DECERTIFY  195. STREET AND MUNICIPAL  11. MARTINET AND MUNICIPAL  11. STREET AND MUNICIPAL  11. MARTINET AND MUNICIPAL  12. MARTINET AND MUNICIPAL  13. MARTINET AND MUNICIPAL  14. MARTINET AND MUNICIPAL  15. MART	Meridian, T	he Pi	nes			2.1	Easto	on, Md.	21601		Ta	1bot	
NY Ostego  Cooperstown  10.29 COE  10.29 COE  10.29 COE  10.20 COE													
BR. STREET AND NUMBER  83 Beaver Street  13 326  USA  MANUAL INTUIT  1 WAS DECEMBER TO PROVIDE THE NEW ALTER AND DECEMBER THE NEW ALTER ADDRESS OF	10s. STATE	Ob. COUNTY				10c. CITY, 1	TOWN OR L	OCATION					
11. MANTEL STATUS  11. MANTEL 3 TATUS  11. MANTEL 3 TATUS  11. MANTEL 3 TATUS  11. MANTEL 3 TATUS  12. WAS DECEDENT EVER IN U.S. AMARD  12. WAS DECEDENT SUPPLY EVER IN U.S. AMARD  13. WAS DECEDENT SUPPLY TO MANTE (PARTY IN MANTEL IN MAN	NY	0s1	cego			Co	oper	stown					1  YES 2  NO
11. MAPTER STATUS   12   WAS DECERDENT EVER NU. S. AMED   12. MAPTER PROPERTY   12. MAPTER PROPERTY   12. MAPTER PROPERTY   13. MAPTER PROPERTY   13. MAPTER PROPERTY   14. MA	10e. STREET AND NUMBER							101. ZIP CODE			10g. CITI	ZEN OF V	VHAT COUNTRY?
11. MANTEL STATUS   To New Part of 2   Section   12. MAD DECEDERT FURTH NU S. ANNED   12. SAND   12	83 Beaver	Stre	eet					13326	6		US	A	
Type   September   1   Septe			12. WAS DECEDEN								or No-	14. RACI	E — American Indian,
Sequentially list conditions or resulting in death)  22. ADMERT II. Cited the classes, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, in large, leading in immediate in the list of the conditions of the conditions of contributing to death but not resulting in the underlying cause given in Part I.  23. Sequentially list conditions contributing to death but not resulting in the underlying cause given in Part I.  24. WE CASE REFERENCE TO IMPORTAL  25. WES CASE REFERENCE TO IMPORTAL  26. CENTRAL  27. DUE TO (OR AS A CONSEQUENCE OF):  28. WES CASE REFERENCE TO IMPORTAL  29. EACH OF THE CASE OF THE CONSTRUCTION OF CONTRIBUTION OF CONTRIB						2				Hican, atc.)			Control of the contro
Clare bird of working by the prote completed	3 Wildowed 4 Divorce	ed										Wh	ite
Elementary Teconology (0-12)  12  13  14  15  15  15  15  15  15  15  15  15	15. DECED (Specify only h	ENT'S EDUC	ATION completed)		16a. DEC	EDENT'S US	NAL OCCU	PATION a most of working	16	b. KIND OF BUS	SINESS/IND	USTRY	
TO ANTHER'S NAME (First, Micros, Lari)  Glenn L. Packer  189. MALING ADDRESS (Single and Minited or Paral Robe Manibos, City or Pown, State, Zip Code)  Venita L. Southworth  707 Lomax Street Easton, MD 21601  209. METROD OF OPPOSITION (Name of Committy, committy or East State)  Eastern Shore Crematorium  Georgetown, DE  21. SIGNACIUM OF PRINCIPAL SERVICE LICENSEE  ADDRESS (Single and Minited or Paral Robe Minited City or Pown, State, Zip Code)  708 Louins 2 Light State (City or Paral Robe)  Eastern Shore Crematorium  Georgetown, DE  22. MANE AND ADDRESS (Final Final Fin		-		+)	ille.	Do NOT use i	retired.)	•					
Glenn L. Packer  18a. MALLING ADDRESS (Sinel and Mander or Rant Robe Mander of for Down, State, 25 Code)  Venita L. Southworth  70.7 Lomax Street Easton, MD 21601  20a. METHOD OF DISPOSITION (Insert) of Down (State)  20a. Described of DisPOSITION (Insert) of Disposition	12		2		Н	louse	wife	}		Own	Home		
196. MALEN ADDRESS (Street and Number or Paul' Name (Properties Code)  Venita L. Southworth  206. PLACE OF DEPOSITION (Name of committing, committing or climbring, committed or committed, committing or climbring, committed or committed, committe	17. FATNER'B NAME (First, Mide	ile, Last)						18. MOTHER"	S NAME (First,	Middle, Maiden	Surname)		
196. MALEN ADDRESS (Street and Number or Paul' Name (Properties Code)  Venita L. Southworth  206. PLACE OF DEPOSITION (Name of committing, committing or climbring, committed or committed, committing or climbring, committed or committed, committe	Glenn L.	Packe	er					Vio	olet	Hull			
20s. PLACE OF DISPOSITION (Name of cometally, committory or 10 multiple (Semination 3) Removal from State   Downston 5 other (Spocity)   Description   State   Downston 5 other (Spocity)   Description   Descriptio					19b.	MAILING A	DORESS (St				n, State, Zip	Code)	
20s. PLACE OF DISPOSITION (Name of cometally, committory or 10 multiple (Semination 3) Removal from State   Downston 5 other (Spocity)   Description   State   Downston 5 other (Spocity)   Description   Descriptio	Venita L.	Sout	hworth		70	7 I.C	max	Street	East	on Mi	D 2	160	1
21. SIGNATURE OF FUNERAL SERVICE LICENSES  22. NAME AND ADDRESS OF RACITY Newnam Funeral Home 20.0 S. Harrison Street Faston, M Newnam Funeral Home 20.0 S.	20a. METHOD OF DISPOSITIO	N	-cr -line		PLACE C	F DISPOSIT							
21. SIGNATURE OF FUNERAL SERVICE LICENSEE    22. MARE AND ADDRESS OF FACILITY   New name   Funeral Home   New name   New			oval from State	Es			hore	Cremat	toriu	m Go	orgo	t OW	n DE
23. PART I. Enter the diseases, or complications that caused the desit. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or hant failure. List only on acases on asch line.  IMMEDIATE CAUSE (Final diseases or condition resulting in desth)  a. ATTHEO SCIENT CONDITION OF AS A CONSEQUENCE OF:  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERTLYING CAUSE (Disease or injury resulting in desth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE			ENSEE	- 1110	1500	LII D	22. NAN	E AND ADDRESS O	F FACILITY			COW	II, DE
23. RAST I. Entar the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, interval Batween Ornset and Death Medicases or condition resulting in death)  B. ATTHEW S. C.					^		Ne	wnam Fu	ınera	1 Home	e		
23. RAST I. Entar the diseases, or complications that caused the death. Do not antar the mode of dying, auch as cardiac or respiratory arrest, interval Batween Onset and Death MMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE	JOHN	R.	MER	CER	0,-	<u> </u>	20	0 S. H	arris	on St	reet	E	aston. MD
If any, leading to immediate cause, Enter UNDENLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  JUST TO JUST THE CONTROL OF THE CONTROL O	ahock, or has IMMEDIATE CAUSE (Fina disease or condition	rt failure.	List only one cau	use on as	ich iina.					•	•		Interval Between
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 Inpetient 2 ER/Outpetient 3 DOA  28. DATE OF INJURY  1 Naturals 8 Pending Investigation  3 Suicide  4 Nomicide  28. PLACE OF INJURY — At home, farm, street, factory, office  28. LOCATION (Street and Number or Flural Route Number, City or Town, State)  29. CERTIFIER (Check only one)  29. CERTIFIER (Check	if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events	ata G	DUE TO	(OR AS A	CONSEQ								469-1
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   YES 2   THO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH 1   Matural   8   Pending   Investigation   286. DATE OF INJURY   28b. TIME OF INJURY   28c. INJURY AT   28d. DESCRIBE HOW INJURY OCCURED  28e. PLACE OF INJURY   1   YES 2   NO  28e. PLACE OF INJURY   28d. DESCRIBE HOW INJURY OCCURED  28e. PLACE OF INJURY   1   YES 2   NO  28e. PLACE OF INJURY   1	PART il. Other algnificani	condition	s contributing to	death be	ut not re	sulting in	the unda	tying cause give	n in Part i.			248	
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1													COMPLETION OF CAUSE
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 VES 2 MO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATN  1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Realdence 6 Other (Specify)  28. DATE OF INJURY  (Morth, Dey, Year)  28. DATE OF INJURY  (Morth, Dey, Year)  28. DATE OF INJURY  (Morth, Dey, Year)  28. PLACE OF DEATH (Check only one)  28. DATE OF INJURY  (Morth, Dey, Year)  28. DATE OF INJURY  M 1 YES 2 NO  28. DESCRIBE HOW INJURY OCCURED  1 WORK?  1 OF Rown, State)  28. PLACE OF INJURY—At home, farm, street, factory, office  29. CERTIFIER  (Check only one)  29. DATE OF INJURY—At home, farm, street, factory, office  29. CERTIFIER  (Check only one)  29. DATE OF INJURY—At home, farm, street, factory, office  29. LICENSE NUMBER  29. LICENSE NUMBER  29. DATE SIGNED (Morth, pay, Year)	-									1   YES 2	[ NO		
EXAMINER?  1 YES 2 NO  1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Realdence 6 Other (Specify)  27. MANNER OF DEATN  1 Instrusi 8 Pending Investigation 3 Suicide 8 Could not be determined 2. See PLACE OF INJURY At home, farm, street, factory, office 2. See Injury or own, Street and Number or Flural Route Number, City or Yown, Street and Number or Flural Route Number, City or Yown, Street and Discussion and the cause(a) and manner as stated.  29a. CERTIFIER (Check only 0 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER 2. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, pay, Year)  1 YES 2 NO  28f. LOCATION (Street and Number or Flural Route Number, City or Yown, State)  29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, pay, Year)  29c. LICENSE NUMBER 29d. DATE SIGNED (Month, pay, Year)  29c. LICENSE NUMBER 29d. DATE SIGNED (Month, pay, Year)  29c. LICENSE NUMBER 29d. DATE SIGNED (Month, pay, Year)  29c. LICENSE NUMBER 29d. DATE SIGNED (Month, pay, Year)  29c. LICENSE NUMBER 29d. DATE SIGNED (Month, pay, Year)													1 WES 2 NO
EXAMINER?  1 YES 2 NO  1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Realdence 6 Other (Specify)  27. MANNER OF DEATN  1 Investigation 1 Nursing Home 5 Realdence 6 Other (Specify)  28. DATE OF INJURY 29b. TIME OF NUJRY WORK?  1 YES 2 NO  28. DATE OF INJURY At WORK?  1 YES 2 NO  28. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number, City or Nown, State)  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, pay, Year)	OF MIND CARE DEFENDED TO	MEDICAL	···			-		A DI ADE	1.00	1			
1   YES 2   FIO   1   Inpatient 2   ER/Outpatient 3   DOA 4   Nursing Home 5   Raaldence 6   Other (Specify)    27. MANNER OF DEATN	EXAMINER?	MEDICAL					THEM:						
1   Matural   8   Pending   Investigation   2   Accident   3   Suicide   4   Nomicide   8   Could not ba determined   28e. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28e. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28e. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28e. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATI					atlent 3	DOA 4	Nursing						
3 Suitcide 4 Nomicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  29b. SIGNAGURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER 29d. DATE SIGNED (Month, pay, Year)	1 Natural 8 P						RY	WORK?		EŞCRIBE HOW I	NJURY OC	CURED	
(Check only one)  2   MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  29b. SIGNAGURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, pay, Year)	3 Suicide 8 C		28e. PLACE ( building,	OF INJURY , etc. (Spec	— At hor	ne, farm, str	eet, factory,	office				r or Rural	Route Number,
Fredrig ( Lange of Death (ITEM 27) (Type, Print)  Ludwig J. Eg LSE LIN III M), 606 Dutch many Lange Enstowmed 2160,	(Check only		-		The state of the s								a) and manner as stated.
Ludwig J. Eg LSE den III MD, 606 Dutch many land Environmed 2160,	/ 1/5/	OF CERTIFIES	9//		7	1	,	29c. LICENSE	NUMBER 3/	466	29d, DAT	E SIGNE	(Month, Pay, Year)
	1.1 4/7	PERSON WA	C L(2 )	ISE OF DE	ATN (ITEN	127) (Typa, F	Print)	506 Du	Tch	mari	100	r /	hurow md 211
		er)	32. REDISTR	AR'S SIGN	ATURE	ander		, 00 p	, ~ , ,	[-1/-]	دمرم	, 6	260



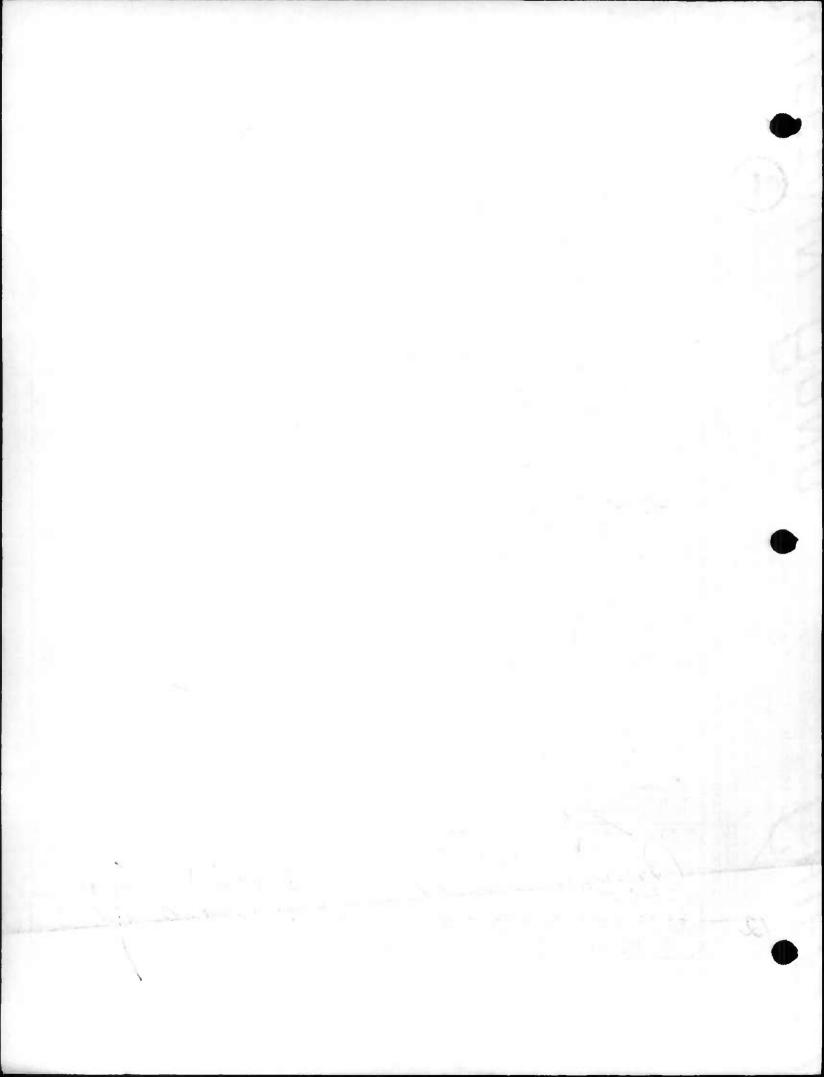
BALTIMORE, MARYLAND 21203-3146	eath. Page 6 may be retained by the hospital or attending physician. uneral director, page 5 should be detached for use as the buriat-transit permit. Pages 1.2.	aminer must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 12, 3 miled within 72 hours after death with the State Defic. of Health and Mental Hydrene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	

REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) Koerbel 2. DATE OF DEATH MONTH QM 21 7. DATE OF BIRTH / (Month, Day, Year)
Dec. 24,1897 IF UNDER YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State 1 M 2 N F 578-32-8586 93 Wash., D.C. 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION 9c. COUNTY OF DEATH RESIDENCE OF DECEDENT 1 POVERO 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Silver Spring Montgomery 1 X YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 10604 Glenwild Road 20901 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. th yes, specify Cuban, Maxican, Puarto Rican, atc.)

1 ☐ YES 2 ☑ NO Specify: FORCES? 1 YES 2 NO 1 Never Married 2 Married Specify:White 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co Elementary/Secondary (0-12) College (1-4 or 8 +) Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Rose Mc Givern Harrison Scott Bishop 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20901 10604 Glenwild Rd., Silver Spring, MD Mary A. Lehmann 28a. METHOD OF DISPOSITION
1 \overline{\text{W}} Burlal 2 \overline{\text{Cremation}} 3 \overline{\text{Re}} Re
4 \overline{\text{Donation}} Donation 6 \overline{\text{Other}} (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, Btate Mt. Olivet Cemetery Washington, D.C. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Joseph Gawler's Sons, Inc. · Mic 5130 Wisconsin Ave, NW, Washington, D.C. 20016 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata Interval Between shock, or heart fallure. List only one cause on **Onset and Death** IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY PINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? 1 TES 2 THO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO 1 phpatient 2 ER/Outpatient 3 DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factor building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL ED MINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated, IGNATURE AND TITLE OF CUITIFIER 29d. DATE SIGNED (Month, Day, Year) PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 0 Stc 2000 Ken 10 200 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE MAR 04 '91

who Davidson

Randale



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.4 nours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunat, cremation, or removal.	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
2	2	90	E

1. DECEDENT'S NAME (First Middle, Lest)	Lester Willia	eme	2Y, J1	· .		2. DATE OF DEATH	7/0	3. TIME OF DEATH	
579-26-2572	8. AGE (In yrs. I	YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS	MIN.			BIRTHPLACE (State of Foreign Country) Washington, DC	
	n Hospital		9b. CITY, TOWN (	Bethe		TH		ntgomery	
10e. STATE 10b. COUNTY Maryland Monts	gomery	10c. CITY,	TOWN OR LOCAT					10d. INSIDE CITY VLIMITS? 1 TYES 2 NO	
100. STREET AND NUMBER 8508 Whittier	Blvd.,		10	208			10g. CITIZ	EN OF WHAT COUNTRY?	
3 Widowed A Divorced	2. WAS DECEDENT EVER IN U.S. FORCES? 1.4 YES 2 IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPANIC If yea, specify Cuban, Maxican, I 1 YES 2 NO Specify:			ORIGIN? (Specify Ya Puerto Rican, etc.)	n or No—	14. RACE — American Indian, Black, White, etc. SpechWhite		
15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12) 1-12 Off:	mpleted)	(Give kind of wi life. Do NOT use	usual occupation of during money retired.) Real Es	ost of working	9		BUSINESS/INDUSTRY  1f Employed		
17. FATHER'S NAME (First, Middle, Last)  Lester W. Kraine:	r, Sr.			18. MOTH		E (First, Middle, Malden her Lioba		ley	
19a. INFORMANT'S NAME (Type/Print)  Jane S. Kramer						Bethesda,			
20a. METHOD OF DISPOSITION 1	of from Stell	e of disposition of the contract of the contra	Cremat	metery, cremi	atory or			City or Town, State	
21. SIGNATURE OF THE FIAL SERVICE LICENS	Justle		Hine	ND ADDRES		Funeral	Home	20904 il. Spr. Md.	
IMMEDIATE CAUSE (Final disease or condition resulting in death)	Adult  DUE TO (OR AS A CONT  2 V d 12	na.				as cardiac or respond		Interval Between Onset and Death	
Sequentially list conditions, if sny, leading to immediata cause. Enter UNDERLYING , CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON	SEQUENCE OF	wolic	H	ear	+ Dir	est		
PART II. Other significant conditions of	contributing to death but no	resulting i	n the underlyin	. If M	given in F		RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?  1 YES 2 NO	
	HOSPITAL:	3 🗆 DOA	OTHER:	PLACE OF O		ck only one)  B  Other (Specify)			
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	JURY AT ORK? YES 2	NO NO	28d. DESCRIBE HOW	INJURY OC	CURED			
3 Suicide 8 Could not be	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, s	street, factory, offi	ce		281. LOCATION (Street City or Town, State	t and Number	r or Rural Route Number,	
4 Homicide determined									

NW

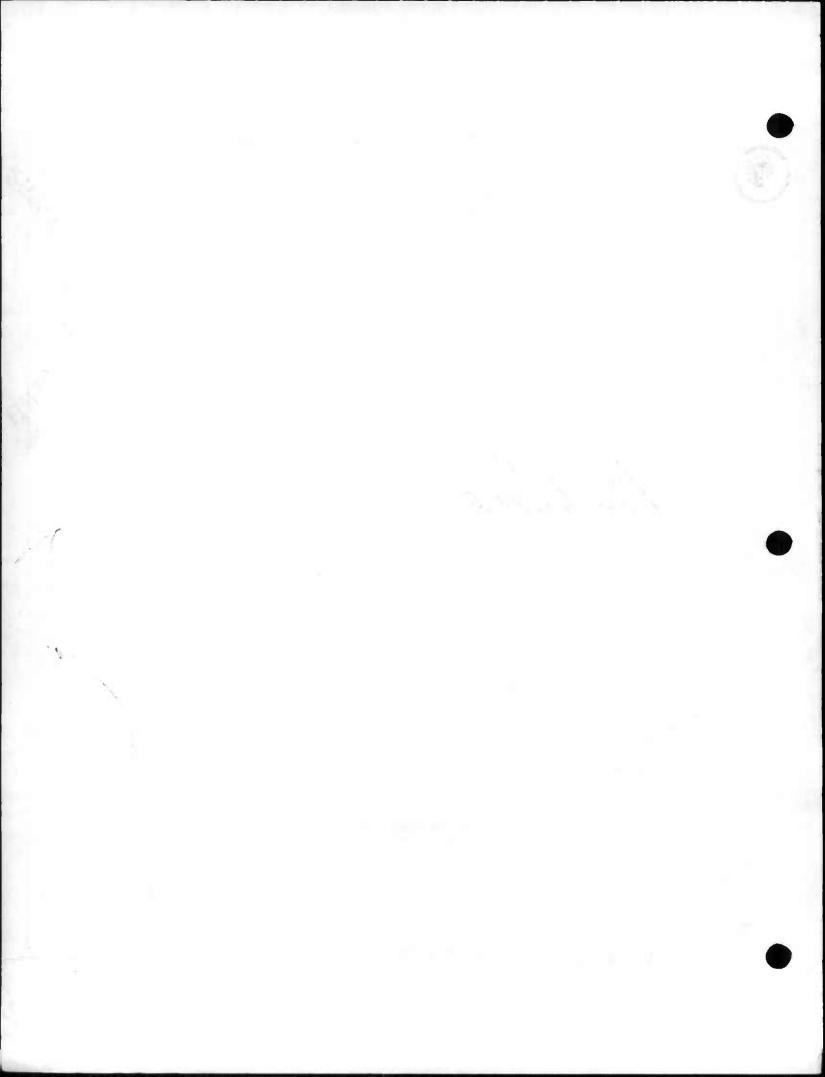
Washington, DC

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
David W. Shea, Md. 5401 Western Ave.,

32. REGISTRAR'S SIGNATURE

Davidson Munda 90

31. DATE FILED (Month, Day, Year) MAR 04 '91

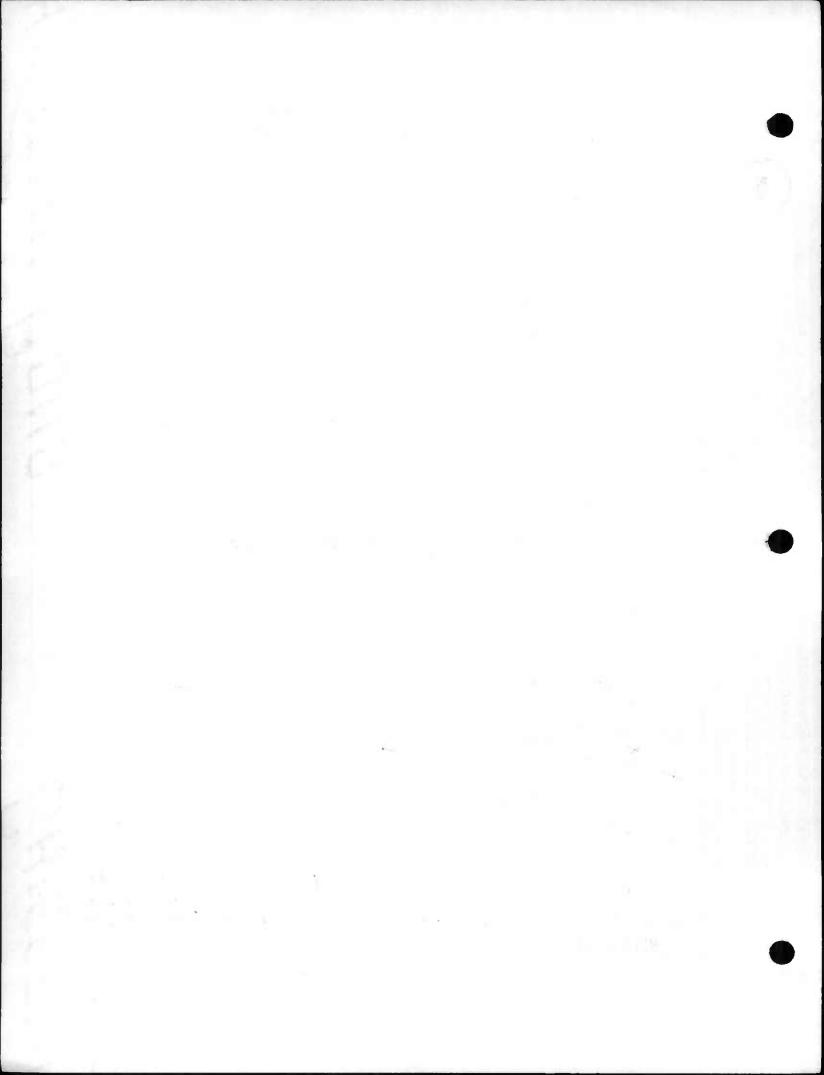


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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a few safer death. Page 6 may be retained by the bospital or attending physician. TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bund-transit per filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

REGISTRAN			LITTI	AILO	FUEATH	_	HEG. NO.		
1. DECEDENT'S NAME (First, Mid	Kleck	-	oseph l	Klecka		2. DATE OF MONTH	DEATH DAY	1991	3. TIME OF DEATH
SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	14	ONTHS DAY		7. DATE OF (Month, L Dec.	BIRTH Dey, Year)	Countr	IPLACE (State or Foreign
342-30-2058	1 💢 M 2 🗆 F	100							choslovaki
Da. FACILITY NAME (If not institut			•		N OR LOCATION OF E	DEATH		COUNTY OF D	
Potomac Valle		enter		Rocky	ille			1ontgor	nery
	. COUNTY		10c. CITY,	TOWN OR LO	CATION				10d. INSIDE CITY
Maryland	Montgomery		Rock	kville			1		LIMITS?
De. STREET AND NUMBER	toogoo_j		1,100.		101, ZIP CODE		10g.	CITIZEN OF V	WHAT COUNTRY?
1235 Potomac						350		nited S	
MAHITAL STATUS  ☐ Never Married 2 ☐ Man  ☐ Widowed 4 ☐ Divorced	IF YES GIVE V	YES 2		If yes,	DECENDENT OF HISPA apacity Cuban, Maxic (ES 2 XNO Spec	can, Puerto Ric		Speci	E — American Indian, k, Whita, etc. White
15. DECEDE (Specify only hig	NT'S EDUCATION heat grade completed)	16a.	DECEDENT'S US			16b. K	IND OF BUSINES	S/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 8	-)	life. Do NOT use	retired.)					
	6	Cı	vil Eng	gineer	`	St	ructura	L Desi	gn
. FATHER'S NAME (First, Middle							ldle, Maiden Surna	me)	9.7
Joseph Klec						Grumli			
a. INFORMANT'S NAME (Type/					et and Number or Rura				
Ivan T. Kle					Hill Terra		Bethesda	a, MD :	20816
le. METHOD OF DISPOSITION  Burlel 2 Cremation :  Donalion 5 D Other (Spe	3 🗆 Removal from State	other	urban (		cemetery, cremetory or			N — City or To	<sub>wwn, State</sub> g, Marylar
. SIGNATURE OF FUNERAL SE		- [ SUD	ornan (		AND ADDRESS OF F	EACH ITY	briver	Shrrui	g, Maryiar
3. PART I. Enter the disea ahock, or heari	eses, or complications the	t caused the	death. Do no	93	app Funera 33 Gist Av mode of dying, su	venue,	Silver	Spring	g MD 209]
equentially list conditions any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury hat initiated events esuiting in death) LAST	b. DUE TO	(OR AS A CON	SEQUENCE OF):		Accio	Vent			48 hea
ART II. Other significant	d	deeth but no	ot resulting in	the underl	ying cause given i		48. WAS AN AUTO PERFORMED!		. WERE AUTOPSY FINON AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
WAS CASE REFERRED TO ME EXAMINER?					L PLACE OF DEATH (C	Check only one)			
1 WES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	OFMER:	Home 5 🗆 Rasidence	6 🗆 Other (	Specify)		
MANNER OF DEATH			28b. TIME INJUI	OF 28c.	INJURY AT WORK?	_	RIBE HOW INJUR	Y OCCURED	
3 Suicide 6 Cou	id not be mined 26s. PLACE ( building,	of INJURY — At	home, farm, str				TON (Street and No Town, State)	imber or Rural	Route Number,
anal	ING PHYSICIAN: To the best of a					he time, dete a	nd place, and due	to the cause(	a) and manner as states 9 (Month, Dig. War)
D. NAME AND ADDRESS OF PE	Jenny a	SE OF DEATH (	O. TEM 27) (Type, F	Print)	DZI	1115		3-1	-9/
Lee R. H	ennington	1, M.	D. 5	602	Shields	DRI	ve Ro	Kvill	20817
MAR () 4 °C	1 Juna	Davidson.	Randell						

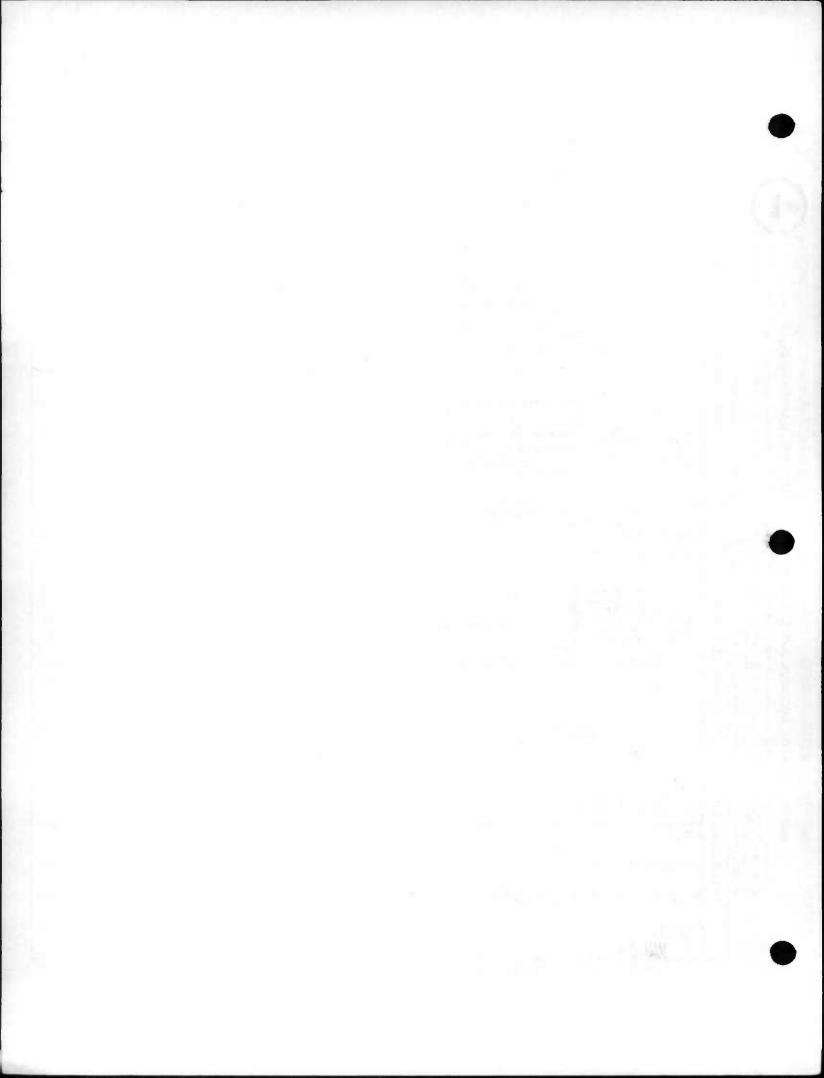


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### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HEORITEAN				IOAIL	- 01	DEA		- n	EG. NO.			
1. DECEDENT'S NAME (First, Middle, Last	Ida	C.	К	imme:	1			2. DATE OF D MONTH March		1991	YEAR	3:40 P
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In		IF UNDER		IF UNDER	1 24 HRS.	7. DATE OF R	HTRI		8, BIRTHPI	ACE (State or Foreign
181-24-9370	1   M 2   F	78	YRS.	MONTHS	DAY8	HOURS	MIN.	OCt.	7 Year)	1912	Country)	einevlya
9a. FACILITY NAME (If not institution, give	atreet and number)	70		9h CITY						2 Pennsylvania		
7 Goodport Lane				Gaithersburg						Montgomery		
RESIDENCE OF DECEDENT			_	00	31011	CT 20	org			11011	egome.	У
10a. STATE 10b. COUN	TY		10c. CI1	Y, TOWN C	R LOCA	TION					1	od. INSIDE CITY
Maryland Mo	ntgomery		G	aith	ersb	urg					- 1	YES 2 NO
10e. STREET AND NUMBER					10	. ZIP COD	E			10g. CIT	IZEN OF WH	AT COUNTRY?
7 Goodport Lane							2087	8		Un	ited	States
11. MARITAL STATUS	NT EVER IN U.S. A	RMED				OF HISPAN	VIC ORIGIN? (S				- American Indian, White, etc.	
1 Never Married 2 Married 3 Widowed 4 Divorced	YES 2 X	но			ecity Cubi		in, Puerto Ricer y:	i, etc.)		Specify:		
15. DECEDENT'S EC (Specify only highest gra		16a. D	ECEDENT'S	USUAL O	CCUPATH	ON of world	200	16b. KIN	D OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	Give kind of a. Do NOT u	se retired.)	ooring in	AST OF MORKE	···y					
11			Homen	aker				0	wn H	lome		
17. FATHER'S NAME (First, Middle, Last)								ME (First, Middl		Sumame)		
Charles Felten						Ma	rie	Weimer				
19a. INFORMANT'S NAME (Type/Print)		11	96. MAILING	ADORES	Street a	and Numbe	r or Rural	Route Number, C	alty or Town	n, State, Zi	p Code)	
Karen Militzer								ithers				8
20a. METHOD OF DISPOSITION 1) Burlal 2 Cremation 3 Re		20b. PLACE	OF DISPO								City or Town	
1)(C)(Burlal 2 Cremation 3 Ra 4 Donation 5 Other (Specify)	moval from State	I. O	. 0.	F. C	emet	erv						sylvania
21. SIGNATURE OF FUNERAL SERVICE	JCENSEE /			22.	NAME A	ND ADDRE	SS OF FA	CILITY		,		,
· Paul m	. Lee	-						l Home		. PA	155	30
disease or condition resulting in death)	a. DUE TO	ETASTA COR AS A CONSI	TIC EQUENCE C	)F):	AN	CER						2 Years
Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING	b	O (OR AS A CONSI	EQUENCE C	PF):								
CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO	O (DR AS A CONSI	A CONSEQUENCE DF):							1		
	d											+
PART II. Other aignificant condition	one contributing t	o death but not	resulting	in the u	nderlyin	ig cause	given in		PERFOR			WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
			-		-			-				YES 2 NO
25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF I	DEATH (C)	neck only one)				
EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 804	OTHE	R:			-	no With			
27. MANNER OF DEATH	28a, DATE O		28b, TH			JURY AT	ARIGENCE	6 ☐ Other (S) 28d. DESCRI		N.ILIEV C	CUBED	
1 Netural 5 Pending	(Month,	Day, Year)		JURY	W	ORK?	T NO	ava. Degoni	110W I		- United	
2 Accident Investigation	28a PLACE	OF INJURY — At I	Nome for	elegal for				201 1004711	M /0	and Mo-1	u ne Aurel C	with Mantha
3 Suicide 6 Could not b 4 Homicide determined	j, etc. (Specify)	-ories, territ,	-HTTT, IEC	wy, orth			281. LOCATIO	own, State)	ura NUMBA	a or rs∪rai H0	ute Numbel,	
29a. CERTIFIER (Check only one)  2 MEDICAL EXAM	SICIAN: To the best of											and manner as state
296. SIGNATURE AND TITLE OF CERTIF		0.0					ENSE NU					Month, Day, Year)
Jon IIV	N. d.	11/	MA			1		60				
30. NAME ANO ADDRESS OF PERSON	VHO COMPLETED CA	USE OF DEATH AT	EM 27) (5m	a. Print)		10	000	10 U		I	iat.CU	2, 1991
Paul V. Woolley		11			Road	d. NV	V. V	Vashing	ton	חר	2000	)7
31. DATE FILED (Month, Day, Year)	32, REGISTS	APT SIGNATURE			.,50	-, 141	., ,	,30,12,116	, , , , , ,	, 50	_000	
TO I O CAM	Suliar	autoscor-R	undere.	1								

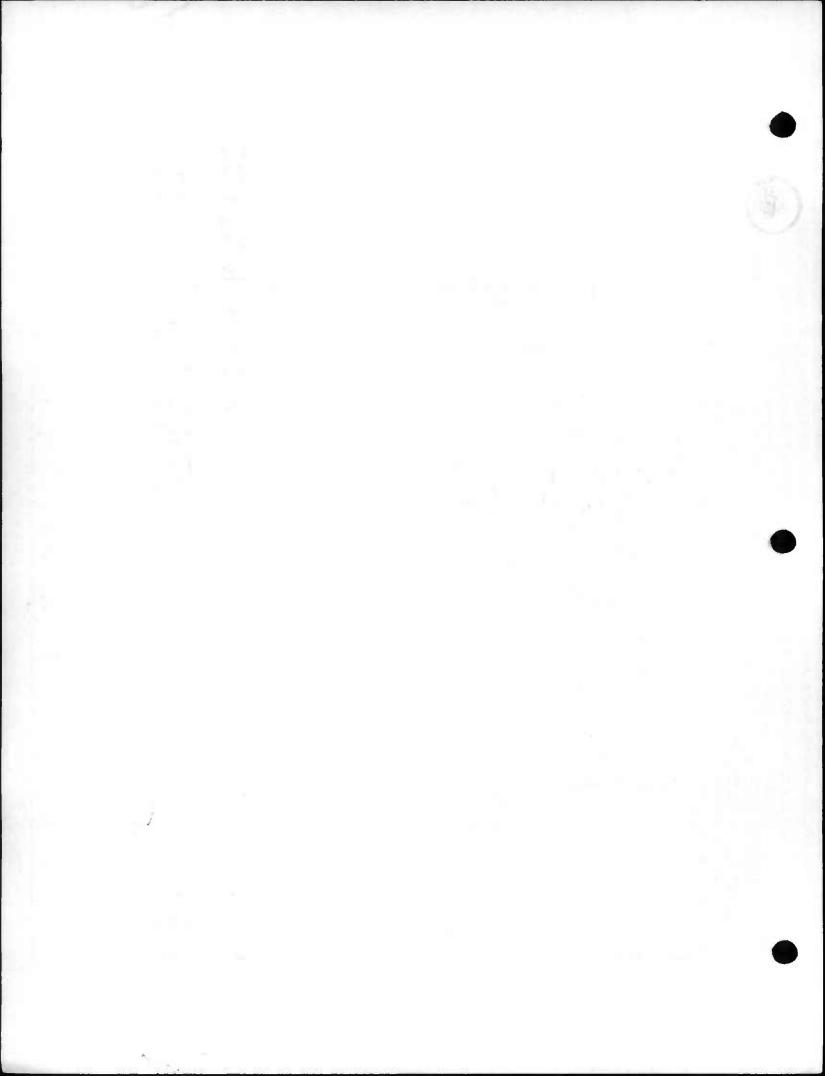




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STAT	E OF	MARYLAND	/ DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
	-0		ERTIFICATI	EO	F DEAT	ГН		REG. NO.

		CERTIFIC	ATE OF DEATH		REG. NO.		
	netta Kloio				OF DEATH DAY	YEAR 1991	3. TIME OF DEATH 2:30 A
SOCIAL SECURITY NUMBER	5. SEX 6. AGE	in yrs. fast birthday)	F UNDER 1 YEAR   IF UNDER 24 H		OF BIRTH h, Day, Year)	0. BIRT	HPLACE (State or Foreign
218-48-2347	1 □ M 2 🖾 F 8	2 YRS.	ONTHS DAYS HOURS MI		-31-08	M	ÄRYLAND
. FACILITY NAME (If not institution, give a	treet and number)	9	b. CITY, TOWN OR LOCATION O	F DEATH	9	c. COUNTY OF	DEATH
NATIONAL LU	THERAN HOM	E	ROCKVILL	E	- 1	MONT	GOMERY CO
STATE 10b. COUNTY	4	Inc CITY 1	TOWN OR LOCATION				10d. INSIDE CITY
	LTIMORE CI		BALTIMORE				LIMITS?
e. STREET AND NUMBER	BIIIIONE CI		101. ZIP CODE		1	Og. CITIZEN OF	WHAT COUNTRY?
408- WAVERLY	AVENUE		212	25	-	US	
MARITAL STATUS	12. WAS DECEDENT EVER II	U.S. ARMED	13. WAS DECENDENT OF HI	SPANIC ORIGI	N? (Specify Yea or		CE — American Indian, ck, White, etc.
Never Married 2 Married	FORCES? 1 YES		If yes, specify Cuban, M	exican, Puerto	Rican, etc.)	Bie	ck, White, etc.
☐XWidowed 4 ☐ Divorced							, WIII I I
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S US	k done during most of working	161	. KIND OF BUSIN	ESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 6+)	Ille. Do NOT use r	etired.)		7 (7)	HOME	
12		HOMEN					
FATHER'S NAME (First, Middle, Last)					Middle, Malden Sur		
HARVEY W. A	RBAUGH				IOLA G		
. INFORMANT'S NAME (Type/Print)			DDRESS (Street and Number or F				
EV.DR. REICHA			L-VEIRS DR.				
METHOD OF DISPOSITION  Quitel 2 Cremation 3 Rem	oval from State	. PLACE OF DISPOSITI	ION (Name of cemetery, cremator)	y or	20c. LOCAT	TION — City or	
Donation 5 Other (Specify)	1	LEN HAVE	EN MEMORIAL		GLEN	BURN	IE,MD.
. SIGNATURE OF TUNENAL ADMICEULI	The second second		HYSONG		NO		
N. VV.	MARRIA		1300-N			*** ***	DC 200
Sequentially list conditions,	b	conscioned or j.					C ACATA
any, leading to immediate ause. Enter UNDERLYING AUSE (Disesse or injury not initiated events	c	A CONSEQUENCE OF):					C ACA)
sny, leading to immediata suse. Enter UNDERLYING AUSE (Disease or injury let initiated events seulting in daeth) LAST	c DUE TO (OR AS A	CONSEQUENCE OF):	the underlying cause give	n in Part I.	24s. WAS AN AU PERFORME 1 ☐ YES 2 ∑	D?	No. WERE AUTOPSY FINDS
siny, leading to immediata susse. Enter UNDERLYING AUSE (Disease or injury st initiated events suiting in daeth) LAST	c DUE TO (OR AS A	CONSEQUENCE OF):			PERFORME 1 ☐ YES 2 🔯	D?	ND. WERE AUTOPSY FINDS AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
sny, leading to immediate suss. Enter UNDERLYING AUSE (Disease or injury let initiated events suiting in daeth) LAST  ART H. Other significant condition  WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A	out not resulting in	28. PLACE OF DEATH	H (Check only o	PERFORME  1  YES 2   ne)	D?	ND. WERE AUTOPSY FINDS AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
sny, leading to immediate susse. Enter UNDERLYING AUSE (Disease or injury lest initiated events southing in daeth) LAST  ART II. Other significant condition  WAS CASE REFERRED TO MEDICAL EXAMINERY  1 YES 2 NO	d  DUE TO (OR AS /  d  ne contributing to death be  HOSPITAL:  1   Inputient 2   ER/Out	out not resulting in	28. PLACE OF DEATH	H (Check only o	PERFORME  1   YES 2   \( \sqrt{y} \)	NO	ND. WERE AUTOPSY FINDS AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury let initiated events southing in daeth) LAST  ART II. Other significant condition  WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  MANNER OF DEATH  1 Tatural 5 Pending	DUE TO (OR AS A	out not resulting in	28. PLACE OF DEATH THE FIRST STATE OF THE FIRST STA	H (Check only o	PERFORME  1  YES 2   ne)	NO	ND. WERE AUTOPSY FINDS ANALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
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S. WAS CASE REFERRED TO MEDICAL EXAMINERY  1 YES 2 NO  MANNER OF DEATH  1 Textural 5 Pending Investigation 3 Suicide 6 Could not be determined  10. CERTIFIER 1 CERTIFYING PHYS	DUE TO (OR AS A d  1s contributing to death to	out not resulting in  Dotter 3 DOA 4  28b. TIME (INJUF	28. PLACE OF DEATH Nursing Home 5  Reside OF 28c. INJURY AT WORK?  1  YES 2  Ni  set, factory, office	H (Check only of the case of t	PERFORME  1 YES 2 N  ne)  or (Specify)  SCRIBE HOW INJI  CATION (Street and or Town, State)	NO N	Nb. WERE AUTOPSY FINDRY AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO  No Recomplete Number,
sny, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury hat initiated events sessiting in death) LAST  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  7. MANNER OF DEATH  1 Textural 5 Pending Investigation 3 Suicide 6 Could not be determined  De. CERTIFIER 1 CERTIFYING PHYS	DUE TO (OR AS A  d	out not resulting in  Dotter 3 DOA 4  28b. TIME (INJUF	28. PLACE OF DEATH Nursing Home 5  Reside OF 28c. INJURY AT WORK? M 1 YES 2 Ni set, factory, office at the fime, date and place, and	H (Check only of other state)  28d. DE  28f. LO  Chy  d due to the cut at the time, def	PERFORME  1 YES 2   PERFORME  1 YES 2   PERFORME  PERFOR	NO NO NO NUMBER OF RURB	Sb. WERE AUTOPSY FINDS ANALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
sny, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury hat initiated events esuiting in daeth) LAST  ART II. Other significant condition  ART	DUE TO (OR AS A  d	out not resulting in  Dotter 3 DOA 4  28b. TIME (INJUF	28. PLACE OF DEATH TOTHER TOTH	H (Check only of other state)  28d. DE  28f. LO  Chy  d due to the cut at the time, def	PERFORME  1 YES 2   PERFORME  1 YES 2   PERFORME  PERFOR	NO NO NO NUMBER OF RURB	Nb. WERE AUTOPSY FINDS ANAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  1. CERTIFIER (Check only one)  1. SIGNATURE AND TITLE OF CERTIFIE	DUE TO (OR AS A d	put not resulting in  Dostient 3 DOA 4  28b. TIME (INJUF	28. PLACE OF DEATH Nursing Home 5 Reside OF 28c. INJURY AT WORK? 1 YES 2 Ni eet, factory, office at the fime, date and place, and in my opinion, death occurred a	H (Check only of other state)  28d. DE  28f. LO  Chy  d due to the cut at the time, def	PERFORME  1 YES 2   PERFORME  1 YES 2   PERFORME  PERFOR	NO NO NO NUMBER OF RURB	Sb. WERE AUTOPSY FINDS AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO  If Route Number,
S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined to be determined	DUE TO (OR AS A  d	put not resulting in  Dostient 3 DOA 4  28b. TIME (INJUF	28. PLACE OF DEATH Nursing Home 5 Reside OF 28c. INJURY AT WORK? 1 YES 2 Ni eet, factory, office at the fime, date and place, and in my opinion, death occurred a	H (Check only of other state)  28d. DE  28f. LO  Chy  d due to the cut at the time, def	PERFORME  1 YES 2   PERFORME  1 YES 2   PERFORME  PERFOR	NO NO NO NUMBER OF RURB	Sb. WERE AUTOPSY FINDS ANALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO



DALIMONE, MANIENNE SIZIS-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	e executed w	an and comp	umatic eve
0.0	certificate be	ling physicia yglene prior	other tra
5	the death of	the attend	njury, or
2001	equires that 1	n signed by of Health and	nows any
	The law re	ate has bee	lem 23 s
	YSICIAN	s certific th the St	id, or il
2	DING PH	After thi	s marke
2	R ATTEN	RECTOR: urs after	9m 28 i
2	PITAL 0	ERAL DI	T: If the
	HE HOS	HE FUN	ORTAN
	TO T	10 mg	MP

10313 GEC 31. DATE FILED (MONTH, Day, Year) MAR 01 '91

GEORGIA AVE SUITE (x 1601) 32. REGISTRAT'S SIGNATURE 1 91 Guille Davidson Rondalle

	FOR 1 STATE		STATE OF M	ARYLAND /	DEPAF	RTMENT OF H	EALTH AND	MENTAL HYGIEN	9 IE		17049	
Charles	1. DECEDENT'S NAME (First,		i art	GERTRU		KEANE		And the second second	AY 9	WEAR .	TIME OF DEATH	
	4. SOCIAL SECURITY NUMB		5. SEX 1  M 2 F	6. AGE (In yrs. les	t birthday) YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	, 7. DATE OF BIRTH (Month, Day, Year)		<u> </u>	ACE (State or Foreign	
TOR	90. FACILITY NAME (If not ins	1100	dens Mu Omas	AVE M	ntre	SECTY, TOWN O			eath 9c. county of dea Montgome			
DIRECTOR	10a. STATE	10b. COUNTY				TY, TOWN OR LOCAT	TION					
	Maryland	Montgo	mery		Bet	hesda					YES 2 NO	
RAI	100. STREET AND NUMBER 5234 Baltir	nore Ar	70				. ZIP CODE .0816		100	EN OF WHA	T COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo	Merried	12. WAS DECEDENT	YES 2 TH		13. WAS DEC	ENDENT OF HIS	PANIC ORIGIN? (Specify Yelcan, Puerto Rican, atc.)		14. RACE — Black, W	American Indian, Mile, atc.	
		EDENT'S EDUC		16a. DE	CEDENT'S	USUAL OCCUPATION	ON set of weekless	16b. KIND OF BU	ISINESS/INDU			
COMPLETED	Elementary/Secondary (0		College (1-4 or 5+)	IIIo.	. Do NOT u	ise retired.)	at of working					
MP	1.2 17. FATHER'S NAME (First, Mi	2-4- 4		Но	mema	ker	Luciania		n Home			
		WHIT	F				-1100	NAME (First, Middle, Meider		ī		
BE	190. INFORMANT'S NAME (7)			19	KATHLEEN FRENCH  itreet and Number or Rural Route Number, City or Town, State, Zip Code)							
5	ANDREW J. WI	HITE	(BROTHER	) 4	3275	Haciend	a St. A	pt.M Hemet	Calif	ornia	92344	
	20a. METHOD OF DISPOSITI 1    Burlel 2 □ Crematio 4 □ Donation 5 □ Other	n 3 🗆 Remo	val from State	20b. PLACE	AND DAT	E OF DISPOSITION	(Name	DATE 200. LO	OCATION — C	aty or Town,	, State	
10000	21. SIGNATURE OF FUNERAL SERVICE LICENSEE    22. NAME AND ADDRESS OF FACILITY   Joseph Gawler's Sons, Inc. N.W.											
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. List only one cause on each line.											
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  ACUTE RESPINATORY DISTNESS SYNUNDME (-MOUND ME)  UNDERLYING  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
AN: MEDICAL	PANCYT	FICAL SPENI	C. DISC	EME	REN	OTE C	CVA)	PERFO 1 - YES	RMED?	CC	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION DF CAUSE F DEATH?  YES 2 KNO	
ICI	25. WAS CASE REFERRED TO EXAMINER?	D MEDICAL	HOSPITAL:			OTHER:	LACE OF DEATH				- 40	
PHYSICIAN:		Pending	1 Inpatient 2 I	INJURY	28b. TI	ME OF 28c. IN	JURY ATV	26d. DESCRIBE HOW	INJURY OCC	URED		
TED BY	3 Suicide 6	investigation Could not be determined	28e. PLACE Of building,	FINJURY — At he	ome, farm,	street, factory, offic		281. LOCATION (Street City or Town, State	and Number	or Rural Rou	te Number,	
COMPLETE	conson only							dus to the cause(s) end me the time, date and place, s			nd menner ee stated,	
O BE CO	286. SIGNATURE AND TITLE	OF CERTIFIER	& m	arun	, N	10	29c. LICENSE DO 921	_	29d. DATE	SIGNED (M	forth, Day, Year)	

DHMH-16 Rev 1/89

11/11/11

2. DATE OF DEATH MONTH

7. DATE OF BIRTH

6,

1904

Mar.

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

084-10-4622

MARGARET

T.

S. SEX

1 🗌 M 2 🙀 F

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

KENNY

86

6. AGE (In yrs. last birthday)

8. BIRTNPLACE (State or Foreign

New York

3. TIME OF DEATH

7140 A

20904

Md

Interval Between

Onset and Death

Approximate

(al	į
AND 21203-3146 the hospital or attending physician. detached for use as the burial-transit permit. Pages 1.	

MARYLAND 21203-3146

BALTIMORE.

urs after death. Page 6 may

certificate be executed within

the death

requires that

MP

100

ATTENDING PHYSICIAN:

DR

BOX 13146,

P.0.

RECORDS,

DIVISION OF VITAL

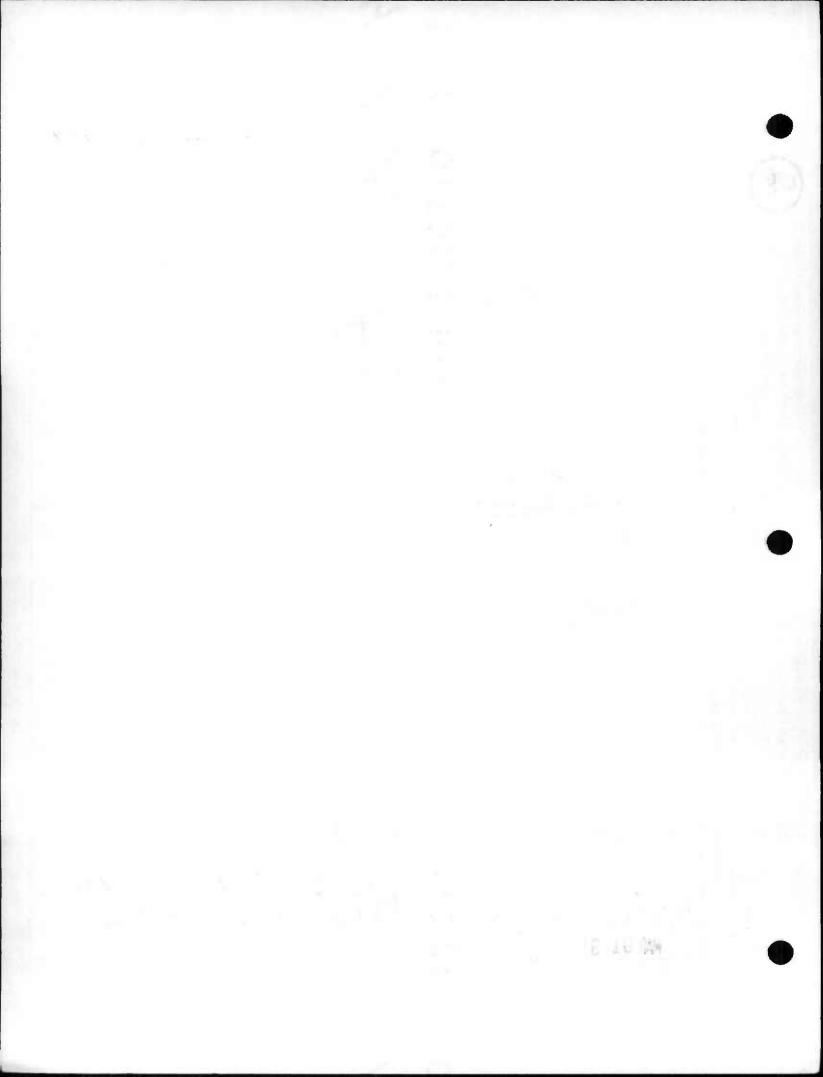
be retained by the

funeral director, page 5 should

9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATN 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Washington Adventist Hospital Takoma Park Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY Silver Spring Maryland Montgomery 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 10a STREET AND NUMBER FUNERAL 107 ZIP CODE 20905 USA 22 Windmill Court 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECEMBENT OF NISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ YES 2 ॡ NO Specify: 14. RACE — American Indian, Black, White, etc. FDRCES? 1 YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 Married specify: White BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY entary/Secondary (0-12) College (1-4 or 5+) Clerk US Govt. 18. MOTHER'S NAME (First, Middle, Malden Surname)
Mary Shannon 17. FATHER'S NAME (First, Middle, Last) Kenny Thomas Ħ BE notified a 19a. INFORMANT'S NAME (Type/Print) 2 22 Windmill Court, Silver Spring, Md. 20905 Ann L. Papagjika 3 20a METHOD OF DISPOSITION
1 Buriel 2 Cremetion 3 4 Donetion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cornetery, crematory or 20c. LOCATION — City or Town, State must Hawthorne, New York of Heaven Cemetery Gate examiner 21. SIGNATURE OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY Hines/Rinaldi Funeral Home filled in by the fon, or removal. 11800 New Hampshire Ave., Sil. Spr. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fallure. List only one cause on each line ò IMMEDIATE CAUSE (Final completely filled irial, cremation, the state disease or condition resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): an and com traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR, AS A CONSEDUENCE OF):/ if any, leading to immediate cause. Enter UNDERLYING attending physician a CAUSE (Disease or Injury that Initiated events resulting in death) LAST other DUE TO (OR AS A CONS 6 the atten Mental Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO MEDICAL signed by t Health and any COMPLETION DF CAUSE 1 | YES 2 | NO Shows 1 YES 2 NO certificate has been h the State Dept. of PHYSICIAN: S 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Hem HOSPITAL OTHER: 1 YES 2 NO nt 2 ER/Outpatient 3 DOA Home 5 ☐ Residence 6 ☐ Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE NOW INJURY OCCURED this c marked. 1 Mettial 5 Pending 1 YES 2 NO L DIRECTOR: After the hours after death w BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, facto building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 28 Hem 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. HOSPITAL D FUNERAL D within 72 ho TO THE HOSPITA
TO THE FUNERAL
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and m 296. SIGNATURE AND TITLE OF CERTIFIER BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) lea 5

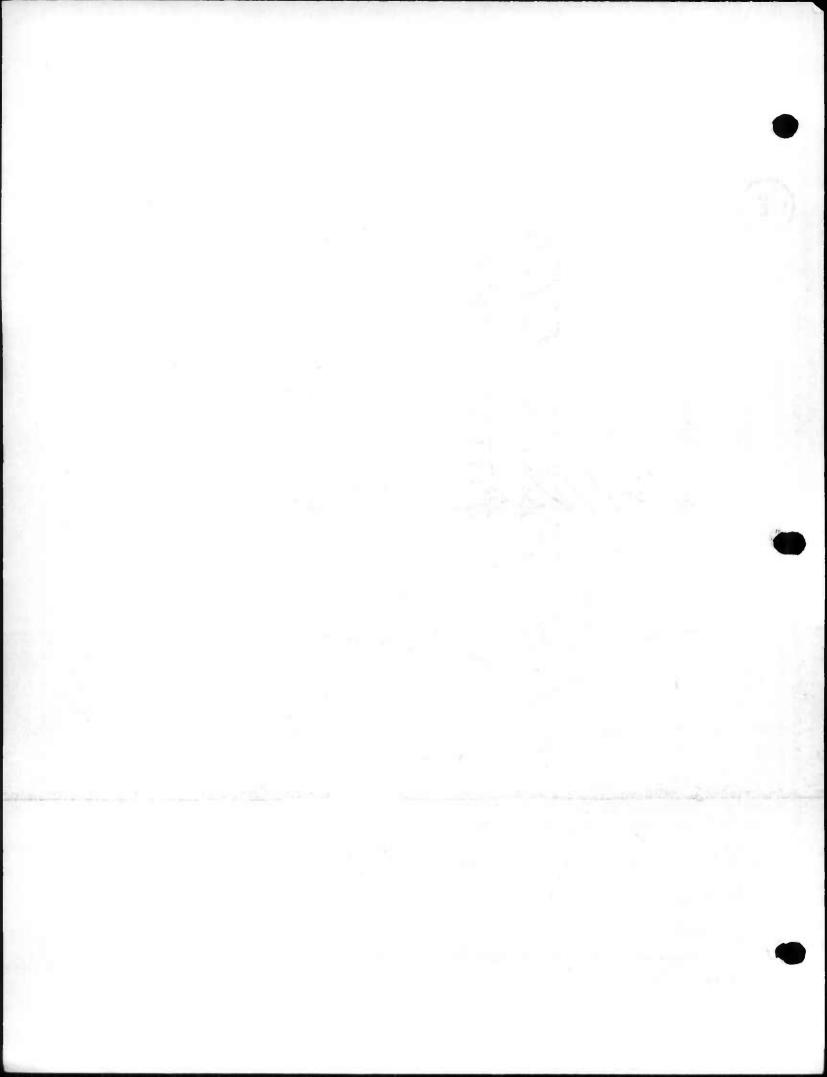
lie Davidson



FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

4	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR  3. TIME OF DEATH											
}	Gerald	L. F	Kline						2	22	91	2:55 PM
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. last	t birthday)	# UNDER		IF UNDER 24 HRS.	7. DATE OF BIRTH	DATE OF BIRTH A. BIRT		IPLACE (State or Foreign
1	101-12-8	827	120 M 2 □ F	66	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, Day, Year 6 – 18 –	24	Countr	w York
	9a. FACILITY NAME (If not in	etitution, give at	treet and number)			9b. CITY	, TOWN C	R LOCATION OF DE	ATH	9c. CO	UNTY OF D	EATH
SR	5805 Alar	Driv	<i>r</i> e				Cli	nton			P.G.	
5	RESIDENCE OF DEC	CEDENT		-								
DIRECTOR	Md .	10b. COUNTY	P.G.			Mori		gside				10d. INSIDE CITY LIMITS?
	10e, STREET AND NUMBER		1.0.			MOL	-			Lance		1 YES AND
FUNERAL	6811 Mar	ianno	Drive		101. ZIP CODE 20746							VHAT COUNTRY?
N	11. MARITAL STATUS	Tallife		T EVER IN U.S. AR	HED	Lan	W 0 0 0 0			<u> </u>	USA	E — American Indian.
	1 Never Married 2 🔀	Married	FORCES?	MAR OR DATES	NO If yes, specify Cuban, Ma				n, Puerto Rican, etc.		Black	t, White, atc.
ВҰ	3 Widowed 4 Divo	rced	IF YES, GIVE	MAR OR DATES			1   YES	2X NO Specify	<i>/</i> :		Speci	White
8	15. DEC	EDENT'S EDUC	CATION			USUAL O			16b, KIND OF	BUSINESS/IN		
COMPLETED	Elamentary/Secondary (6	y highest grade 3-12)	College (1-4 or 5	Ma	Do NOT u	work done ( se retired.)	during mo	st of working				
AP.	10		0		Poli	ce i	Off:	icer	D.C	. Gov	rerni	ment
S	17. FATHER'S NAME (First, M	liddle, Last)							ME (First, Middle, Mai			
BEC	Arthur	L. K1	ine					Laur	a Holco	mb		
	19a. INFORMANT'S NAME (	Type/Print)		198	. MAILING	ADDRESS	S (Street a	nd Number or Rural i	Route Number, City or	Town, State, 2	(Ip Code)	
2	Carol An	ne Kl	ine		8655	Gr	een!	belt Rd	.,#202,	Green	ibel 1	t, Md. 2077
	20a. METHOD OF DISPOSIT		ound from State	20b. PLACE other pla		SITION (No	me of cer	netery, crematory or	20c.	LOCATION -	- City or To	wn, Stata
	4 Donation 5 Other		VYAII FIGUR CHAIN	Md.	Stat	e V	ete:	rans Ce	metery	Che1	enha	am, Md.
- 1	21. SIGNATURE OF FUNERA	L SHIVING LIC	994/	10		22. NAME AND ADDRESS OF FACILITY Lee Funeral home, 1 6633 Old Alexander Ferry Road						
	1//10		6	633 1 i n	ton,Md.	exander	Feri	су ко	oad			
	23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate											
	IMMEDIATE CAUSE (Findisease or condition					10	0	OLON	CANG	ER	_	Interval Between Onset and Death
	disease or condition resulting in deeth)  a. METASTATIC COCON CANCER 10 MW DUE TO (OR AS A CONSEQUENCE OF):										107777	
MEDICAL CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING											
TIFIC	CAUSE (Disease or Injury that Inklated events oue to (or as a consequence of):											
<b>E</b>	d.											
1	PART II. Other significe	ent condition	e contributing to	deeth but not r	eeulting	In the ur	nderiyin	g cause given in		AN AUTOPS	Y 24b	. WERE AUTOPSY FINDINGS
S										FORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
밀									_   ' ' '	1 10		OF DEATH?
- 1		-			-				_			
A	25. WAS CASE REFERRED T	O MEDICAL					26. PI	ACE OF OEATH (Ch	eck only one)			
Sic	EXAMINER? 1 YES 2 NO		HOSPITAL:	☐ ER/Outpatiant 3	□ DOA	OTHE!		a 5 Residence	6 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH		26a. DATE O	F INJURY Day, Year)	26b. TIA	-	28c. IN.		28d, DESCRIBE HO	W INJURY O	CCURED	
BY	1 Natural 5 2 Accident	Pending Investigation				М		YES 2 NO				
	3 Suicide 6 4 Homicide	Could not be detarmined	26a. PLACE ( building	OF INJURY — At ho i, atc. (Specify)	me, farm,	street, fac	tory, offic	•	281. LOCATION (Str City or Town, S		er or Rural i	Route Number,
COMPLETED	one)						7		to the cause(a) and			a) and manner as stated.
	29b. SIGNATURE AND TITLE		1	· 1	-	11	-/	29c. LICENSE NUI				Cash Some High Second
TO BE			Lem	3 Ol \$	m	Wa	1		00	≥9d. U/	2/2	Month, Day, Year)
F	30. NAME AND ADDRESS O	F PERSON WH	O COMPLETED CAL	JSE OF DEATH (ITE	M 27) (Type	, Print)					100	
	31. DATE FILED (Month, Day,	8 '91	A	AR'S SIGNATURE	0	.00						
	I LD Z	0 31	gui	ia Davidson	-Nand	مالال						





		REG.	NO.		
9	DATE	OF DEAT	м		

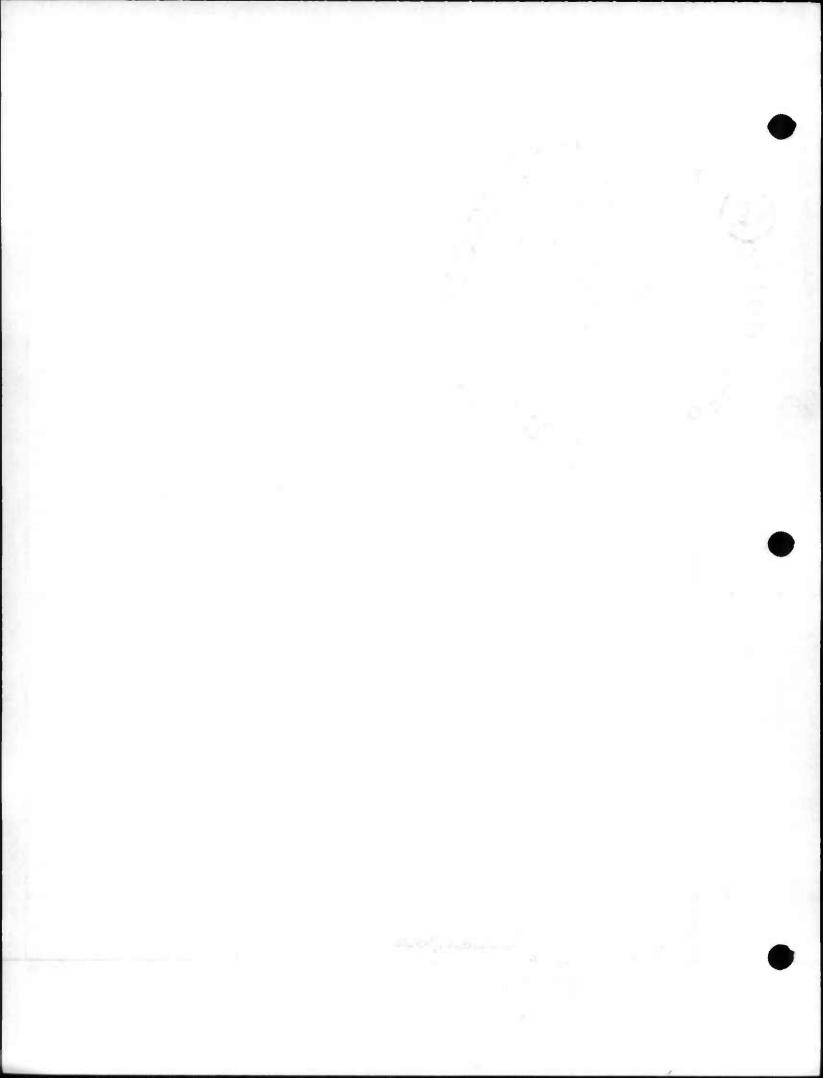
		Dorothy Rebecca Kelley March 9, March 1991										S. TIME OF DEATH			
1	- 3	4. SOCIAL SECURITY NUMBER	5. SEX		s. leat birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE	OF BIRTH		8. BIRTHP	LACE (State or Foreign	
(6)		215 36 6838		1 M 2 X F	□ M 2 1 F   55 YAS.		MONTHS	DAYS	HOURS	MIN.	8/16	3/35	1	Maryland	
(開)		9s. FACILITY NAME (# not in	stitution, give a	treet and number)			9b. CITY,	TOWN	OR LOCAT	ION OF D	-	EATH Sc. COUNTY OF			
21203-3146 Ize or attending physician. for use as the burial-transit permit. Pages 1, 2	OR	Reeder Mem			Boonsboro				0	Washington					
		RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION													IOd. INSIDE CITY
	DIRECTOR	Maryland		Hagerstown									LIMITS?		
		10e. STREET AND NUMBER		101. ZIP CODE								IAT COUNTRY?			
	ER/	11 W. Balt	imore	St.				2	1740	)			USA		
	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo	T EVER IN U.S I YES 2 WAR OR DATES	<b>XNO</b>	1:	f yes, sp	CENDENT pecify Cubs 3 2 X NO	an, Mexic	an, Puerto	i? (Specify Yea Ricen, etc.)	or No-	Black,	- American Indian, White, etc. White		
03-31 attending	ED		EDENT'S EDU		16	. DECEDENT'S	USUAL OC	CUPATI	ON		166	KIND OF BUS	SINESS/IND	JSTRY	
2120 al or affi for use	E.	Elementary/Secondary (0	y highest grade -12)	College (1-4 or 5	+)	(Give kind of life. Do NOT i	work done o	luring me	ost of work	ing					
· · · · · · · · · · · · · · · · · · ·	MPL				l	nomema	aker					home	3		
ANE hos detach	COMPLET	17. FATHER'S NAME (First, M		77.7.4								Middle, Malden			
ARYLAND stained by the hospit should be detached	5 111		ilsor	Ellic	ott				Pea			nelia		lfe	
5 50 8	2	Donna J. K	elley	7		124	Ray	St	. I	lage	ersto	own, I			21740
ALTIMORE, leath. Page 6 may funeral director, pa xaminer must b		20s. METHOD OF DISPOSIT  1 N Burial 2 Crematic  4 Domation 5 Other	(Specify)		off	ACE OF DISPO TO PINCO Se Hi	LI Ce	eme	tery	7			cation - c		
		22. NAME AND ADDRESS OF FACILITY 305 N. Potomac St. Hagerstown, Md.													
filled in by ton, or remo		ahock, or h IMMEDIATE CAUSE (Fir disease or condition	Gerald N. Minnich Funeral Home  23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final												
ted within completely tal, cremant		resulting in death)		DUE TO	OR AS A CO	NSEQUENCE (	MEN.					-			
13 evecu		Sequentially list condit if any, leading to imme	diata	b. Due to (or as a consequence of):											
ertificating physiene p	TIFIC	ceuse. Enter UNDERLY: CAUSE (Disease or Injuthat initiated events resulting in death) LAS	CDUE TO (OR AS A CONSEQUENCE OF):												
V. 4 8 4	EH	Tooling in docting and		d											
CORDS: using that the signed by the Health and M.	MEDICAL	PERFORMED?  1   YES 2   PHO   OF DEATH?											WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO		
AL RE law request has been Dept. of 23 sho	Ä														
OF VITAL RE PHYSICIAN: The law req this certificate has been with the State Dept. of	SICIAN	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:		26. PLACE OF DEATH (Check only one) OTHER:									
SICIAN: The Certificate h the State h		1 YES 2 NO		1 Inpatient 2			-			Rasidenca	a 6 ☐ Other (Specify)				
	ву РНУ	1 Notural 6   2   Accident	Day, Year)	M 1 YES 2 NO											
DIVISION TO THE HOSPTAL OR ATTENDING TO THE FUNERAL DIRECTOR. After be flied within 72 hours after death IMPORTANT: If Item 28 is ma	田田		Could not be datarmined	building	, atc. (Specify)	RY — At home, farm, street, factory, office early)					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
	1	and a		ER: On the best of											and manner as stated.
	BE	29b. SIGNATURE AND TITLE		tont.	ms					L 80			1	SIONED (	Month, Day, Year)
- F	10	30. NAME AND ADDRESS O			334	(ITEM 27) (Typ	e, Print)	H	466	iest	ew~	, ms	21	٦५٥	
		31. DATE FILED (Month, Day,	Year)	32. REGISTR	AR'S SIONATU	- Pande	00								
		MAR 1 1	'91	gulia	Davidson	~- Manae	U( <sub>0</sub> )								

. G. W. Thronis

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- 1		4. SOCIAL SECURIT	
		214-16-1	
1		90. FACILITY NAME	
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(祖)	5	RESIDENCE O	F
	2		
#	9	Maryland	1
Deu	BE COMPLETED BY FUNERAL DIRECTOR	10e. BTREET AND N	
physician. burlal-transit	9	7929 Boo	
sicia rial-tr	5	11. MARITAL STATUS	3
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for for	<b>E</b>	Elementary/Seco	
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deta deta	8	17. FATHER'S NAME	
2 P P	Ä	Herbei	
shoul	TO E	19e. INFORMANT'S	N
age 6 may be retained by the hos director, page 5 should be detach er must be notified at once.	F	Dottie	
pag t		20s. METHOD OF D	
ector.		1X Burial 2 C C	
Page 1		21. SIGNATURE OF	F
law requires that the death certificate be executed within Announce after death. Page 6 may be retained by the hospital or attending physician, as been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-tran bept, of Health and Mental Hyglene prior to burial, cremation, or removal.  23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	1 13	<b>▶</b> I	
in by the removal		23. PART I. Enta	
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death atte	뜅		_
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Le law requires that the death certificate be executed within cxour has been signed by the attending physician and completely filled in Dept. of Health and Mental Hyglene prior to burial, cremation, or Dept. of Health and Mental Hyglene prior to burial, cremation, or 123 shows any Injury, or other traumatic event, the me	ME		
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	X	25. WAS CASE REF	E
SICIAN: The certificate to the State	SIC	1 YES 2	1
SICIL cert th the	主	27. MANNER OF DE	
PH) this h wit	7	1 Natural	
After death	0	2 Accident 3 Suicide	
TTEN TOR: after		4 Homicide	
OR ATT DIRECTO Ours aft	<u> </u>	290. CERTIFIER	F
AL CAL	F	(Check only	6
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The TO THE FUNERAL DIRECTOR: After this certificate to fined within 72 hours after death with the State IMPORTANT: If Item 28 is marked, or Item	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	2	L
THE H filed w	W.	29b. SIGNATURE A	N
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2 6 3 ₹	9	The second secon	÷

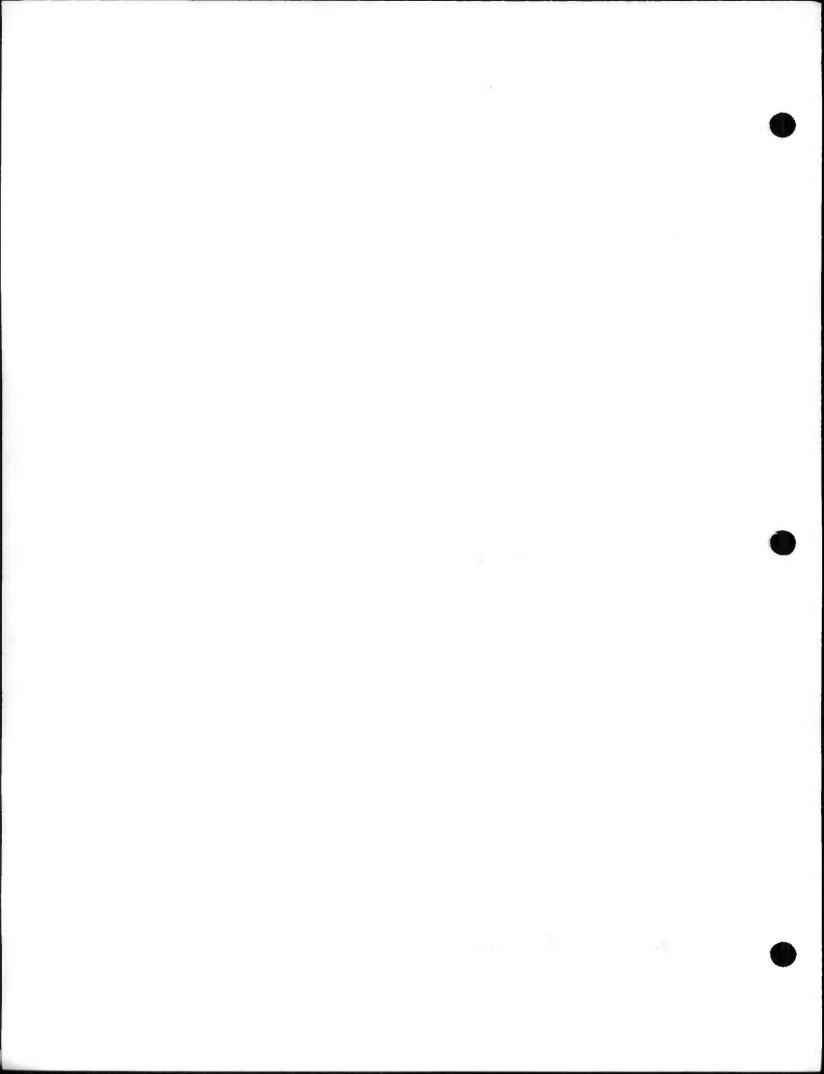
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE  1 - REGISTRAR CERTIFICATE OF DEATH REG. NO.								,000				
1. DECEDENT'S NAME (First, Midd	fle, Last)	Idna Susa		ine					2. DATE OF DEATH MONTH DAY		YEAR	3. TIME OF DEATH
Edn	a 5	. Klin	_						3 8	1		3:23 PH
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. ie $214-16-1867$ 1 $\square$ M ${}^{2}X$ F 75					MONTHS DAYS HOURS MIN.				7. DATE OF BIRTH (Morith, Day, Year)	_	Countr	
214-16-1867	YRS.					12-4-1915			Maryland Property			
90. FACILITY NAME (If not institution			R LOCATION OF									
Washington County Hospital						agers	stown			gton		
10a. STATE 10b.	10c. CIT	Y, TOWN	DR LOCATI	ION			10d, INSIDE CITY LIMITS?					
Maryland Washington Boonsboro											1 ☐ YES 2 ♣ NO	
7929 Boonsbor	-	WAS DECEDENT E	VER IN U.S. A	RMED	13.	WAS DECI	21713 ENDENT OF HIST	PANIC	ORIGIN? (Specify Yee	E — Americen Indien, k, White, etc.		
1 Never Married 2 Merr	fort	FORCES? 1 []	YES 2 X		"	If yes, spe		dcan,	Puerto Rican, etc.)		Spec	
3 № Widowed 4 □ Divorced												White
15. DECEDEN (Specify only high	HT'S EDUCATION OF THE PROPERTY	ON pleted)	0	ECEDENT'S Give kind of a. Do NOT L	work done	during mos	N at of working		16b. KIND OF BUSI	NESS/INC	DUSTRY	
Elementary/Secondary (0-12)	Ce	ollege (1-4 or 5+)	""		emak					Dog	side	000
5yrs.  17. FATHER'S NAME (First, Middle,	( nat)	_		пош	enak	ST	16. MOTHER'S	NAM	E (First, Middle, Melden S		stae	ice
Herbert				Moat	S		Nett			,		Palmer
190. INFORMANT'S NAME (Typo/P	rint)					S (Street a		_	ute Number, City or Town,	State, Zij	Code)	20111102
Dottie J. Ha	upt			7822	Boo	nsbor	o Pike		Boonsboro,	Mai	cyla	nd 21713
20a. METHOD OF DISPOSITION  1 X Burial 2 Cremation 3	☐ Bernoval	from State	20b. PLACE	E OF DISPO	SITION (N	eme of cen	netery, crematory	or				own, State
4 Donation 5 Other (Spe	clfy)		Boor	sbor	_		*			isboi	co, l	Maryland
21. SIGNATURE OF FUNERAL SE	PRVICE LICENS	EE	) .		, 22	. NAME AN	D ADDRESS DF	FACI	7606	Booi	nsbo	ro Pike
Dougla	s A. H	Fiery /	aucla	X7	UB	ast E	Tuneral	H	ome Boons	sbor	o, Ma	aryland
23. PART I. Enter the disease shock, or heart		plications that conly one cause			not/enta	r tha mo	da of dying, s	uch	aa cardiac or respir	atory ar	rest,	Approximate Interval Between
IMMEDIATE CAUSE (Final		di	4-									Onset and Death
disease or condition resulting in death)	0		men									2 months
		DUE TO (O	R AS A CONS	EQUENCE	OF)	1						
Sequantially list conditions		DUE TO (O	R AS A CONS	QUENCE (	OFFI I	EMA	_					Jun-
If any, leading to immediate cause. Enter UNDERLYING	•	Die	feller	doub	Chile	2						years-
CAUSE (Disease or injury that initiated events		DUE TO (D	R AS A CONS	EQUENCE	OF):							
resulting in death) LAST	d											
PART II. Other significant of	conditions co	ontributing to de	ath but not	resulting	in the u	ınderlyin	g cause given	in P	Part I. 24e, WAS AN		24	b. WERE AUTOPSY FINDINGS
Mital	innel	lies eury	Lef	f ren	the	lan	fails	-	PERFORI			AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
	//	17				/						1 YES 2 NO
									_			
25. WAS CASE REFERRED TO MI EXAMINER?		OSPLIAL:			T		ACE OF DEATH	(Chec	ck only one)			
1 YES 2 NO		Inpetient 2   E	R/Outpatient	3 🗆 DOA	4 N	ursing Hom		nce (	Other (Specify)			
27. MANNER OF DEATH	dies	28a. DATE OF IN (Month, Day,		28b. Ti	YAUURY		PRK?		28d. DESCRIBE HOW IN	JURY O	CURED	
	aing stigation				М		YES 2 NO	-				
3 Suicide 6 Could not be determined determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)								Houte Number,				
290. CERTIFIER	Andrew .							_				
(Check only		-							to the cause(e) end men time, date and place, en			(e) and manner as stated.
296, SIGNATURE AND TITLE OF							29c. LICENSE					O (Month, Day, Year)
6 hand	1 hours	1 /	)				107		7	•	3/8	161
30. NAME AND ADDRESS OF PE	RSON WHO C	OMPLETED CAUSE	OF OEATH (I	TEM 27) (Ty)	pe, Print)		10/1	0.1			10	
Dr. Eds	son B.	Moody M	.D. 1	190	Mt.	Aetna	a Road	Н	agerstown	Ma	ryla	nd 21740
31. DATE FILED (Month, Day, Year		Julia Day	S SIGNATURE	inde 00				•				
MAK 11 91		7 miles	14001									



DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMOF	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	/ be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	age 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	be notified at once.

	1 - STATE REGISTRAR	SIAIL OF MI					DEATH	MENIA	REG. NO.	_		
	TYPENY HARRION THOU								3. TIME OF DEATH			
	JERR	Y HARRI	S LUCK					2		91	TEAN	м
)		5. SEX 1	irthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH th, Day, Year) 4 192	Country)		PLACE (State or Foreign	
	9a. FACILITY NAME (If not institution, give stre	et and number)			9b, CITY, T	OWN C	R LOCATION OF DE		4 172		JNTY OF DE	
DIRECTOR	ANNE ARUNDEL MEDICAL CENTER ANNAPOLIS ANNE A									ARUNDEL		
EC	RESIDENCE OF DECEDENT									10d. INSIDE CITY		
E	MARYLAND ANNE	ARUNDE	L	A	NNAPO	OLI	S					LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER					101	. ZIP CODE			10g. CIT	TIZEN OF W	HAT COUNTRY?
FUNERAL	12 KIRBY LANE					2	1401			U.	S.A.	
3	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 12	EVER IN U.S. ARME	ED			ENDENT OF HISPAN			or No-	14. RACE	- American Indian, White, etc.
8	1 Never Married 2 Married 3 Wildowed 4 Divorced	W. W. II	R OR DATES				NO Specify		PRICERI, OTC.)		Specif	
8	15. DECEDENT'S EDUCA (Specify only highest grade of		16a, DECE	DENTS	USUAL OCC	UPATK	ON at of working	18	L KIND OF BUS	SINESS/IN		
<b>4</b>	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Min D	o NOT u	se retired.)	eng mo	at or working					
MP			ATT	FOR	NEY				SELF	EMP	LOYE	D
COMPLET	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA					
BE	JERRY LUCK								HARR	_		
2	19a. INFORMANT'S NAME (Type/Print)				T. CC-HAA.		nd Number or Rural F					
	DOLORES LUCK		12				E ANNAI	POLI				
ļ	20a, METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remove	ral from State	other place	9)			netery, crematory or	r1 (T) *1 *			- City or To	
	4 Donation 5 Other (Specify)	NSEE	MARY!	LAN	D VE	TEL	RAN CEMI	ETEL	XY CF			LE, MD.
1	1	Un			122.70	Tunic Fu	TO ADDITION OF THE		SZI WE	EST	SMD.	ANNABOLIS
	Larry 1	J. The	ese		RE	ESI	E & SONS	S M	ORTUAF	RY,	P.A.	
	23. PART I. Enter the disease, or co shock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	lat only one caus	e on each line.						·	ratory a	rrest,	Approximate Interval Batween Onset and Death
CERTIFICATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  a. Cerebral Vascuare according to Consequence of:  Distribution of the C											
PHYSICIAN: MEDICAL	Performed?  Performed?  1 yes 2 and of the performed of the performed of the performance										WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO	
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:		ACE OF DEATH (Ch	eck only o	one)			
YS!	1 TYES 24 NO	1 Dinpetient 2 🗆			4 - Nursi		ne 5 🗆 Residence	6 🗆 Oth	er (Specify)			
Y PH	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28a. DATE OF I (Month, Day		28b. TIME OF			PRK?	28d. DE	SCRIBE HOW I	NJURY O	CCURED	
ED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	INJURY — At hometc. (Specify)	home, farm, street, factory, office			261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				Route Number,		
COMPLETED	29a. CERTIFIER (Check only one)  2  MEDICAL EXAMINER											a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LI										29d. D/	ATE SIGNED	(Month, Day, Year)
0	HISa Mulla	M. MD					D3 8	35 3	6	13	3131	91
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS					oolie		0 0	140		
	SOGITA	32. BEGISTRAI	A- Andell	10	141	11 76	100112	1-1		1-12	2 1	
	31. DAT MAR 0 5 1991 \$	wa wards	- Novance	•								



			FOR STATE REGISTRAR	STATE OF MARY		DEPARTMENT RTIFICATI				YGIENE EG. NO.	7	0/005
	•	i	1. DECEDENT'S NAME (First, Middle, Last	)					2. DATE OF I	DEATH DAY	YEAR	3. TIME OF DEATH
	6 1	Í	Deborah Anne	Lenham					03-03			м
	-	1	4. SOCIAL SECURITY NUMBER		E (In yrs. lest	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, De	NRTH y, Yeer)	8. BIRTH Counti	IPLACE (State or Foreign y)
	-		402-19-4575	1 🗌 M 2 💢 F	19	YRS.		1 0	6-02-		Denv	
	P)	OB	90. FACILITY NAME (If not institution, give Anne ARundel		ente		, тоwn с 1аро	lis	ATH		ne A	rundel
	9	Ž.	RESIDENCE OF DECEDENT			10c, CITY, TOWN						10d. INSIDE CITY
	iit, Page	DIRECTOR	MD Ann	e Arundel		Arnold	1					LIMITS? 1 TYES 2 HO
	nsit perm	FUNERAL	100. STREET AND HUMBER 1213 Finnean	s Run			101	21012			i <b>zeh of v</b> SA	VHAT COUNTRY?
3146	aret oean, rage o may be retained by the hospital of attending proyection.  y the funeral director, page 5 should be detached for use as the burial-transit permit, Pages noval.  cal examiner must be notified at once.	BY FUN	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 _ YI IF YES, GIVE WAR OF	8 2XX	0	If yes, sp	EHDEHT OF HISPAH ecify Cuben, Maxican XX HO Specify:	, Puarto Rica	pecify Yee or No-	14. RACI	E — American Indian, k, White, atc. //y: White
21203-3146	use as	TED	15. DECEDENT'S EC (Specify only highest gra	de completed)	16e. DEG	CEDENT'S USUAL Of the kind of work done Do NOT use retired.)	CCUPATIO during mo	OH st of working	16b, KIP	D OF BUSINESS/IHI	DUSTRY	
D 21	ched for	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	1	tudent				chool		
MARYLAND	be detach	BE CO	17. FATHER'S NAME (First, Middle, Lost) Robert Hall L	enham						e, Maiden Surname) n Binkle	еу	
AR	5 should	TO B	19e. IHFORMANT'S NAME (Type/Print)					and Number or Rural R			p Code)	
Σ	age 5 :	F	Marsha J. Len		-			ns Run,	Arno		210	
RE,	ector, pa		20e. METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Re	emoval from State	Other nie	ine)		metery, cremetory or		20c. LOCATIOH —		
NO	direct direct		4 Donetion 5 Other (Specify)  21. SIGHATURE OF FUNERAL SERVICE	ICENSEE	HILL	crest (		etery	· ·	Annapo	lls	, MD
BALTIMORE,	ter deaun, rage to may be the funeral director, page wal.		· Dabl	A alfle		На	ırde	sty Fun idgely	eral			
	d in by the or remova		23. PART I. Enter the diseeses, o			eth. Do not ente						Approximate
		ļ	immediate cause (Finel	e. Liet only one cause or								Interval Between Onset and Death
	or within ampletely fills I, cremation, event, the	j	disease or condition resulting in deeth)	a. CARDIO DUE TO (OR A DUE TO (OR A	Ph.L.	MONAR	Y 1	ARREST				MINUTES
46,	8 8 - 6	1		DUE TO (OR A	S A COHSEC	DUEHCE OF):	07	CONSA				
13146,	at pig	ON	Sequentially list conditions,	DUE TO (OR A	S A COHSEC	DUENCE OF):	IK D	136736				
×	or 1 or	Ĕ.	If any, leeding to immediate ceuse. Enter UNDERLYING	CONCE	NITA	AL HE	ART	DISEI	9SE			
M	ther p	틸	CAUSE (Diseese or injury that initiated events	OUE TO (OR A					-			
P.O.	endi Hy	CERTIFICATION	resulting in death) LAST	d								
S, F	y the att of Menta Injury,	- 11	PART II. Other eignificent conditi	one contributing to deat	h but not r	eaulting in the u	nderlyin	g cause given in	Part I. 24	. WAS AN AUTOPSY	24	. WERE AUTOPSY FINOINGS
RECORDS,	ned by the and any in	ICAL							1	PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
8	Sign Sign Head	MEDI							_   '	J		OF DEATH?  1 YES 2 NO
2	has been Dept. of 23 sho											
		PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		- I amus		LACE OF DEATH (Che	eck only one)			
VITAL	certificate the State I, or Item	YSI	1 TYES 2 NO	1   Inpatient 2   ER/0	Outpatient 3	DOA 4 Nu		ne 5 Residence	6 C Other (S	pecify)		
OF	fer this ce sath with the marked,	L U	27. MAHHER OF DEATH  1 Accident Investigatio	28e. DATE OF INJU (Month, Day, Ye.		28b. TIME OF IHJURY M	W	JURY AT DRK? YES 2 HO	28d. DEŞCR	BE HOW INJURY OF	CCURED	
DIVISION	TOR: A after de 28 Is	TED BY	2 Accident Investigatio 3 Suicide 8 Could not I 4 Homicide determined	28e, PLACE OF INJ		me, farm, street, fa	ctory, offic	00	281. LOCATION OF T	ON (Street and Number own, State)	or Aurel	Route Number,
$\leq$	te pour	COMPLETE	29e. CERTIFIER 1 CERTIFYING PH	YSICIAN: To the best of my k	nowledge, de	eath occurred at the	time, date	e end place, end due	to the cause(	e) end menner ee at	ated.	
	HOSPITAL FUNERAL WITHIN 72 TANT: IF	OM	one) 2 MEDICAL EXAM	INER on the basis of examin	ation end/or	investigation, in my	opinion,	death occurad at the	time, data en	d piece, and due to t	the cause	e) and manner as stated.
		BE C	SIGNATURE AND TITLE OF CENTRE	TIER				29c. LICENSE NUR	ABER	29d. DA	TE SIGNE	D (Month, Day, Year)
	THE LINE THE	TO B	William F. D	about mh				D230	12	•	U	7-4-91
		ĭ I	30 NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	DEATH (ITE	M 27) (Type, Print)				1	4 -	^
				T K	A 1 /	( / ) ( A	/ /1	100	1 1	1 0 1 1	. 13	BETHESDA, H

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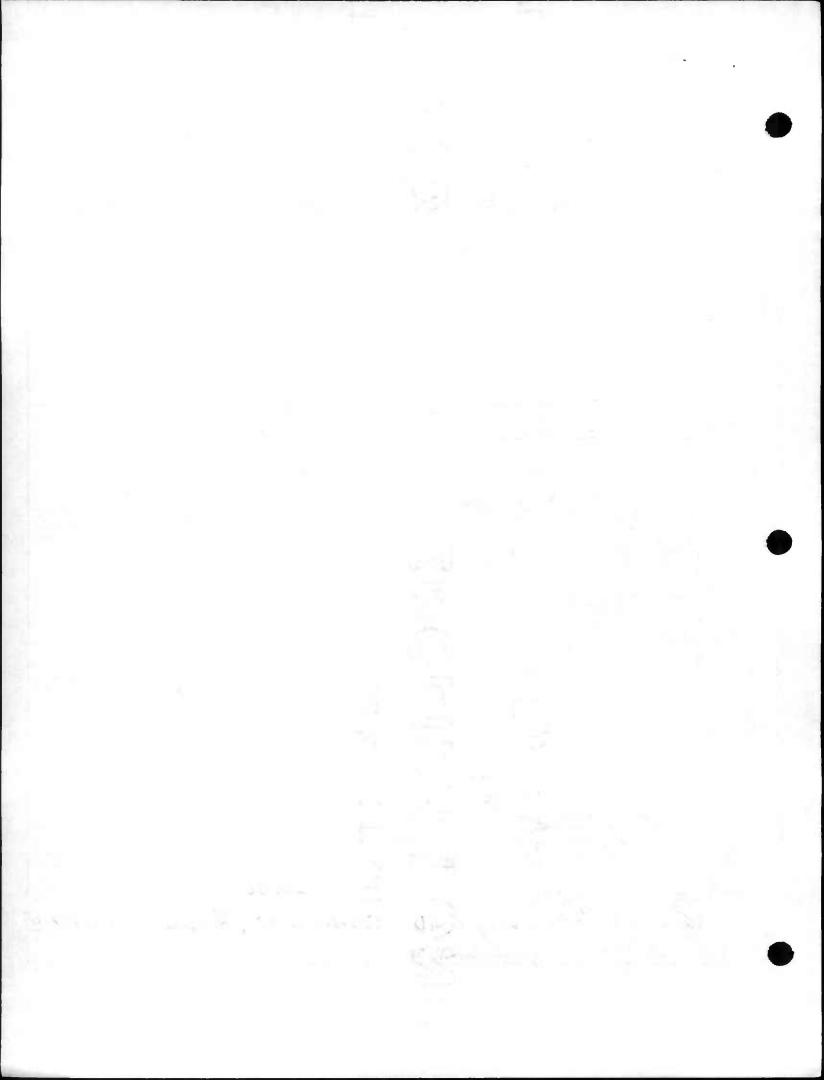
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TO BE COMPLETED BY FUNERAL DIRECTO

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or att	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	2	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

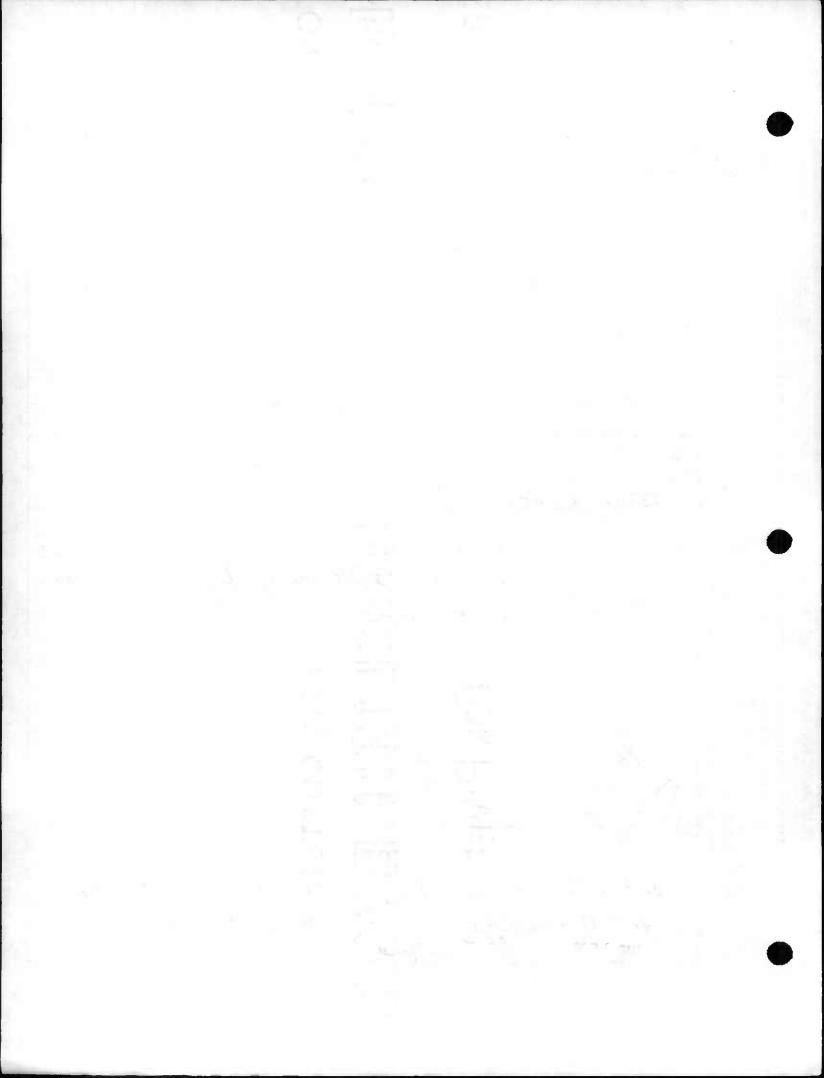
	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR Christine Lee Litts CERTIFICATE OF DEATH REG. NO.									
,	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR 45 M									
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 1									
	9a. FACILITY NAME (If not institution, give street end number)  Physicians Memorial Hospital La Plata, Md.  9c. COUNTY OF DEATH Charles									
DIRECTO	RESIDENCE OF DECEDENT									
	Md. Charles Waldorf 1 YES 2 NO  10. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY?									
FUNERAL	3918 Northgate Pl. 20602 USA  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 7 YES 2 7 NO 14. RACE — American Indian, Black, White, etc.									
B	1 Never Married 2 Married 3 Married 3 Wildowed 4 Divorced FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES    Wildowed 4 Divorced   FORCES? 1 YES 2 NO   If yes, epecify Cuban, Maxican, Puerto Rican, etc.)   Black, Whita, etc.   Specify: White									
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)    College (1-4 or 5+)   16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relined.)    Registered Nurse   Medical									
COMP	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surneme)									
TO BE	John George Milanek  Beatrice Silvia Dorer  19a. INFORMANT'S NAME (Type/Print) Catherine Lee Diehl  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 60l North George St., York, Pa. 17404									
	20e. METHOD OF DISPOSITION 1 Burlel 2 (2) Cremetton 3 Removal from State other place)  20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)									
	4 Donetion 5 Other (Specify)									
	► Joan 7. Heath The Huntt Funeral Home, Inc. P.O. Box 156, Waldorf, Md. 20604									
	23. PART i. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hasn't feliure. List only one ceuse on sech line.  IMMEDIATE CAUSE (Final									
	disease or condition resulting in death)  s. Hoterosciente Cardenegenia disease tears  oue to (or as a consequence of):									
LION	Sequentially list conditions, If sry, leeding to immediate									
CERTIFICATION	CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):									
	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
DICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 VES 2 NO  24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?									
PHYSICIAN: MEDIC	1 TES 2 NO									
SICIA	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1									
ву РНУ	27. MANNER OF OEATH  28a. DATE OF INJURY (Month, Dey, Year)  28b. TIME OF INJURY WORK?  1 YES 2 NO  28d. DEŞCRIBE HOW INJURY OCCUREO									
8	2 Accident Investigation 3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)									
COMPLET	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) end manner as stated.									
BE CO	29b. SIGNATURE AND TITLIFOF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)									
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
	31. OATE FILER (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  Alle Navida A									
	108 91 Silia Tavidson-Randelle									

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMEN CERTIFICAT	T OF HEALTH AND		HYGIENE REG. NO.	0,00,
	1. DECEDENT'S NAME (First, Middle, Last)		mpsoN		2. DATE OF MONTH	ch 3 19	3. TIME OF DEATH P
	4. SOCIAL SECURITY NUMBER 213-40-1725	5. SEX 6. AGE (In	yrs. (st birthday) IF UND YRS. MONTH	ER 1 YEAR IF UNDER 24 HRS. DAYE HOURS MIN.	June	21,1909	BIRTHPLACE (State or Foreign Country) Georgia
TOR	98. FACILITY NAME (If not institution, give a Harford Mew RESIDENCE OF DECEDENT	root and number)	ital Ho	TY, TOWN OR LOCATION OF	R FORI		
DIRECTOR	Maryland Ha	erford	10c. CITY, TOWN				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	iriora	nav	re de Grace		10g. CITIZEI	1 ☐ YES 2 🔀 NO N OF WHAT COUNTRY?
NER	1535 Pulaski F	Highway 12. WAS DECEDENT EVER IN	He ADMED 4	2107		U.S	
BY FUNERAL	1 Never Married 2 Married  2 Wildowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, specify Cuben, Mexi	can, Puerto Rici	an, atc.)	I. RACE — American Indian, Black, White, etc. Specify: White
TED	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired	OCCUPATION  e during most of working  )	16b. K	IND OF BUSINESS/INDUS	STRY
COMPLET	Elementary/Secondary (0-12)	Cotlege (1-4 or 5+) 5+		dance Counse	lor	Public Sc	hools
	17. FATHER'S NAME (First, Middle, Last)	eine			and the state of a	die, Maiden Surname)	
BE	Francis N. Wat	KINS	19b. MAILING ADDRE	SS (Street and Number or Run		Landrum  City or Town, State, Zip Co	ode)
5	Mr. Miles L. Lam	pson		laski Highwa			
	20e. METHOD OF DISPOSITION  XXBurlel 2	oval from State of co	PLACE AND DATE OF DIS emetary, crematory or othe COVE Preshy		3/9	Aberdeen	
	21. SIGNATURE OF FUNERAL SERVICE LIK			Tarring-Car Aberdeen, M	FACILITY		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. ASCVD DUE TO (OR AS A	CONSEQUENCE OF):	enf			Onset and Death  WK.
MEDICAL	PART II. Other algorificant condition  COPP  TICHS	dns contributing to death bu	ut not resulting in the	underlying ceuse given		4s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH	Check only one)		
YSIC	1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outpe		lursing Home 5 - Resident	_		1.76
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO	28d. DEŞCI	RIBE HOW INJURY OCCU	RED
	3 Suicide 8 Could not be 4 Homicide determined	26a. PLACE OF INJURY building, etc. (Speci	— At home, farm, street, 1	actory, office		ION (Street end Number of Town, State)	Rural Route Number,
COMPLETED	CONSUM ONLY	SICIAN: To the best of my knowle					
ш	296. SIGNATURE AND TITLE OF CERTIFIE	:R	UDATE N	29c. LICENSE I	NUMBER	29d, DATE	SIGNED (Month, Day, Year)
0 B	30. NAME AND ADDRESS OF PERSON WIT	HO COMPLETED CALISE OF DE	TH (ITEM 27 (Ton Orien	1)224	136	▶ 3/	4/91
	andrew F. 7) 31. DATE FILED (Month, Day, Year)	ridberger 32, REGISTRAN'S SIGNA	ATURE /	2 Lewis	St.	Varide &	Trace, md. 20078
	MAR 06'91	Aulia Davidson	-Rando Do				



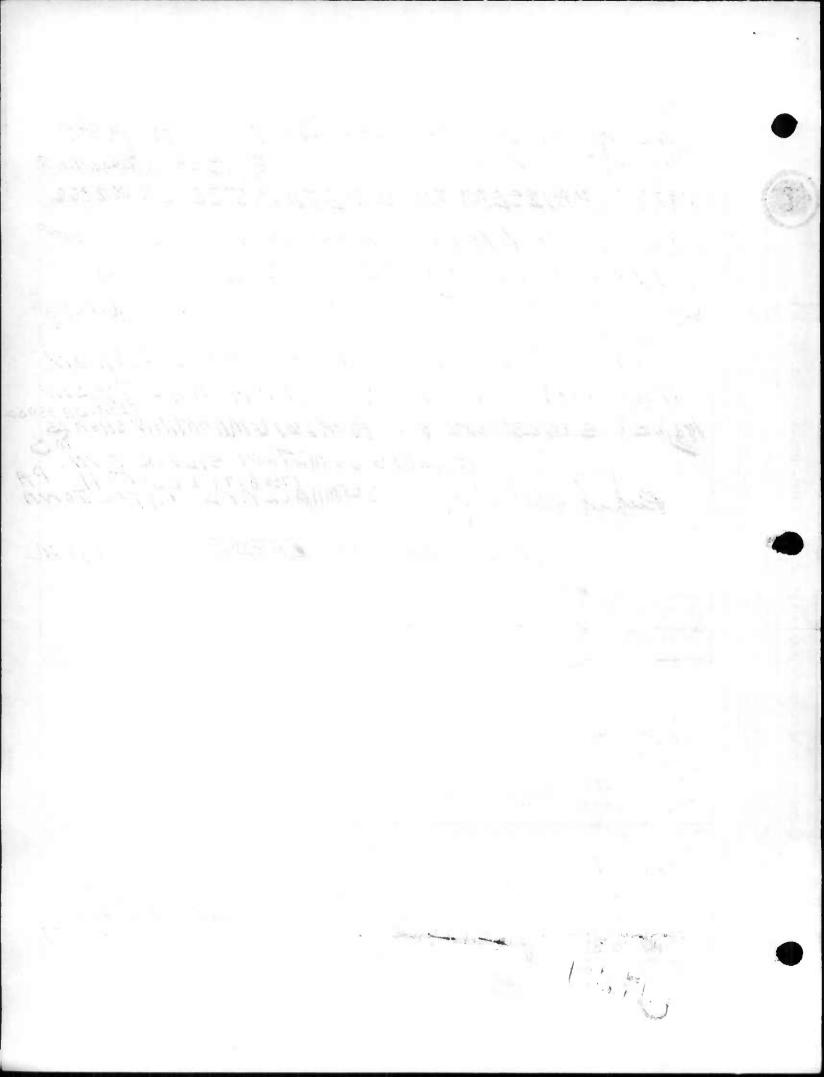
BALTIMORE, MARYLAND 21215-0020	PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page:
I OF VITAL RECORDS, P.O. BOX 68760,	IAN: The law requires that the death certificate be executed within 24 no	rificate has been signed by the attending physician and completely filled in State Dent of Health and Mental Hunjare priper in Burial cremation, or
0	PHY	this

	1. OECEOENT'S NAME (FI									OF OEATH	AY	YEAR	3. TIME OF OEATH
1	Guy	E.	Ledni	um		Life.			монтн	- 03	8 - 9:	YEAR	10:07
	4. SOCIAL SECURITY NU	MBER	5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. OATE (	OF BIRTH , Day, Year)	8	. BIRTH	PLACE (State or Foreign)
	220-28-0		1 X M 2 🗆 F	59	YRS.				2/7	/32		MD	
200	9a. FACILITY NAME (If no					9b. CITY, TOWN		ON OF O	EATH		9c. COUNT		
CTOR	Memoria		pital			East	on				Ta.	lbo	T
Ш	10a. STATE	10b. COUN	TY		10c. CfT	Y, TOWN OR LOCA	TION						10d. INSIDE CITY
DIR	MD	Та	lbot		Ti	lghman						- 1	LIMITS?
_	10e. STREET AND NUMBE				1	-	H. ZIP CODE	E			10g. CITIZE	N OF W	VHAT COUNTRY?
ERA	21398 Wa	lnut	Cove La	ne			216	71			U	SA	
BY FUN	11. MARITAL STATUS  1 Never Merried 2  3 Widowed 4 D			NT EVER IN U.S. A 1 YES 2 WAR OR DATES	RMED XIO	Il yes, s	CENCENT O	n, Mexica	an, Puerto R	? (Specify Yea tican, atc.)		4. RACE Black Speci Whi	
ED		ECEOENT'S EC				USUAL OCCUPATI			16b.	KINO OF BU	SINESS/INOUS	STRY	
E	Elementary/Secondary		College (1-4 or 5	+) #	fe. Do NOT u	se retired.)	OUT OF WORKIN						
COMPL	9			W.	ater	man	,						
00	17. FATHER'S NAME (First									Aiddle, Maiden			
BE	Daniel		Leanum								erqus		
2	19a. INFORMANT'S NAME		T = 3			AOORESS (Street							
	200. METHOD OF OISPOS		. Lednur			BOX ]		1.110	ghma		CATION — CI		Ptoto
	1 Donation 5 Ott	ation 3 🗆 Ra	moval from State	of cemeta	ry, cremator	y or other place)		0					
	4 Donation 3 Don	Her (Spoury)		- 1111		n wacız	21/2n	1.01	m   < /	ויוי וח	Lanma	200	MAIN
	21. SIGNATURE OF FUNE	RAL SERVICE I	LICENSEE		THE CO.	n Wesle	NO ADDRE	SS OF F	CILITY	Wi L.J.	Tyrilla	1114	1411.7
	21. SIGNATURE OF FUNE	NR	MERC	ERON		Newna	ino addres im Fi	une:	ral :	Home	ot-	Fac	
CERTIFICATION	23. PART I. Enter the	e diseases, or heert failure	r complications the List only one ce	ERS 2	death. Do ne.	Newna 200 conot enter the mo	ino addres im Fi	une:	ral :	Home	ot-	Fac	Approxima Interval Be
: MEDICAL CERTIFICATION	23. PART I. Enter the shock, of IMMEDIATE CAUSE (disease or condition resulting in death)  Sequentially list con if any, leading to improve cause. Enter UNDER CAUSE (Disease or I that initiated events	e diseases, or heert failure (Finel — dittiona, mediete riLYING njury AST	b. OUE TO	ERS at coused the couse on each life that the couse of th	Seath. Do no.	Newna 200 contenter the months	ino addressing Fig.	ss of Fruncia	ral ison.	Home Stre	N AUTOPSY	Eac	Approxima Interval Be Onset and  Yea  WERE AUTOPSY FIN MAILABLE PRION OF COMPLETION OF CO
SICIAN: MEDICAL C	23. PART I. Enter the shock, of iMMEDIATE CAUSE (disease or condition resulting in death)  Sequentially list con if any, leading to improve cause. Enter UNDER CAUSE (Disease or I that initiated events resulting in deeth)	e diseases, or heert failure (Finel  dittiona, mediete it./YING injury AST	b. OUE TO	et coused the couse on each lie coused the coused the coused the couse of the couse	Seath. Do no.	22. NAME A NEWN & NEWN	IN ADDRES	SS OF FUNCIONAL STATE OF THE ST	n Part I.	Home Stre flac or reap  24a. WAS AN PERFO! 1 UYES :	N AUTOPSY	Eac	Approximal Interval Bell Onset and Multiple Mult
PHYSICIAN: MEDICAL C	23. PART I. Enter the shock, of IMMEDIATE CAUSE (disease or condition resulting in death)  Sequentielly list con if any, leading to limit cause. Enter UNDER CAUSE (Disease or I that initiated events resulting in deeth) L  PART II. Other alignifications are suited in the second control of the second cause	e diseases, or heert failure (Finel  dittiona, mediete it./YING injury AST	b. OUE TO  d. HOSPITAL: 1   Inpatiant 2   288. DATE O (Morth, n	at coused the cuse on each lice course of the course of the cuse o	EQUENCE C	22. NAME A NEWN 2 200 c not enter the m  CF:  OF:  OF:  OF:  OTHER: 4   Nursing Ho NURY M 1	INO ADDRES	given in	Part I.	Home Stre flac or reap  24a. WAS AN PERFO! 1 YES :	N AUTOPSY RMEO?	24b	Approxima Interval Be Onset and Multiple Onset and
TED BY PHYSICIAN: MEDICAL C	23. PART I. Enter the shock, of IMMEDIATE CAUSE (disease or condition resulting in death)  Sequentielly list con if any, leading to improve the cause. Enter UNDER CAUSE (Disease or I that initiated events resulting in deeth) L  PART II. Other aignifications of the cause of the	e diseases, or heert failure Finel  ditions, mediete iLYING njury AST  Co TO MEDICAL	DUE TO  C. OUE TO  C.	at coused the cuse on each lice course of the course of the cuse o	EQUENCE C	22. NAME A NEWN 2 200 c not enter the m  CF:  OF:  OF:  OF:  OF:  OF:  OF:  OF:	INO ADDRES	given in	Part I.  heck only or  6 □ Othe  286. OEs	Home Stre flac or reap  24a. WAS AN PERFO! 1 YES :	N AUTOPSY RMEO? 2 MO INJURY OCCU	24b	Approximatinterval Bar Onset and Manager Autropsy Fi Manager Prior Competition of
D BY PHYSICIAN: MEDICAL C	23. PART I. Enter the shock, of IMMEDIATE CAUSE (disease or condition resulting in death)  Sequentielly list con if any, leading to immediate. Enter UNDER CAUSE (Disease or I that initiated events resulting in deeth) L  PART II. Other algniff  25. WAS CASE REFERRE EXAMINER?  1 VES 2 NO  27. MANNER OF OCATH  1 Natural  2 Accident  3 Suicide  4 Homicide	e diseases, or heert failure Finel  dittona, mediete LYING njury AST  licent conditi  O TO MEDICAL  Pending Investigatio Could not be determined	DUE TO  C. OUE TO  C.	et coused the couse on each lie coused the coused the couse on each lie couse on each lie couse of the couse	EQUENCE C  Tresulting  Tresulting  Tresulting  Tresulting	22. NAME A NEWN 2 200 c not enter the m  200	INO ADDRESIAM FILE  HOOSE OF COURSE OF CO	given in	Part I.  Part I.  Peck only on  6 Othe  286. OEs	Home  Street  State  St	INJURY OCCU	24b	Approximination in the property of the propert



TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detached ral.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ir death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withink. Jours after death. Page 6 may be retained by the hosp
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HE CERTIFICATE OF		IL HYGIENE REG. NO.	
TED BY FUNERAL DIRECTOR	1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Leat)  90. FACILITY NAME (If not Institution, give 1	CERTIFICATE OF  ELITABETH  PAN  AGE (In yrs. lest birthdey)  YRS.  MONTHS  DAYS  Street and number)  PAYBERLY LIY  10c. CITY, TOWN OR LOCATION  112. WAS DECEDENT EVER IN U.S. ARMED  FORCES? 1 YES 2 AND  IF YES, GIVE WAR OR DATES  16a. DECEDENT'S USUAL OCCUPATION  (Give hind of work done during most life on NOT use referred)  16a. DECEDENT'S USUAL OCCUPATION  (Give hind of work done during most life on NOT use referred)	EUNDER 24 HRS. FUNDER 24 HRS. FOR MIN.  LOCATION OF DEATH  STANDAM  CIP CODE  NDENT OF HISPANIC ORIGINATIVE Cuben, Maxicen, Puerto  Specify:	REG. NO.  FOR DEATH  DAY  OF BIRTH  Day, West  S.  105 T E  109, CITIZEN  NY (Specify Yes or No	I Od. INSIDE CITY LIMITS?  1 VES 2 AND  OF WHAT COUNTRY?  RACE — American Indian, Black, White, atc.  Specify:
TO BE COMPLET		complications that caused the death. Do not anter the mod	ADDRESS OF EACHLITY  ADDRESS OF EACHLITY  ADDRESS OF EACHLITY  A of dying, auch as car	A MAE  There, City or Town, State, Zip Co  MARATHO  20c. LOCATION — City  SILVE  AVE  AVE  Totalisc or respiratory stress	CATION  THE LANGE ASSOCIATION STATE AND A PROVINCE INTERVAL Between Onset and Death
N: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	b. DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  d. Due to (or as a consequence of):  d. Due to (or as a consequence of):	cause given in Part I.	24a. WAS AN AUTOPSY PERFORMED? 1  YES 2 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
TO BE COMPLETED BY PHYSICIAN:	29b. SIGNATURE AND TITLE OF CENTIFI	HOSPITAL:  1 Inpatient 2 ER/Outpetient 3 DOA OTHER:  28e. DATE OF INJURY (Month, Dey, Year)  28h. TIME OF INJURY M 1 VO  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  SICIAN: To the best of my knowledge, death occurred at the time, date of the best of examination end/or investigation, in my opinion, determination end/or investigation.	28t. LO	er (Specify)  SCRIBE HOW INJURY OCCUP  CATION (Street and Number or yor Town, State)  suse(e) and manner as stated.  te and place, and due to the c	Rural Route Number,



									(	] [	7060	
	FOR 1 - STATE REGISTRAR	STATE OF			TMENT OF H			MENTAL HYGIEN			, , , , ,	
ı	1. DECEDENT'S NAME (First, Middle	, Last)						2. DATE OF DEATH	AY	YEAR 3.	TIME OF DEATH	
	GLADYS	В.	LEE					MARCH . 2	, 199	91	10:35A M	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPL. Country)	ACE (Stete or Foreign	
	220-28-6714	1 🗆 M 2 🙀 F	58	YRS.	MONTHS DAYS	HOURS	MIN.	6/13/32			land	
	9e. FACILITY NAME (If not institution	n, give street end number)			96. CITY, TOWN	OR LOCATIO	ON OF OE	ATH	9c. COU	NTY OF OEAT	Н	
8	PHYSICIANS NEW	ORTAL HOSPI	TAI.		LA PLA	ΔΤΔ			CHI	RLES		
18	RESIDENCE OF DECEDE	NT	. 1745						1. (1)			
) H		COUNTY		10c. CIT	Y, TOWN OR LOCA	TION				10	d. INSIDE CITY LIMITS?	
ā	Maryland Ch	arles		La	Plata					1	☐ YES 2 1 NO	
FUNERAL DIRECTOR	10e. STREET AND NUMBER			177		f. ZIP CODE	E		10g. CIT	IZEN OF WHA	T COUNTRY?	
E	P.O. Box 97					2064	6		U.	S.		
5	11. MARITAL STATUS		NT EVER IN U.S. ARM					IIC ORIGIN? (Specify Ye	e or No-	14. RACE -	- American Indian, Vhite, atc.	
	1 Never Merried 2 Merrie		1 ☐ YES 2 🛣 N WAR OR DATES	U		2 X NO		n, Puerto Rican, etc.)			Black	
ВУ	3 Widowed 4 Divorced										- Jack	
COMPLETED	15. OECEDEN' (Specify only highe	r'S EDUCATION est grade completed)	(Gh	re kind of	work done during me	ON ost of working	g	16b, KIND OF BU	ISINESS/IN	DUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Do NOT u	ise retired.)			Priva				
M M	10th Grade			Co	ok							
8	17. FATHER'S NAME (First, Middle,							ME (First, Middle, Malde				
BE	Joseph Patri							lizabeth 1				
0 0	19e. INFORMANT'S NAME (Type/Pr		19b	MAILING	G ADDRESS (Street	and Number	or Rural I	Route Number, City or To	vn, State, Z	ip Code)		
F	Patricia Chi	sley	P	.0.	Box 97.	La P	lata	ма 2064				
	20e, METHOD OF DISPOSITION 1 🔀 Burlal 2 🗆 Cremation 3	Removat from State	20b. PLACE (	OF DISPO	SITION (Name of ce	metery, cren	natory or	20c. L	DCATION -	- City or Town	, State	
1	4 Donetion 5 Other (Spec		Sacre	ed H	eart Ch	irch (	Ceme	tery La	Pla	ta. Ma	ryland	
	21. SIGNATURE OF FUHERAL SEP	VIGE LICENSEE			22. NAME A	ND ADDRE	SS OF FA	CILITY				
1	Lydia C. J	ohn de	sur-		Thorn	ton's	Fui	neral Home	. Po	monkey	, Maryland	
	23. PART I. Enter the disess	Toronto.	at caused the da	ath. Do							Approximata	
		fallure. List only one co				,			,		Interval Between Onset and Death	
	IMMEDIATE CAUSE (Final disease or condition	0	2-1:-1		000.0007						Onset and Death	
	resulting in death)	•. <u>K</u> 4	MONIO	7 (	NYNUT						-	
		DUET	O (OF AS A CONSEC	DUENCE (	OF):							
N	Sequentially list conditions,	h	101 4 104	4	mure						-	
Ĕ	if sny, lesding to immediate cause. Enter UNDERLYING		& mila	JUENCE C	orj:						İ	
3	CAUSE (Disease or Injury	C. DUE T	D (OR AS A CONSEC	UENCE C	OF:							
1 10-	that initiated events resulting in death) LAST		( ( ) ( ) ( ) ( )		,-	that initiated events Due to (on as a consequence of):						
IE											1	
CERTIFICATION		d										
O	PART II. Other significant of	d	to death but not r	esulting	In the underlyle	ng cause	given in	Part I. 24a, WAS A			VERE AUTOPSY FINDINGS	
O	PART II. Other eignificant of	d.	to death but not r	esulting	In the underlyle	ng cause	given in	PERF	PRMED?	1	MAILABLE PRIOR TO COMPLETION OF CAUSE	
O	PART II. Other significant of	onditions contributing	to death but not r	esulting	in the underlyling for penulong	ng cause	given in	Part I. 24e. WAS A PERFO	PRMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL C	PART II. Other significant of	onditions contributing to	o death but not r	esulting	in the underlying	a,	given in	PERF	PRMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDICAL C	Prinni Cardiae	nomia,	o death but not r	esulting	to pen	a,		PERFO	PRMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL C	CATOLISC  25. WAS CASE REFERRED TO ME EXAMINER?	CAN LY HA	Pan (	ny !	Lepen	PLACE OF I	DEATH (CI	PERFO	PRMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL C	25. WAS CASE REFERRED TO ME EXAMINER?  1 YES 2 XNO	DICAL HOSPITAL: 1   Rimpetions 2	PAN (	DOA	26.1 OTHER:	PLACE OF E	DEATH (CI	PERF  1 YES  heck only one)  6 Other (Specify)	PRMED?	1	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED TO ME EXAMINER?  1 YES 2 (XNO  27. MANNER OF DEATH	DICAL HOSPITAL: 1 Di Inpetient 2 268. OATE (Month,	PAN (	DOA 26b. TI	26. I OTHER: 4   Nursing Ho ME OF 28c. III	PLACE OF I	DEATH (C)	PERFO	PRMED?	1	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL C	25. WAS CASE REFERRED TO ME EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pend Investigation	DICAL HOSPITAL: 1 Da inpetient 2 28a. OATE (Month, itigation	PAN (  PER/Outpatient 3  DF INJURY  Day, Year)	DOA 26b. TI	26. I OTHER: 4   Nursing Ho ME OF NJURY M 1	PLACE OF E	DEATH (C)	PERF( 1 YES  heck only one)  6 Other (Specify)  28d. DESCRIBE HOV	ORMED? 2 NO 1 NO	OCCURED	MALLABLE PRIOR TO COMPLETION OF CAUSE F DEATH!  YES 2 NO	
BY PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED TO ME EXAMINER?  1 YES 2 YNO  27. MANNER OF DEATH  1 Netural 5 Pend 2 Accident Invet 3 Suicide 6 Coul	DICAL HOSPITAL: 1 Dispetient 2 28a. OATE (Month) 10g tigstion 26a. PLACE	ER/Outpatient 3	DOA 26b. TI	26. I OTHER: 4   Nursing Ho ME OF NJURY M 1	PLACE OF E	DEATH (C)	PERF  1 YES  heck only one)  6 Other (Specify)	PRMED?  2 NO  VINJURY O	OCCURED	MALLABLE PRIOR TO COMPLETION OF CAUSE F DEATH!  YES 2 NO	
ED BY PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED TO ME EXAMINER?  1 YES 2 XNO  27. MANNER OF DEATH  1 Netural 5 Pend 2 Accident Invest 3 Suicide 6 Coul 4 Homicide deter	DICAL HOSPITAL: 1 Dx Inpetient: 28a. OATE (Month, d not be 20b. PLACE buildir	EP/Outpatient 3 OF INJURY Day, Year) OF INJURY — At ho	DOA 26b. TI	26. I OTHER: 4   Nursing Ho ME OF NJURY M 1	PLACE OF E	DEATH (C)	PERF  1 YES  neck only one)  6 Other (Specify)  28d. DESCRIBE HOV  26f. LOCATION (Sires	PRMED?  2 NO  VINJURY O	OCCURED	MALLABLE PRIOR TO COMPLETION OF CAUSE F DEATH!  YES 2 NO	
ED BY PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED TO ME EXAMINER?  1  YES 2 (XNO  27. MANNER OF DEATH  1 Netural 5 Pend investigation 2 Accident 3 Suicide 6 Coul 4 Homicide 6 Coul 4 Homicide 6 Coul 5 CERTIFIER (Check only 1 CERTIFYIII	DICAL HOSPITAL: 1 Dx Inpetient: 28a. OATE (Month, d not be 20b. PLACE buildir	ER/Outpatient 3  ER/Outpatient 3  Finjury Day, Year)  OF INJURY — At hour g, etc. (Specify)	DOA 26b. Ti	28. If OTHER: 4   Nursing Ho ME OF JURY M   1   , street, factory, off	PLACE OF E	DEATH (C/	PERF  1 YES  1 YES  6 Other (Specify)  28d. DESCRIBE HOV  28f. LOCATION (Street City or Fown, Sta	PRMED? 2 NO V INJURY O	OCCURED	MALLABLE PRIOR TO COMPLETION OF CAUSE F DEATH!  YES 2 NO	
ED BY PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED TO ME EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pend 2 Accident Inves 3 Suicide 6 Coul 4 Homicide deter  29e. CERTIFIER (Check only)	DICAL HOSPITAL: 1 [X inpetient 2 ling ling litigation d not be mined]  28e. PLACE building	ER/Outpatient 3  ER/Outpatient 3  Finjury Day, Vear)  OF INJURY — At ho g, etc. (Specify)	DOA 28b. TI	26. I OTHER: 4 Nursing Ho ME OF JURY M 1 . street, factory, off	PLACE OF I	DEATH (C/	PERF(  1 YES  1 YES  1 Other (Specify)  28d. DESCRIBE HOV  28f. LOCATION (Street City or Town, Steet City	PRMED? 2 NO VINJURY Of the and Number to the analysis of the second number to the second numb	OCCURED  Der or Rural Ro	MALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY  YES 2 NO	
E COMPLETED BY PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED TO ME EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pend 2 Accident Inves 3 Suicide 6 Coul 4 Homicide deter  29e. CERTIFIER (Check only)	DICAL HOSPITAL: 1 Di inpetient 2 28s. OATE (Month, at 1) Di inpetient 2 28s. OATE (Month) 28s. PLACE buildin 4 not be mined 4 not be mined EXAMINER: On the best of	ER/Outpatient 3  ER/Outpatient 3  Finjury Day, Vear)  OF INJURY — At ho g, etc. (Specify)	DOA 28b. TI	26. I OTHER: 4 Nursing Ho ME OF JURY M 1 , street, factory, off	PLACE OF IT  THE 5 R S R S R S R S R S R S R S R S R S R	DEATH (C/	PERF    1   YES	PRIMED? 2 NO NO NO NO NO NO NO NO NO NO NO NO NO N	DOCCURED  Deer or Rural Ro  stated.  the cause(e)	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO  Ute Number,  end menner ee stated,  Month, Day, Year)	
COMPLETED BY PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED TO ME EXAMINER?  1 YES 2 X NO  27. MANNER OF DEATH  1 Netural 5 Pend 2 Accident Inves 3 Suicide 6 Coul 4 Homicide 6 Coul (Check only one) 2 MEDICAL	DICAL HOSPITAL: 1 Di inpetient 2 28s. OATE (Month, at 1) Di inpetient 2 28s. OATE (Month) 28s. PLACE buildin 4 not be mined 4 not be mined EXAMINER: On the best of	ER/Outpatient 3  ER/Outpatient 3  Finjury Day, Vear)  OF INJURY — At ho g, etc. (Specify)	DOA 28b. TI	26. I OTHER: 4 Nursing Ho ME OF JURY M 1 , street, factory, off	PLACE OF I	DEATH (C/	PERF    1   YES	PRIMED? 2 NO NO NO NO NO NO NO NO NO NO NO NO NO N	OCCURED  Der or Rural Ro  stated.	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO  Ute Number,  end menner ee stated,  Month, Day, Year)	

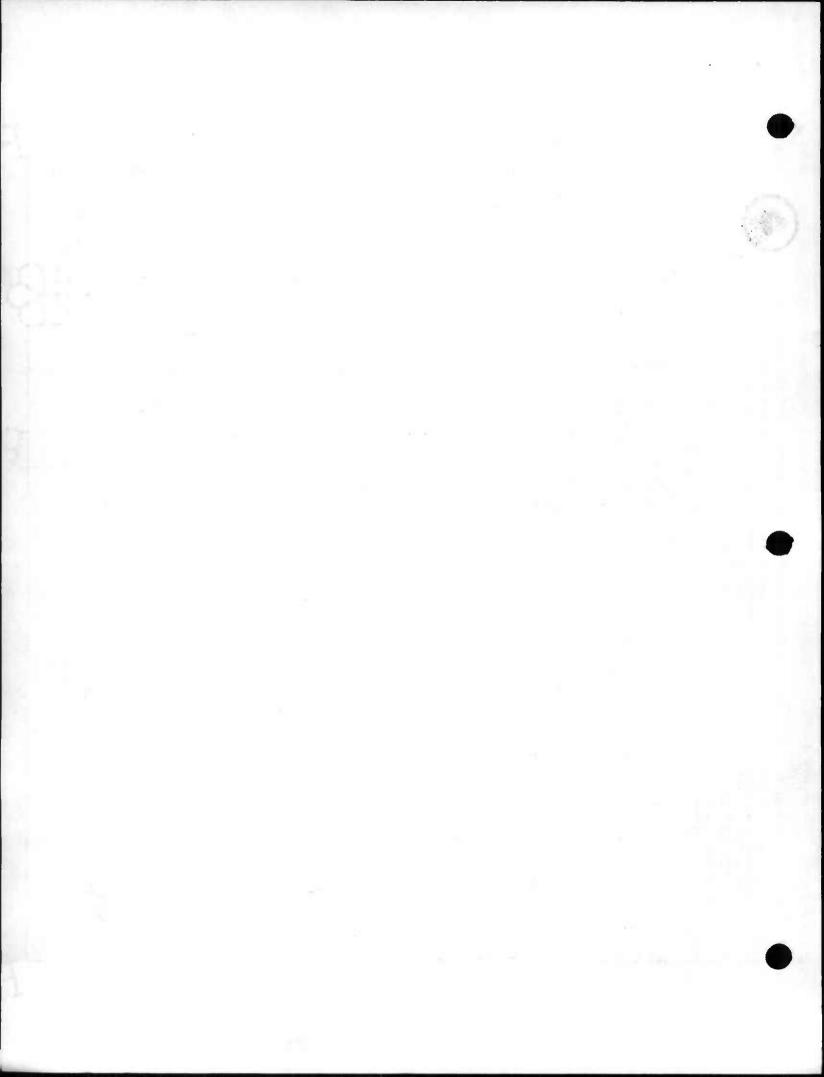
7C POST OFFICE RD CENNA CENTER WALDORF
32. REGISTRAR'S SIGNATURE
Lulia Davidson Pandelle

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

RATH M.D

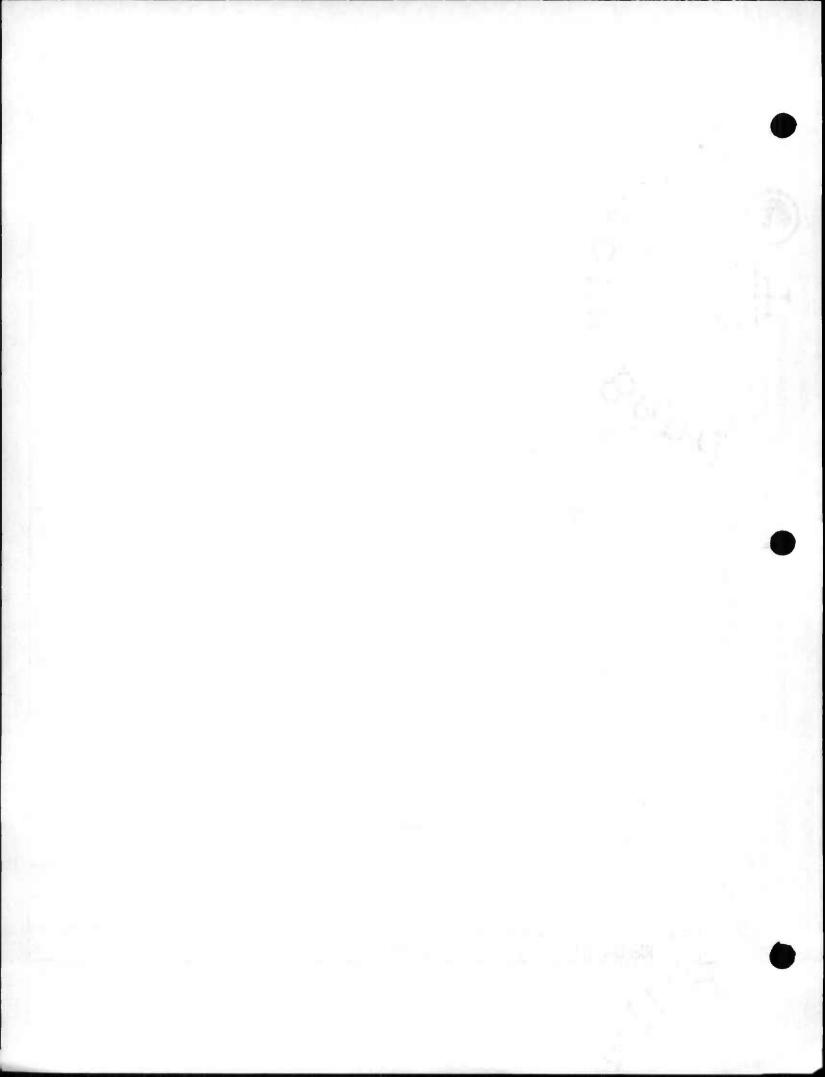
'91

DHMH-18 Rev 1/89



TO BE CO.	
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detache	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache
or death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 Jours after death. Page 6 may be retained by the hosp
BALLIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	RTMENT OF	F HEALTH	AND M	IENTAL HYGIE REG. N				
	10110	llisa	ellisa Le Lemus	emus			2. 28	DAY 9/	YEAR	3. TIME OF DEATH 0 7 45 (AM)	
	4. SOCIAL SECURITY NUMBER					ER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	Month, Day, Year) C		PLACE (State or Foreign y)	
	None	1 □ M 2 🌣 F	O YRS.	0 2	7	2.1.91			MARYLAND		
-	90. FACILITY NAME (If not institution, give st		WN OR LOCA		ATH		INTY OF D	EATH			
0	University of Mar	.tal	Bal.	timore			No	one_			
EC	10a. STATE 10b. COUNTY		10c. CI	TY, TOWN OR I	OCATION					10d. INSIDE CITY LIMITS?	
DIRECTOR	Maryland Mont	gomery	Si	lver S	oring					1 YES 2 X NO	
	10e. STREET AND NUMBER	,			10f. ZIP CO	DE		10g. CI1	TIZEN OF V	VHAT COUNTRY?	
FUNERAL	9505 Seminole Str	eet				20	901	Un:	ited	States	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YE	R IN U.S. ARMED	13. WAS	DECENDENT	OF HISPANI	C ORIGIN? (Specify ), Puerto Rican, etc.)	Yes or No-	14. RACE Black	- American Indian, t, White, atc.	
BY F	1 X Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR		1X	YES 2 N	D Specify:			Spec	Hy:	
	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S		Guatem	alan	16b, KIND OF I	DI ICINECC/IN	Whi	.te	
1	(Specify only highest grade	completed)	(Give kind of	work done duri	ng most of wor	king	100. KIND OF E	303ME33/III	DUSTRI		
12	Elementary/Secondary (0-12)	College (1-4 or 5 +)	None				No	20			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		T NOTE		16, MC	THER'S NAM	AE (First, Middle, Meid				
Ö	Luis A. Cruz					Miria	m Lemus				
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (S			loute Number, City or	lown, State, Z	(ip Code)		
5	Miriam Lemus		9505	Semin	ole St	reet.	Silver	Spri	na. M	ID 20910	
	20s, METHOD OF DISPOSITION  1) Burlel 2 Cremetion 3 Reme		20b. PLACE OF DISPO				20c.	LOCATION -	- City or To	own, State	
	4 Donation 5 Other (Specify)	Sval from State	Gate of I	Heaven	Cemet	ery	Si.	lver :	Sprin	g, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NA Rai	ME AND ADDR	eral	Services	P	Δ		
	> Eller	W. Kaz	Rp	93	Gist	Aven	ue. Silv	er Spi	rina.	MD 20910	
	23. PART I. Enter the diseases, or o	omplications that cau	sed the death. Do							Approximate	
	shock, or heart fellure.  IMMEDIATE CAUSE (Final	List only one ceuse or	n each line.							Interval Between Onset and Death	
	disease or condition resulting in death)	SEP:	SIS							3 days	
	resulting in death)	DUE TO (OR A	S A CONSEQUENCE	OF):						,	
Z	Commented to the second time.		NATURIT							4 whe.	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	S A CONSEQUENCE	OF):							
3	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								_		
E									į į		
19	d.									1	
	PART II. Other significant condition	s contributing to deat	h but not resulting	in the unde	orlying caus	e given in	PER	AN AUTOPS'	Y 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
18							1 YES	2 NO		OF OEATH?	
W							_			1 TYES 2 NO	
ä											
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	TO MEDICAL  28. PLACE OF OEATH (Check only one)  HOSPITAL:  OTHER:									
YSI	1 TYES 2 1 NO	1) Inpetient 2 - EPVC	petiant 2 EP/Outpetient 3 DOA 4 Nursing Home 5 Residence								
	27. MANNER OF DEATH  1 Natural 5 Pending	(Month, Day, Yea	RY 28b. T	IME OF NJURY	BG. INJURY AT WORK?	_	28d. DEŞCRIBE HO	W INJURY C	CCUREO		
B	2 Accident Investigation	200 BLACE OF IN I	LIEW As home form	77	1 VES 2	NO	201 LOCATION (See	not and Alumi	har or Dural	Doubs Mumber	
	3 Suicide 8 Could not be 4 Homicide determined	Specify)	t home, farm, street, factory, office 2ef. LOCATION (Street City or Town, Sta					Del OI FIOTE	riogio riginosi,		
COMPLETED	29e. CERTIFIER										
₹ F	(Check only	ICIAN: To the best of my ki								(a) and manner as stated	
8			On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.								
BE	296. SIGNATURE AND TITLE OF CERTIFIE	g, ws			29c.	D 2 7	18 2_			8-9/	
2	30. NAME AND ADDRESS OF PERSON WI		DEATH (ITEM 27) /%	pe. Printi		- 0.5	/ 0		<b>ス・ス</b>	0 11	
	SUNIL GUPTI		IV. OF M		ND	HOSPIT	THE, BAL	TIMOR	es, n	MARYLAND.	
	31. DATE FILED (Month, Day, Year)		MATURE Rando								
	MAR 04 '91	guna Dav	idoan-Hande	the							



Maryland

11. MARITAL STATUS

10e. STREET AND NUMBER

DIRECTOR

FUNERAL

BY

TED

4. SOCIAL SECURITY NUMBER

212-17-2528

9a. FACILITY NAME (If not institution, give street and number)

6917 Cynthia Lane RESIDENCE OF DECEDENT

6917 Cynthia Lane

1 Never Married 2 Married

3 Widowed 4 Divorced

31. DATE FILED (Month, Day, Year, MAR 01

'91

Ledgere

10c, CITY, TOWN OR LOCATION

Rockville

DAYS

Rockville

HOURS

10f. ZIP CODE

2

ise as	8	15. DECEDENT'S EDU (Specify only highest grade		16a.	DECEDENT'S USUAL OCCUPAT		16b. KIND OF BUSI	NESS/INDUST	RY			
hed for	IPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		None		None					
detach once.	COMPI	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (First, Middle, Malden Surname)							
8 K	ОШ	David L. Ledger	'e	Betty Angell								
5 should notified	8	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING ADDRESS (Street	and Number or Rural Rou	te Number, City or Town,	State, Zip Codi	9)			
e 5 st	2	David & Betty Led	lgere		6917 Cynthia Lane, Rockville, MD 20855							
n by the funeral director, page removal.		20a. METHOD OF DISPOSITION 1	noval from State	othe	CE OF DISPOSITION (Name of a or place) Urban Cremato			ation — city of				
ner dir	ļ	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			AND ADDRESS OF FACIL						
he funeral di al. I examiner		Rapp Funeral Services, P. A. 933 Gist Avenue, Silver Spring, M.										
d in by th or remova medical		23. PART I. Enter the diseeses, or				node of dying, such	es cerdiec or respira	story arrest,				
BOE		shock, or heart feliure. List only one ceuse on each line.										
the m	I	disease or condition	Pulmona	rv	Edema & He	art Fail	ure		į			
completely ial, cremati event, ti	CATION	esulting In deeth)  Pulmonary Edema & Heart Failure  oue to (or as a consequence or):										
and completely fille b burial, cremation, natic event, the		OUE TO (OR AS A CONSEQUENCE OF):  A Demia & Generalized infection										
C = E		it any, leading to immediate										
nding physician Hygiene prior to or other traun	2	cause. Enter UNDERLYING CAUSE (Disease or injury Due TO IOR AS A CONSEQUENCE OF):										
oth oth	RTIFIC	that initiated events resulting in deeth) LAST	•									
	CER		d. Acute I	ymر	phoplastic	Leukemia	, Mutipl	ie re	Laps			
I by the attending and Mental Hygie ny Injury, or oth	DICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEO?  24b. WERE ANAIL.  CONSTITUTE OF THE PROPERTY OF THE PRO										
on the	용	Massive hepatosplenomegaly; CNS leukemia; 1 ∪ YES 2X NO COM										
of Heal	MEI	Allogeneic bone marrow transplant; hemorrhagic										
of. of		cvstitis										
e Dept.	IAI	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF OEATH (Check	only one)					
rtificate h he State ( or Item	SICIAN:	EXAMINER?  1 YES 2 X NO	HOSPITAL: 1   Inpatient 2   ER/O	utpatier	OTHER:	ome 5 Residence 6	Other (Specify)					
8 2	/ PHY	27. MANNER OF OEATH  1 Natural 5 Pending	28a. DATE OF INJUR (Month, Day, Year		INJURY	NJURY AT YORK?	Sd. OESCRIBE HOW IN	JURY OCCURE	ED .			
DIRECTOR: After this or hours after death with Item 28 Is marked,	ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datarmined	28e. PLACE OF INJU building, etc. (S	Pecify)	it home, farm, street, factory, of	fice 2	Sf. LOCATION (Street an City or Town, State)	d Number or R	24b. WERE AWAIL COMPORT OF DI			
rs afte	LETE	Tomicia againmed										
DIREC hours	PL	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my kn	owledge	, death occurred at the time, de	nta and place, and dua to	the cause(a) and menr	ner an stated.				
NERAL Nin 72 NT: 1	COMP	one) 2 MEDICAL EXAMIN	ER: On the beals of examine	tion and	l/or investigation, in my opinion	, death occured at the tie	ne, data and place, and	due to the ce	use(a) and			
E FU	ш	296. SIGNATURE AND TITLE OF CERTIFIE	TO .			29c. LICENSE NUMB	ER	29d. OATE SIG	GNEO (Mont			
TO THE FUNERAL ID TO THE WITHIN 72 P IMPORTANT: If II	TO B	In Y	Colle	wx	<u> </u>	D-17566		2/2	8/91			
	-	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH	(ITEM 27) (Type, Print)				,			
2		Lawrence F. Co	hen. M.D.	1	0313 Georgi	a Ave.#3	03.Silve	r Spr	ina			

MEGISTRATS SIGNATURE

Joseph Phillip

12. WAS DECEOENT EVER IN U.S. ABMED FORCES? 1 YES 2 ANO

FORCES? 1 YES 2

8. AGE (In yrs. last birthday)

VRS

5. SEX

Montgomery

1 🕅 M 2 🗌 F

2. DATE OF DEATH MONTH 3. TIME OF DEATH 28 1991 February 2:40 P 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Uq. 13 1985 California Aug. 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Montgomery 10d. INSIDE CITY 1 TES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 20855 United States 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 XNO Specify: White 16b. KIND OF BUSINESS/INDUSTRY Surname) State, Zip Code) 4D 20855 ATION — City or Town, State er Spring, Maryland Α. Spring, MD 20910 Approximate atory arrest, interval Between Onset and Death 3 days months months ie relapses AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE X NO 1 □ YES 2 □ NO JURY OCCURED nd Number or Rural Route Number, ner as stated. d due to the cause(a) and manner as stated. 29d. OATE SIGNEO (Month, Day, Year)

\*\*\*

8

Martin D.

31. DATE FILED (Month, Day, Year)
MAR 05 '91

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tra	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	*IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--	--	--	---

REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)			IOAIL OI	DEATH		REG. NO			3. TIME	E OF DEA	TH
	Robert Al	Loyd			Мат	ch 4,	1991	YEAR	9:3	30	Р
4. SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C			_	HPLACE (		oreign
246-46-0734	1X M 2 □ F 56	YRS.	MONTHS DAYS	HOURS MIN.	Oct.	19,	1934			arol	in
9a. FACILITY NAME (If not institution, give stre 13232 Old Chapel			Bowie	OR LOCATION OF E	DEATH			NTY OF	DEATH Georg	ne's	
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	Hodd	40- 017	Y, TOWN OR LOC	ATION			1, 11,	100		SIDE CIT	
	e George's	10c. CI1	Bowie	ATION					LII	MITS?	
10e. STREET AND NUMBER	deorge s			Of, ZIP CODE			10g, CIT	IZEN OF	WHAT CO		JNO
13232 Old Chapel F	Road				20720		1110	-	Stat		
	12. WAS DECEDENT EVER IN U	U.S. ARMED		ECENDENT OF HISPA	ANIC ORIGIN				CE Ame		llan,
3 Widowed 4 V Divorced	FORCES? 1 K) YES IF YES, GIVE WAR OR DAT	ES	If yes, :	S 2 NO Spec		Ican, etc.)		Spe	ck, White, ic//y: hite	atc.	
15. DECEDENT'S EDUCA (Specify only highest grade or	ATION 1	16a. DECEDENT'S	USUAL OCCUPA	TION	16b.	KIND OF BU	JSINESS/IN				
Elementary/Secondary (0-12)	College (1-4 or 5+)		work done during i se retired.)								
11		Master	Plumbe			lumbi					
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N			n Surname)				
Clyde Lorenza Loy	/a	1		Ethel						_	
Linda L. Doke				and Number or Rure					n		
	201	PLACE AND DAT			U, DATE	_	OCATION -				_
20e METHOD OF DISPOSITION 1人 Burlel 2 ☐ Cremation 3 ☐ Ramov 4 ☐ Donation 6 ☐ Other (Specify)		metary, crematon	or other place)		DATE		rento				ir
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	TI ATEM C		AND ADDRESS OF I	EACH ITY	MAGI	TCHTC	, ,	IV. U	0101	
· Eiller 7	1 /										
	1 K - 00		Blay	lock's F	unera	1 Hom	е				-
		the death Do	203	lock's F North Fr	unera ont S	treet	, War			NC	
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23. PART I. Enter the diseases, or co shock, or heart fellure. Li IMMEDIATE CAUSE (Final	omplications that caused ist only one cause on each	ch lina.	not antar the n	lock's F North Fr	unera ont S	treet	, War		A	pproxir	nate Betw
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23. PART I. Enter the diseases, or conshock, or heart fellure. LimmEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 X NO  27. MANNER OF DEATH  1 X Natural 5 Pending Immediation	DUE TO (OR AS A CONTRIBUTION OF INJURY  HOSPITAL:    DIRECTO   DIRECTO   DUE TO   DUE TO	consequence of the property of	pot antar the n    Audu   F):   Coccu   P):   In the underly   OTHER:   Audu	IOCK'S F North Fr node of dying, su  C  C  C  C  C  C  C  C  C  C  C  C  C	in Part i.  Check only one 6 Other 26d. DES	24a. WAS A PERFC 1 YES	N AUTOPSY PAMED? 2 M NO	24	4b. WERE A AMAILAI COMPLETO F DEA	AUTOPSY BLE PRIO CATH?	FIND R TO
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23. PART I. Enter the diseases, or conshock, or heart fellure. LimmeDiate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only)  1 XCERTIFYING PHYSIC	DUE TO (OR AS A CONTRIBUTION TO (OR AS A CONTR	thent 3 DOA  At home, farm,	DOTHER: 4 Norsing H AE OF 28c. JURY M 1 street, factory, of	IOCK'S F North Fr node of dying, su  W W W W W W W W W W W W W W W W W W	in Part i.  Check only on  6   Other  28d. DES	24a. WAS A PERFC 1 YES  (Specify)  CRIBE HOW  ATION (Strees or Yours, State	N AUTOPSY PRMED? 2 X NO	24  CCURED  or or Rura	4b. WERE A AMALAI COMPLE 1 U YI	AUTOPSY BLE PRIO ETION OF AUTOPSY BLE PRIO E	FIND CALL
23. PART I. Enter the diseases, or conshock, or heart fellure. LimmeDiate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 X NO  27. MANNER OF DEATH  1 X Natural 5 Pending Investigation  3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only)  1 XX CERTIFYING PHYSIC (Check only)	DUE TO (OR AS A CONTRIBUTION OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, stc. (Specificant of the best of my knowless: On the best of aximination	thent 3 DOA  At home, farm,	DOTHER: 4 Norsing H AE OF 28c. JURY M 1 street, factory, of	IOCK'S F North Fr node of dying, su  W W W W W W W W W W W W W W W W W W	unera ont S	24a. WAS A PERFC 1 YES  (Specify)  CRIBE HOW  ATION (Strees or Yours, State	N AUTOPSY RMEO? 2 M NO INJURY ON t and Number	CCURED or or Rura ated.	4b. WERE A AMALAI COMPLE 1 U YI	AUTOPSY BLE PRIO ETION OF AITH?	FINITE CA

D CAUSE OF DEATH (ITEM 27) (Type, Print)

14201 Laurel Park Drive, #107, Laurel, MD 20707

D.

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Weltz,

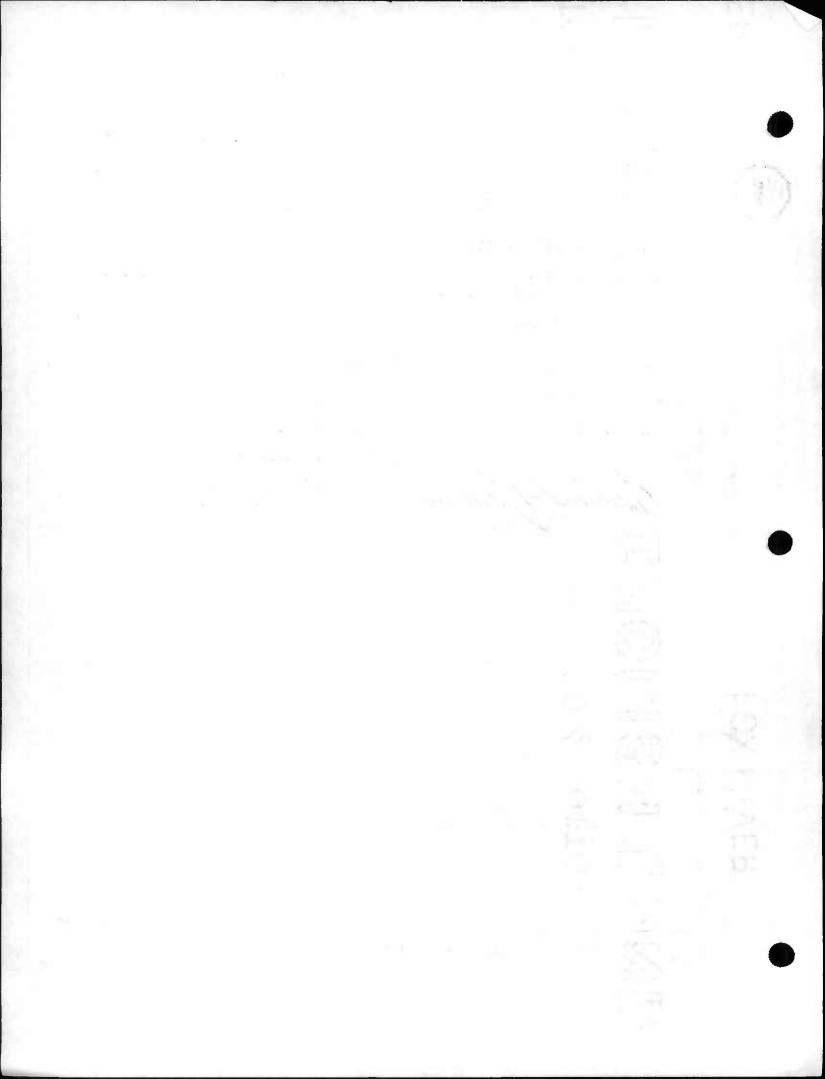
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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HOS H	FUNE	within	MY
포	분	B	OR
R	R	be fi	MP

1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH	RE	G. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D		YEAR	3. TIME OF DEATN
Ruth Lvdia	LEWIS				FEB. 2	DAY 24.1991	YEAH	5:07A M
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In y	rs. last birthday) YRS,	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day,	PITN : Your)	Cou	TNPLACE (State or Foreign intry)
579-07-7439 99. FACILITY NAME (If not institution, give st	X OI		OF CITY TOWN (	OR LOCATION OF DE	Aug		COUNTY OF	enn.
DOCTORS COMMUNITY			LANHAM	or Location of Di	-AIN			GEORGE'S
RESIDENCE OF DECEDENT  10e, STATE  10b, COUNTY		10c. CIT	TY, TOWN OR LOCAT					10d. INSIDE CITY LIMITS?
	ce Georges		Seabro			· ·		1 X YES 2 NO
100. STREET AND NUMBER 9441 Worrell A	ve.		101	20706	5	10g.	U.S	· A .
11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 TYES :	2)(NO	If yes, sp	ENDENT OF NISPAI ecify Cuben, Mexics 2 X NO Specif	n, Puerto Rican		Ble	CE — American Indian, ack, White, etc.
15. DECEDENT'S EQU- (Specify only highest grade Elementary/Secondary (0-12) 1.2	CATION 16 completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	s usual occupation work done during more retired.)  keeper	ON ost of working		uther	/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last)	2	DOOK	Recper	18. MOTHER'S NA				7 6011
Garfield Hos				- 0.5	le C	The state of the s		
19e. INFORMANT'S NAME (Type/Print)	5	19h MAIL IN	G ADDRESS (Street o					
Donald R. Lew	is	1100	7 Carly			on, M	D 21	
29e. METNOD OF DISPOSITION 1	oval from State 20b. P	netary, cremator	re of disposition y or other place) incoln	Cemete:	DATE - V 2 / 2 9	Bren	t W O O	Town, State
21. SIGNATURE OF PURERAL SERVICE LIC	ENSEE	010 1	22. NAME AL	ND ADDRESS OF FA	CILITY			4,
· Kidano	Rouli	-		on/Hale				, MD 20706
immEDIATE CAUSE (Final disease or condition reaulting in deeth)	e. Rospina  Due to (or as a co	ONSEQUENCE	fait	Cino	D	the Z	Pun	Interval Between Onset and Death
Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CO	SAMEOUENCE O	or):		0			
PART II. Other aignificent condition	e contributing to desth but	not reaulting	in the underlyin	g cause given in		WAS AN AUTOR PERFORMED?		1 24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
					-			1 TYES 2 NO
25. WAS CASE REFERBED TO MEDICAL			26. P	LACE OF DEATH (C	heck only one)			
EXAMINER?	HOSPITAL:	lent 3 DOA	OTHER:	ne 5 🗆 Residence	II =======	activity.		
27. MANNER OF DEATN	28e. DATE OF INJURY	28b. TI	ME OF 28c. IN.	JURY AT		BE HOW INJURY	OCCURED	1
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	II.		ORK? YES 2 NO				
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, atc. (Specify,	- A1 home, farm,	, street, factory, offic	C <del>O</del>		N (Street and Nu wn, State)	mber or Rur	rel Route Number,
one)	ICIAN: To the best of my knowled							se(s) and menner as stated.
29b. SIGNATURE AND TITLE OF CENTIFIE	es lum	D, N	VP.	29c. LICENSE NU	MBER	29d.	DATE SIGN	NED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WIN	IO COMPLETED CAUSE OF DEAT	H (ITEM 27) (Typ	pe, Print)	10-192	50		1/0	20706
JAES. CHUNG	. MD. 9470+		polis R	1.#306	, Lan	ham.	ano	100
31. DATE FILED (MORTH, Day, Year)	32. REGISTRAR'S SIGNAT	URE Rend	000					



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 the billed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

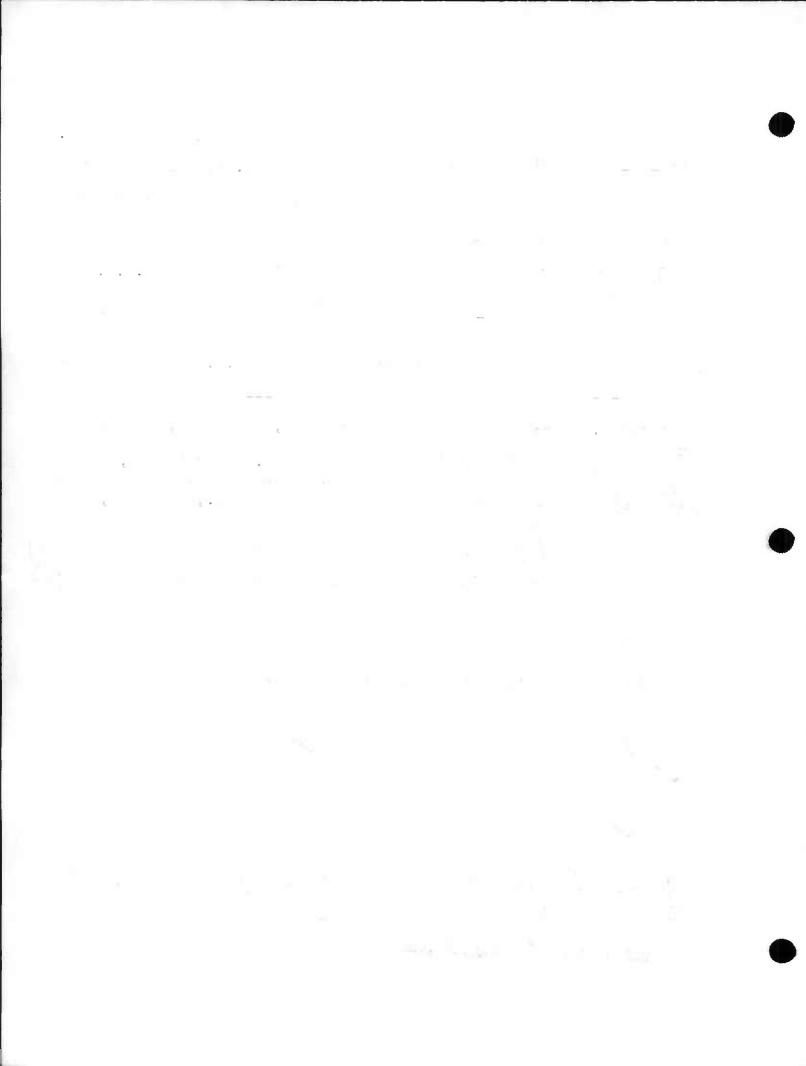
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

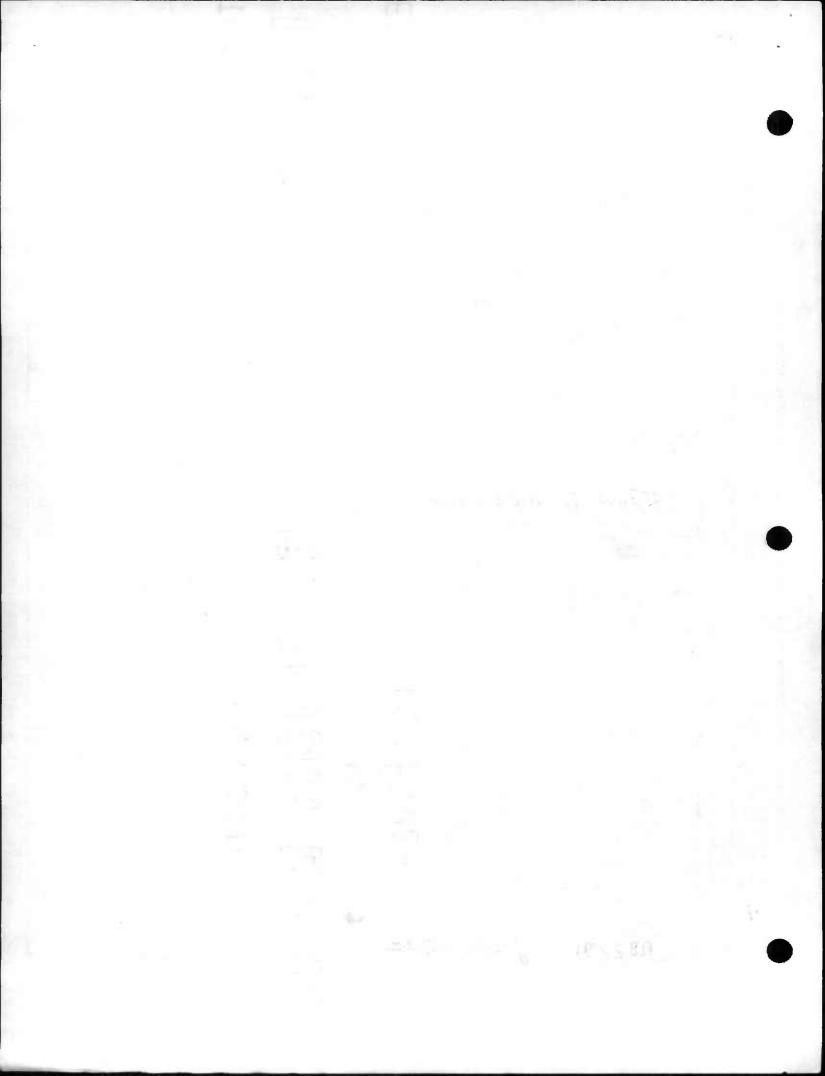
FOR STATE

	REGISTRAR		C	ERTIF	ICATE	OF	DEATH	R	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF				3. TIME OF DEATH	
	HOMER LET	7	MOORE					March	6 .	19	YEAR	А. м	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. Is	not hirthriau)	IF UNDER	1 VEAD	IF UNDER 24 HRS.	7. DATE OF E				PLACE (State or Foreign	
)		1 🕅 M 2 🗆 F		YRS.	MONTHS	DAYS	HOURS MIN.	(Month, De	y, Year)		Countr	y)	
/	225-14-6234		67	Tho.				Mar.2	0,1			rginia	
-/	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY,	TOWN C	R LOCATION OF D	EATH		9c. COU	NTY OF D	EATH	
5	431 Schley Roa	đ			A	nna	polis			An	ne A	rundel	
E-	RESIDENCE OF DECEDENT												
DIRECTOR	10e, STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	TON				1	10d. INSIDE CITY LIMITS?	
5	Maryland An	ne Arun	del		Ann	ano	lis				- 1	1 X YES 2 NO	
_	10e. STREET AND NUMBER		0=			-	. ZIP CODE			10g. CIT	IZEN OF V	VHAT COUNTRY?	
FUNERAL	427 Cablar Da	0.7					2140	1			U.S	Λ	
빌	431 Schley Ro										_		
필	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	X YES 2				ENDENT OF HISPA ecify Cuban, Mexic			or No-	14. RACE Black	— American Indien, c, White, stc.	
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE Y		-	1	_ YES	2 KNO Speci	ly:			Speci		
	3   Wooda 4   Divoca	1940	- 196	1							wn:	ite	
	15, DECEDENT'S EDUC (Specify only highest grade		18e. E	Give kind of	USUAL OC	CUPATIO	ON est of working	16b. KIR	D OF BUS	INESS/IN	DUSTRY		
Ш	Elementary/Secondary (0-12)	College (1-4 or 5		fe. Do NOT us	se retired.)		•						
COMPLETED	11		l c	arri	er			U.	S. I	ost	al	Service	
S	17. FATHER'S NAME (First, Middle, Last)		1				18. MOTHER'S N.						
Ö													
BE	40 - NEODINANTO NAME (To - Date)			Ob. 85040 000					7/2 T		- 0-4-1		
2	19e. INFORMANT'S NAME (Type/Print)						and Number or Rural					07.407	
_	Dorothy H. Moo	re		431	Sch	ile;	y Road,	Anna	_				
	20a. METHOD OF DISPOSITION  1 XBurial 2 Cremation 3 Reme	nual from State		E OF DISPO	SITION (Na	me of ce	metery, crematory or		20c. LO	CATION -	City or To	own, State	
	4 Donation 5 Other (Specify)	Will Holli State	- M/11	ngto	n Na	ati	onal Ce	m.	Arl	ine	ton	. VA	
	25 SIGNATURE OF FUNERAL SERVICE UC	ENSEE /	11		22 1	NAME A	NO ADDRESS OF E	ACH ITY					
	Hara Dell 1	4	/				or Fune					21401	
	Duald X	Vey/	a		14	17 (	Glouces	ter S	t., 1	Anna	pol.	is,MD	
	23. PART I. Enter the diseases, or o				not enter	the mo	de of dying, su	ch es cerdisc	or respi	ratory a	rreat,	Approximate	
	ahock, or heart fallure.	C.						1				Interval Between Onset and Death	
	IMMEDIATE CAUSE (Final disease or condition	hva	CADDI	A	/ k :	101	40071	126/				C. Ma. ()	
	resulting in death)	MYDO	イトレリ		110	(1)	12-11	O . V				20ther -	
		A -T11	(OH AS A COMS	CO A	· ~ ~	Til	2 HCX	TIFF	DI.	CACA	25	INTYRS	
N	Sequentially list conditions,					)   (	- 1701	11-1	שו-	2C \	10	101.7	
Ĕ	If any, leeding to immediate	DUE 10	(OR AS A CONS	EQUENCE O	F):								
2	CAUSE (Disease or Injury	c	,										
F	that initiated events	DUE TO	TOR AS A CONS	EOUENCE O	HF):							i	
CERTIFICATION	resulting in death) LAST	d											
	PART II, Other significent condition	o contabutton to	alouth had no		In the co	al a al al a	a sauce abuse to	Dent Las		4150000		WERE ALERONOU EN INDIAGO	
EDICAL	C/HRONIC O	_							PERFOR		246	MAILABLE PRIOR TO	
2	CITICONIC U	127/10/6	1106	14(12	VIII,	<u> </u>	113011	1	YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?	
											11	1   YES 2   NO	
Σ											th.		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					20 0	LACE OF DEATH (C	heat anti-anal			-		
$\overline{\mathbf{c}}$	EXAMINER?	HOSPITAL:			OTHER	R:	1/				-		
YS	1 TES 2 NO	1 Inpatient 2			_	_	ne 5 Residence	_					
H	27. MANNER OF DEATH	28a. DATE Of (Month, I	F <b>INJURY</b> Day, Year)	28b. TIR	WE OF		JURY AT ORK?	28d. DESCR	BE HOW I	NJURY O	CCURED		
	1 Matural 5 Pending				М	1 🗌	YES 2 NO						
>	In attacette a	28e PLACE OF INHERY At home form			street, fact	lory, offic	00			and Numb	er or Rural	Route Number,	
Э ВҮ	2 Accident investigation			At home, farm, street, factory, office				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
0	2 Accident investigation		, etc. (Specify)										
0	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	building	, etc. (Specify)										
0	2 Accident 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only)	building	, etc. (Specify)  If my knowledge,										
0	2 Accident 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only)	building	, etc. (Specify)  If my knowledge,									e) and manner se stated.	
COMPLETED	2 Accident 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only)	CIAN: To the best of	, etc. (Specify)  If my knowledge,					e time, date en		d due to	the cause(	e) and manner se stated.  D (Month, Day, Year)	
BE COMPLETED	2 Accident 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of	, etc. (Specify)  If my knowledge,				death occured at th	e time, date en		d due to	the cause(		
BE COMPLETED	2 Accident 3 Suicide 4 Homicide 8 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIE	CIAN: To the best of care.	etc. (Specify)  If my knowledge, examination and/	or investigati	lon, in my d		death occured at th	e time, date en		d due to	the cause(		
E COMPLETED	2 Accident 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of care.	otc. (Specify)  If my knowledge, examination end/	TEM 27) (Typ	e, Print)	opinion,	29c. LICENSE NI	JMBER	d place, an	29d. D/	the cause(		
BE COMPLETED	2 Accident 3 Suicide 4 Homicide 8 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIES 30. MANE AND ADDRESS OF PERSON WITH COURSE AND ADDRESS OF PERS	CIAN: To the best of the complete of the compl	of my knowledge, examination and/	TEM 27) (Typ	e, Print)	opinion,	29c. LICENSE NI	e time, date en	d place, an	29d. D/	the cause(		
BE COMPLETED	2 Accident 3 Suicide 4 Homicide 8 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIE	CIAN: To the best of the complete of the compl	of my knowledge,  sxamination and/  JISE OF DEATH (I'  I'ER 45  AR'S SIGNATURE	TEM 27) (Typ	e, Print)	opinion,	29c. LICENSE NI	JMBER	d place, an	29d. D/	the cause(		
BE COMPLETED	2 Accident 3 Suicide 4 Homicide 8 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIES 30. MANE AND ADDRESS OF PERSON WITH COURSE AND ADDRESS OF PERS	CIAN: To the best of the complete of the compl	of my knowledge, examination and/	TEM 27) (Typ	e, Print)	opinion,	29c. LICENSE NI	JMBER	d place, an	29d. D/	the cause(		



FOR

REGISTRAR	1000	CERTIFIC	ATE OF	DEATH	REG. NO.							
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	Y YEA	3. TIME OF DEATH					
Karl		eyer			ebruary	19 19	9L 12:32P					
4. SOCIAL SECURITY NUMBER 771-01-8875	1 🔀 🛠 2 🗆 F	74 YRS. MO	UNDER 1 YEAR NTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6/16/16	WI	IRTHPLACE (State or Foreign burntry) SCONSIN					
	9a. FACILITY NAME (If not institution, give street and number)  Memorial Hospital  Easton  Talbo											
10e. STATE 10b. COUNT	ALBOT		OWN OR LOCAT	ION		10d. INSIDE CITY LIMITS? 1 YES 2 NO						
100. STREET AND NUMBER 101 Riverview	Avenue		101	21654		10g. CITIZEN O	OF WHAT COUNTRY?					
11. MARITAL STATUS 1 Never Married 2 Merried 3 Naver Married 4 Divorced	12. WAS DECEDENT EVER FORCES? XXYES IF YES, GIVE WAR OR D	2 NO	If yes, sp	ENDENT OF HISPANII ocity Cuban, Mexican, 2 NO Specify:			RACE — American Indian, Black, White, etc. Specify: White					
15. DECEDENT'S EDU (Specify only highest grad	ICATION e. completed)	16a. DECEDENT'S USI (Give kind of work			18b, KIND OF BUS	INESS/INDUSTF	RY .					
Elementary/Secondery (0-12)	College (1-4 or 5+)	CIVIL E	etired.)		ENGIN	EERIN	G					
17. FATHER'S NAME (First, Middle, Last)  MAXMILLIAN ME	YER				ELDA KUE							
19a. INFORMANT'S NAME (Type/Print)		The state of the s			oute Number, City or Town							
PETER KARL ME	YER	900 E	ulton	Street			n, IL 6017					
20a. METHOD OF DISPOSITION  1  Buriel 2	noval from State	bb. PLACE AND DATE OF COMMENT OF	F DISPOSITION other place) ISTERN	Shore	Cremator	CATION — City of	eorgetown					
_	21. SIONATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Newnam Funeral Home  200 S. Harrison Street Easton, MD											
23. PART I. Enter the diseasea, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, above, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OP AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
PART II. Other algoriticant condition	d	but not resulting in			PERFOR	IMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  112 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (Che								
27. MANNER OF DEATH  1 X Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c, IN,	URY AT PRICE 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCURE	ED					
2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJUF building, etc. (Sp	IY — At home, farm, streecify)	et, factory, offic		281. LOCATION (Street : City or Town, State)	and Number or R	tural Route Number,					
one)	SICIAN: To the best of my kno						use(s) end manner ee stated,					
29b, SIONATURE AND TITLE OF CERTIFI	Jour.	dran	11	29c. LICENSE NUM DZ39	18ER 62		SNED (Morith, Day, Year) 20/91					
30. NAME AND ADDRESS OF PERSON W	dman M.D.	403		Lo Cour	t, East	on, M	d. 21601					
FEB 2 2 '91	32. REGISTRAR'S SIG	MATURE Gandall		5.1								



	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pern			
	Surial-t			
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	5 shou		notifie	
	page		t be	
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	and cor	burial,	atic e	l
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-	en sig	of He	shows	
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	Lificate	e State	r iten	
	his cer	with th	ked, o	
	After t	death	шан	
	CTOR:	after	28 is	l
	L DIRE	2 hours	I Item	l
	JNERA	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	١
4	THE FL	filed w	PORT/	
2	2	8	3	1

		FOR STATE REGISTRAR		STATE OF MA				F HEALTH DF DEA		NTAL HYGIEN		); 07007
7			BERTHA	FRANCES			16		6	Feb. 25.	1991	3. TIME OF DEATH
7		4. SOCIAL SECURITY NUME 222-26-327	4	1 🗆 M 2 🔀 F	78 78	YRS.		NYS HOURS	MIN. J	(Month, Day, Year)	912 F	BIRTHPLACE (State or Foreign Country)  rankford, DE
	стов	Peninsula	Genera		1			ISBUT	TION OF OBAT	Nd.	1.	Com/co
	DIREC	10a. STATE Delaware	106. COUNT				nkfor					10d. INSIDE CITY LIMITS? 1 ☐ YES 2 💢 NO
	FUNERAL	Rt. 1 B	ox 22					101. ZIP CO			USA	N OF WHAT COUNTRY?
	BY	11. MARITAL STATUS 1 Never Married 2  3 Widowed 4 Divo		12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2		If ye		en, Maxican, 1	ORIGIN? (Specify Yearto Rican, atc.)	or No— 1	4. RACE — American Indian, Black, White, etc. Specify: White
	PLETED	15. DEC (Specify onl Elementary/Secondary (f 12th	CEDENT'S EDU ly highest grade 0-12)	CATION completed) College (1-4 or 5+)	- 4	Give kind of view. Do NOT us	,	PATION ng most of wor	king	None	SINESS/INDU	STRY
notified at once.	E COMPL	17. FATHER'S NAME (First, A Frank Huds						0.00,000		(First, Middle, Melden 011itt	Surname)	
notifie	TO B	Marion M.								kford, De		
must b		20e, METHOD OF DISPOSIT 1 A Burial 2 Crematic 4 Donation 5 Other	on 3 Rem	novel from State	other	nlenel	e's Ce	of cometery, cr metery	7	Cla		ty or Town, Stata 11e, DE
or removal. medical examiner must be		21. SIGNATURE OF FUNERA	al service Ly	Linn	Juga	R	Me	lson H		m l Service laware 19		d.
cremation,		23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fi disease or condition resulting in death)	naart fallure.	List only one caus		ser ser	ve_	e mode of d	lying, such :	es cerdiac or resp	iratory arre	Approximate interval Between Onset and Death
il Hygiene prior to burial, cremation, or other traumatic event, the	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  d										
of Health and Mental shows any Injury,	: MEDICAL CI	PART II. Other signific	ant conditio	7	death but no	t resulting	in the unde	rlying cause	given in Pa	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
State Dept.	SICIAN	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:	ED/Outo allows	2 7004	OTHER:		DEATH (Checi			
arked, or	РНУ	27. MANNER OF DEATH	Pending Investigation	28e. DATE OF I	NJURY	28b. TIN	IE OF 28	ic. INJURY AT WORK?	1	Other (Specify)	INJURY OCCI	UREO
s after deat	ETED BY	2 Accident 3 Suicide 6 4 Homicide	Could not be detarmined	26e. PLACE OF building, e	INJURY — A1 rtc. (Specify)	home, tarm,	atreet, factory	, office		281. LOCATION (Street City or Town, State		or Rural Route Number,
filed within 72 hours after death with the PORTANT: If item 28 is marked, or	COMPLE	one)	1000	ER: On the best of ax								d. cause(a) and manner as stated.
be filed within IMPORTANT:	TO BE (	Will	gently	lagelin	0			29c, L	ZZ/			SIGNED (Month, Day, Year)
	Ĭ.	Dr Wm I	VAGIE	100 E.	CARRO	LL S.	+ B	80× 37	19, Sc	alisburg		
	4	31. DATE FILED (Month, Day	- Selfie	32. REGISTRAI								

BALTIMORE, MARYLAND 21203-3146	ath certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physici
	24 Po
46,	ted within ;
13	поеже
×	20
P.O. BOX 13146,	certificate
0	të.

DIVISION OF VITAL RECORDS,

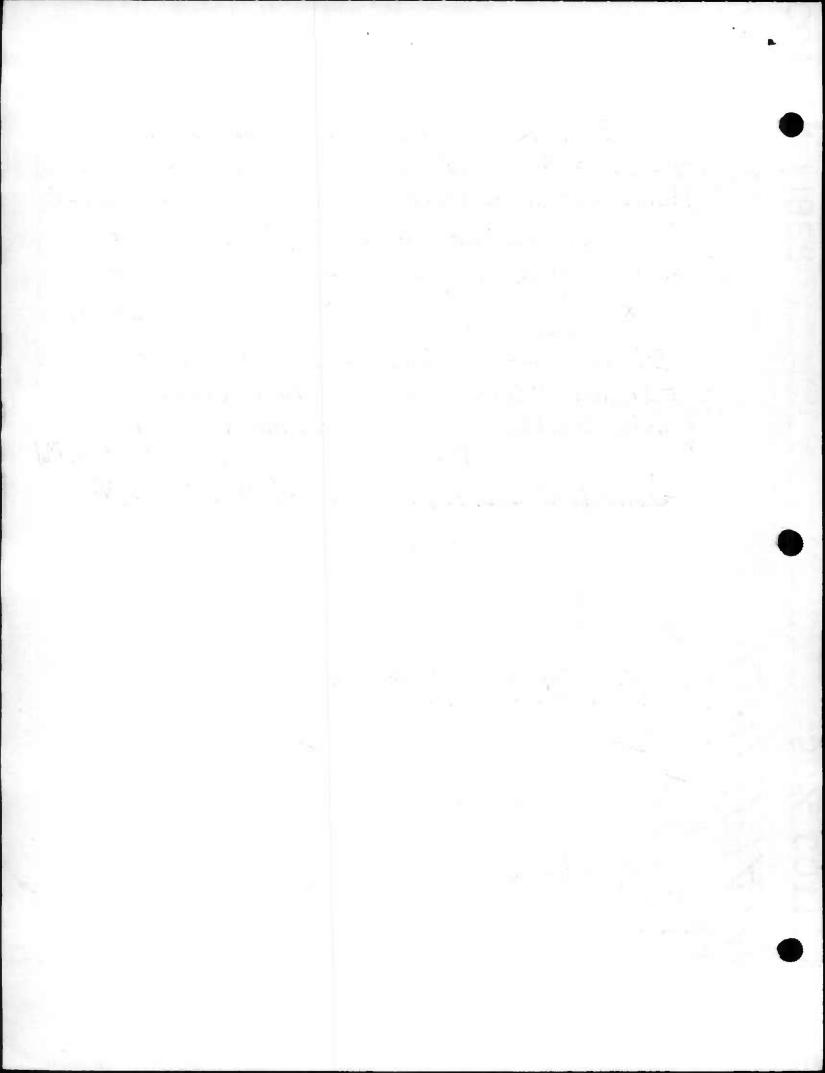
5

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

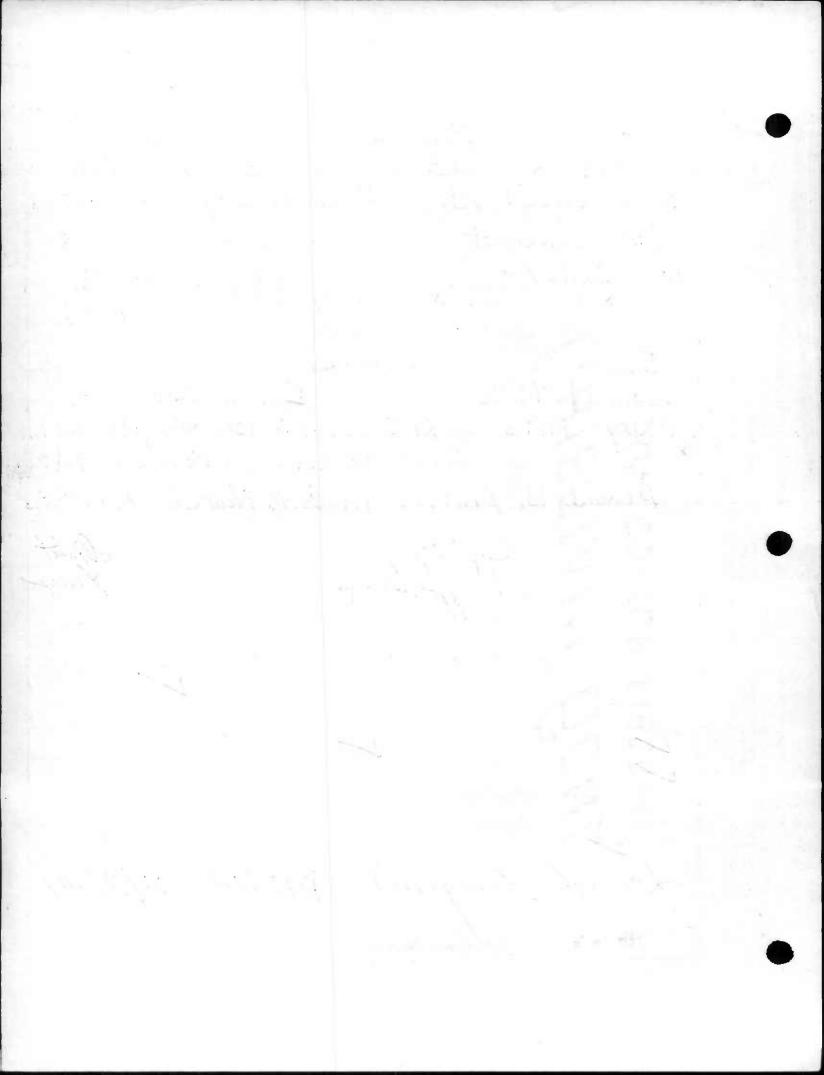
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 s filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFICA			MENTAL HYGIE REG. N		. 0,000			
	1. DECEDENT'S NAME (First, Middle, Last)	1 .	1111			2. DATE OF DEATH	DAY YE	3. TIME OF DEATH			
	tro	INK	Milbor	irne		2 - 2	6-91	5:00 A.M.			
	4. SOCIAL SECURITY NUMBER 194-18-97.2.5	1 M 2 🗆 F		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	912	SHRTHPLACE (State or Foreign Country)			
LOR	9a. FACILITY NAME (If not institution, give s	t Clarke	Many	CITY TOWN OF	LOCATION OF DE	e city	9c. COUNTY	rcester			
DIRECTOR	10a. STATE 10b. COUNT	v L	10c. CITY, TO	OWN OR LOCATION	ON	P.I.		10d. INSIDE CITY LIMITS? 1 Dryes 2 No			
FUNERAL D	10e. STREET AND NUMBER	rees Te	Manag	101.	ZIP CODE	-, /	10g. CITIZEN	OF WHAT COUNTRY?			
ON	11. MARITAL STATUS	12. WAS DECEDENT EVER				IIC ORIGIN? (Specify	Yee or No- 14.	RACE — American Indian, Black, White, etc.			
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YE	S 2 NO DATES		Piry Cuben, Maxica NO Specify	n, Puerio Rican, etc.)		Black			
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a. DECEDENT'S USL (Give kind of work	done during mos	N t of working	16b. KIND OF I	BUSINESS/INDUST	RY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Da NOT use re	sent	er_	Au	mber				
8	17. FATHER'S NAME (First, Middle, Lest)	Milh		,	16. MOTHER'S NA	ME (First, Middle, Maid	ien Sumame)				
BE	19a, INFORMANT'S NAME (Typo/Print)	O	19b. MAILING AD	DRESS (Street an	d.Number or Rural	Poute Number, City or	Town. State Zio Coo	(n)			
임	Prostan Sn	nith	2045	Gran	ton f	Road	2185	-1			
	20e, METHOD OF DISPOSITION 1	noval from State	other place)	ON (Name of cem	etery, cremetory or	200	COCATION - City	or Town, Stata			
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	7	22. NAME AN	D ADDRESS OF FA	CILITY	<u> </u>				
	23. PART I. Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, / Approximete										
		complications that couse on		enter the mod	le of dying, suc	h as cerdiec or re	spiratory arrest	Approximete Interval Between			
	iMMEDIATE CAUSE (Fine) disease or condition			/	, (	21.121		Onset and Death			
	resulting in deeth)	S. DUE TO (OR A	M ST AND	c Cu	100- (	ANCEV	,				
z		b.									
ATIO	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	DUE TO (OR AS	S A CONSEQUENCE OF):								
CERTIFICATION	CAUSE (Disease or injury thet initiated events resulting in death) LAST	DUE TO (OR AS	B A CONSEQUENCE OF):								
	PART II. Other significant condition	ne contributing to deat	but not resulting in t	he underlying	cause given in	Part I. 24a WAS	AN AUTOPSY	24b, WERE AUTOPSY FINDINGS			
CAL		16 STARE		7		PER	FORMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE			
PHYSICIAN: MEDIC	SIP (C)	THORACOP						OF DEATH?			
ä	"										
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (C)	eck only one)					
YSI	1 U YES 2.410	1 - Inpetient 2 - ER/O	utpatient 3 DOA 4	☐ Nursing Home		6 Other (Specify)					
F	27. MANNER OF DEATH  1   Matural 5   Pending investigation	28e. DATE OF INJUR (Month, Day, Yea		Y WOI	JRY AT RK? ES 2 NO	28d. DEŞCRIBE HO	W INJURY OCCUR	ED			
LED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJU building, etc. (S	IRY — At home, farm, stre- pecify)	et, factory, office		281. LOCATION (Str. City or Town, St	set and Number or lete)	Rural Route Number,			
COMPLETED	Control Only	SICIAN: To the best of my kn									
	29b. SIGNATURE AND LITTLE OF CLEARING	/	ition and/or investigation, i	in my opinion, de				suse(a) and manner as stated.			
BE	M	o ms			1)249		▶ 3 /	IGNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF THE ON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Pri	int)							
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI									
	MAR 01 '91	grilia Dav	idson-Randell								



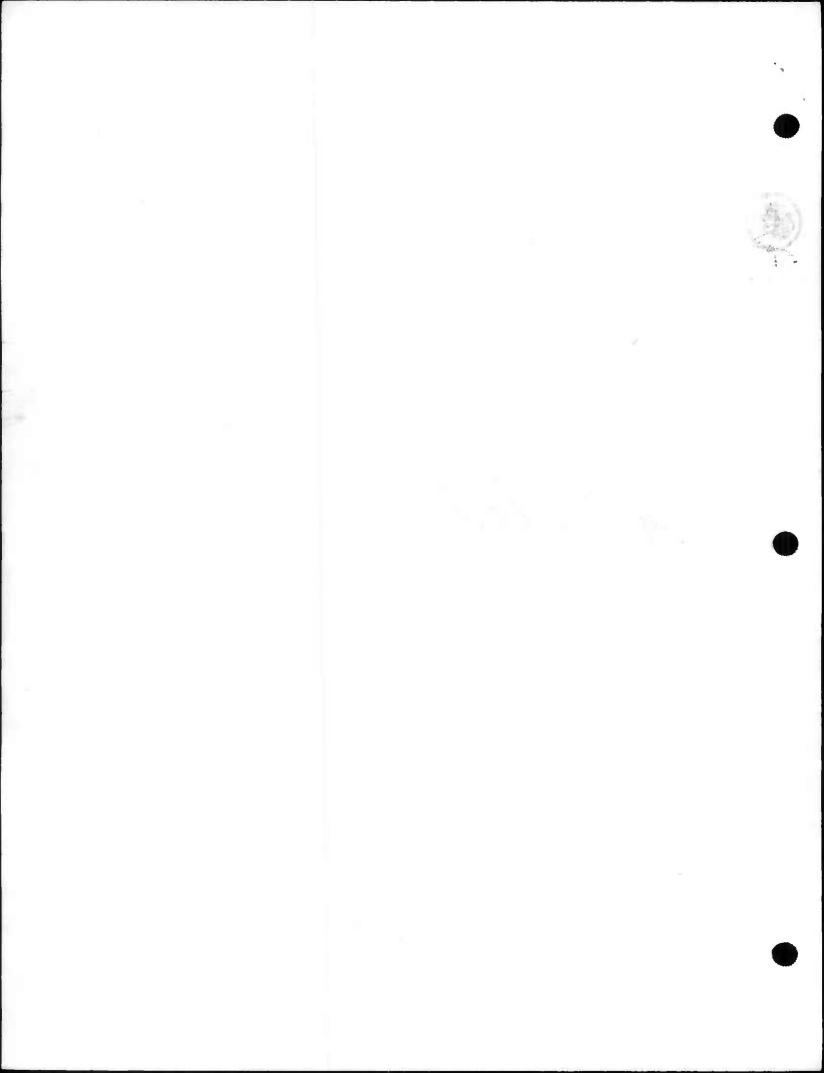
ш	1 - STATE REGISTRAR		EPARTMENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	
	1. OECEOENT'S NAME (First, Middle, La:	ZO T. Mills	s Sr.	2. DATE OF OEATH MONTH 2 - 2 7-	9 YEAR 3. TIME OF OEATN
	218-14-1865	17 - 10	YRS. MONTHS DAYS HOURS MIN.	3-3-17	a. BIRTNPLACE (State or Foreign Country)
СТОЯ	9e. FACILITY NAME (If not institution, gives	obett Rd.	Pocomok-	e City 5	omerset
DIRE	10e. STATE 10b. COU	omerset	Pagamoke	City	10d. INSIDE CITY LIMITS? 1 YES 2 NO
NERAL	100. STREET AND NUMBER  L I BY  11. MARITAL STATUS	10 7 A	101. ZIP COOE	PANIC ORIGIN? (Specify Yee or No-	14. RACE — American Indian,
BY FUN	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuben, Max.  1  YES 2 NO Spe	icen, Puerto Rican, atc.)	Black, White, atc.  Specify   GCK
LETED	15. DECEDENT'S E (Specify only highest gr	ide completed) (Give i	DENT'S USUAL OCCUPATION kind of work done during most of working o NOT use ratined.)	16b. KIND OF BUSINESS/I	NOUSTRY
COMPL	17. FATNER'S NAME (First, Middle, Leet)	W.11-	LOBOY EV	NAME (First, Middle, Melden Surname	r . I
TO BE	19e. INFORMANT'S NAME (Type/Prini)	M 1) 19b. N	AAILING ADDRESS (Street end Number or Run	Paralle	Zip Code)
	20e, METHOO OF DISPOSITION  1 K Burlet 2 Cremetion 3 R  4 Donation 5 Other (Specify)	emoval from State 20b. PLACE OF dher place)	DISPOSITION (Name of cometery, crematory of	or 20c. LOCATION	- Oty or Town, State
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	22. NAME AND ADDRESS OF	FACILITY A	make Ma
or other traumatic event, the	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A CONSEQUE  C. DUE TO (OR AS A CONSEQUE  d.	ateurier		Yene
: MEDICAL CE	PART II. Other algorificent condi	ione contributing to deeth but not rea	ulting in the underlying ceuse given	In Part I. 24a. WAS AN AUTOPPERFORMED?  1 YES 2	AMAILABLE PRIOR TO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINED:	HOSPITAL: 1   Inpatient 2   ER/Outpetient 3	26. PLACE OF DEATN		
E .	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28e. OATE OF INJURY (Month, Day, Year)	26b. TIME OF 100 28c. INJURY AT WORK?  M 1 YES 2 NO	28d. OEŞCRIBE NOW INJURY	OCCURED
TED BY	2 Accident Investigate 3 Suicide 6 Could not 4 Homicide determined	28e. PLACE OF INJURY — At home building, etc. (Specify)	e, ferm, street, factory, office	281. LOCATION (Street end Num City or Town, State)	iber or Rural Route Number,
TO BE COMPLETE	100 A.J. at	YSICIAN: To the best of my knowledge, death INER: On the bests of examination and/or inve			
BE	2016. SIGNASSINE AND TITLE OF CENT	Heckey,	mo Di	0214 P	12/28/9/
10		WHO COMPLETED CAUSE OF DE TH (ITEM 3	27) (7g5k, Print)		100/11
	ST. DATE PILED FEB 2 8 9	32. REGISTRAN GENGHATURE GENER DEVELOR	Mandall .		



HT OT	TO THE HOSPITAL OF
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STATE OF	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	<b>MENTAL</b>	HYGIEN	E
	CI	ERTIFICATE	OI	F DEAT	TH		REG. NO	

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Hilda	Delores		Maben		Mar. 1,		2158 M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (II	n yrs. (est birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign
	212-18-0599	1□M2  ▼F 72	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) April 1, 1		Country) Maryland
	9a. FACILITY NAME (If not institution, give a			9b. CITY, TOWN C	R LOCATION OF DE	•	9c. COUNTY	
E	Peninsula General	Hospital		Salish	nirv		Wicom	ico
5	RESIDENCE OF DECEDENT							
DIRECTOR	10a. STATE 10b. COUNT		10c. CITY	TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
		Worcester			w Hill			1 💢 YES 2 🗌 NO
₹	10e. STREET AND NUMBER			101	. ZIP CODE			OF WHAT COUNTRY?
FUNERAL		t Federal Str			21863		U.S	
필	11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES				ifC ORIGIN? (Specify Ya n, Puerto Rican, etc.)	s or No— 14.	. RACE — American Indien, Black, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES	1 🗌 YES	2 NO Specify			Specify: White
	15. DECEDENT'S EDU	JCATION I	16a. DECEDENT'S 1	JSUAL OCCUPATION	ON	16b. KIND OF BU	SINESS/INDUS	TRY
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of w life. Do NOT use	ork done during mo	at of working	2000 10000 0000		
7	10		Mass	euse		Healt	h Club	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Meider	Surname)	
0	John		Ridgeway		Lil	llian		Donaldson
) BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural F	Route Number, City or Tox	vn, State, Zip Co	ode)
2	George Thrif	t	308	W. Feder	cal St.,	Snow Hill	, Md.	21863
	20a, METHOD OF DISPOSITION 1 □ Buriel 2 ☑ Cremetion 3 □ Rem	20b.	PLACE OF DISPOS	ITION (Name of cer	netery, crematory or	20c. L	CATION — City	y or Town, State
- 1	4 Donation S Other (Specify)	Total IIIII State	Salisbu	ry Crema	atory		Sali	sbury
	21. BIGNATURE OF FUNERAL/SERVICE LI	CENSED	11.		ID ADDRESS OF FA			
	Dennou	el stol	lec	Zel:	ler Funer	ral Home,	Salisb	ury, Md.
	23 PART I. Enter the diseases, or	complications that caused	the desth. Do n	ot enter the mo	de of dying, auc	h aa csrdisc or reap	iratory arres	t, Approximate
	ahock, or heart failure.  IMMEDIATE CAUSE (Finel							Interval Between Onset and Death
	disease or condition resulting in death)	0.00	CONSEQUENCE OF	1 Sin				10 Dec
	resulting in death)	OUE TO OR AS A	CONSEQUENCE OF	):				Jan Co
z		b						
E	Sequentially list conditions, if any, issding to immediate	DUE TO (OR AS A	CONSEQUENCE OF	):				
2	ceuse. Enter UNDERLYING CAUSE (Discess Dr Injury	c						
E	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	):				
CERTIFICATION		d						
	PART II. Other algnificant condition	ns contributing to death b	ut not resulting i	n the underlyin	g csuse given in		N AUTOPSY	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
2				7		1 YES		COMPLETION OF CAUSE OF DEATH?
								1 TYES A NO
2						_		- 1/1
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (Ch	eck only one)		
Sic	1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outp	atient 3 DOA	OTHER: 4 Nursing Hon	ne S 🗆 Residence	6 Other (Specify)		
£	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIMI		IURY AT	28d. OEŞCRIBE HOW	INJURY OCCU	RED
BY	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO			
ED	3 Suicide S Could not be	28e. PLACE OF INJURY building, etc. (Spec	- At home, ferm, a	treet, factory, offic		281, LOCATION (Street City or Town, State		Rural Route Number,
	4 Homicide determined							
COMPLET	290. CERTIFIER (Check only	SICIAN: To the best of my knowl	ledge, death occurre	d at the time, date	end place, end due	to the ceuse(e) end m	onner as stated	
OM	one) 2 MEDICAL EXAMIN	IER: On the basis of examination	end/or investigation	n, in my opinion, o	feath occured at the	time, date end place, i	and due to the	ceuse(a) end manner ee stated.
O	296. SIGNATURE AND TITLE OF CHETIFE				29c. LICENSE NUI	MBER	29d. DATE.S	SIGNED (Month, Day, Year)
00	( MVY)	X) /			D15089		D 3	My T/
임	30. NAME AND ADDRESS OF PERSON W	HO COMPLETEO CAUSE OF DE	ATH (ITEM 27) (Type,	Print)		· · · <u>·</u>	1	U
	Andrew J. Forgas	M.D. , 506	Riversi	de Driv	e, Salis	bury, MD	21801	
	31 DATE FILED (Month Day Year)	32. REGISTRAR'S SIGN				•		
	MAR - 5 91	11	10000000					

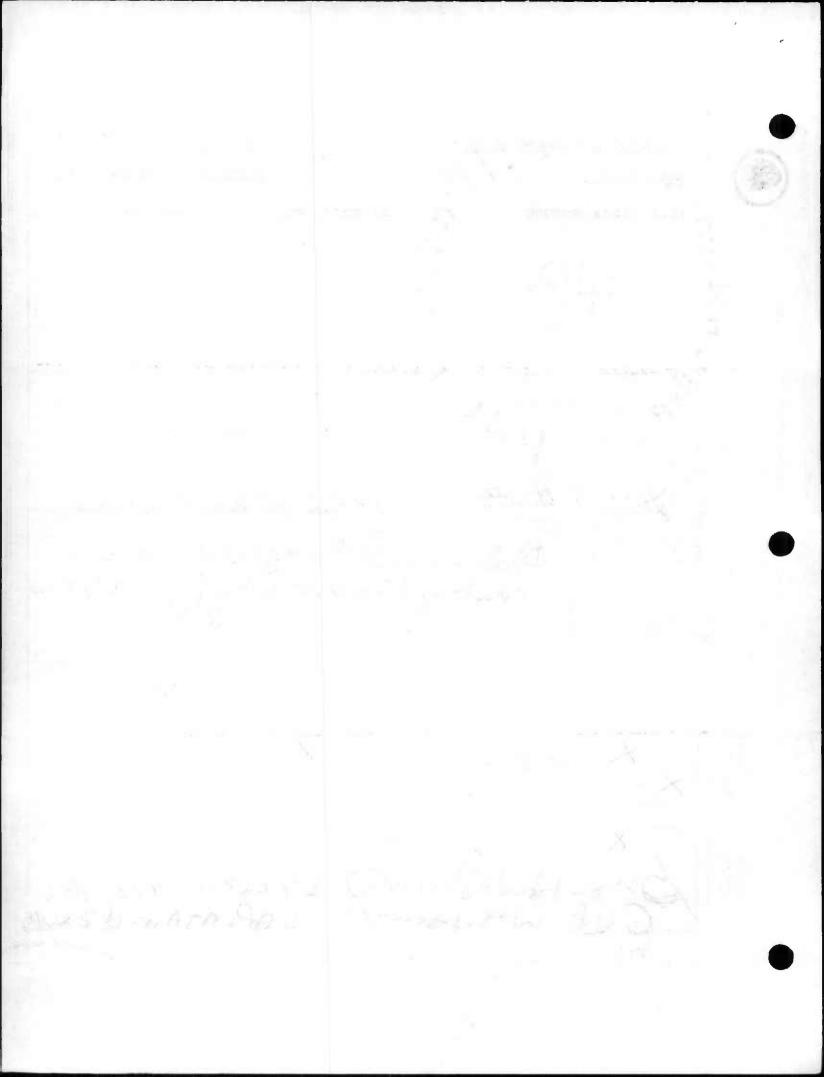


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	ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Any wours after death. Page 6 may be retained by the hospital or attending physician.	rtifica	
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31. DATE FILED (Month, Day, Year)
MAR 0 5 \*91

	1. DECEDENT'S NAME (First, Middle, Las BERNICE ELI		NORE					7 °	YEAR 1100 H		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		UNDER 1 YEAR		7. DATE OF BIRTH		8. BIRTHPLACE (State or Fore		
=	579-18-8783	1 □ M 2 🔀 F	70	YRS. MO	NTHS DAYS	HOURS MIN.	2-21-21		Wash, D.C		
	9a. FACILITY NAME (If not institution, give			9b.	CITY, TOWN	N OR LOCATION OF E	DEATH	9c. COUN	TY OF DEATH		
DIRECTOR	1118 Clark A	venue			Waldo	orf, Md.		Cha:	rles		
EC	10a. STATE 10b. COU	NTY	1	10c. CITY, TO	OWN OR LOC	CATION			10d. INSIDE CITY		
	Md. C	harles		Wal	dorf,	, Md.			1   YES 2 X		
FUNERAL	10e. STREET AND NUMBER		70			10f. ZIP CODE			ZEN OF WHAT COUNTRY?		
NEF	1118 Clark					20601			SA		
BY FU	11. MARITAL STATUS  1 Never Merried 2 Married  3 Wildowed 4 Divorced		IT EVER IN U.S. AR YES 2 NAR OR DATES		If yes,		NIC ORIGIN? (Specify Yo an, Puerlo Ricen, etc.) liy:	s or No—	14. RACE — American India: Black, Whita, atc. Specify: White		
ED	15, DECEDENT'S E (Specify only highest gr	DUCATION ade completed)	/G/	CEDENT'S USU	done during i	ATION most of working	16b. KIND OF BI	JSINESS/INO	USTRY		
LET	Elamentary/Secondary (0-12)	College (1-4 or 5	+) #fo.	. Do NOT use re	ettred.)				. 1		
COMPL	12 grades		1 56	ecreta	ary	18 MOTHER'S N	U. S.		' t		
П	17. FATHER'S NAME (First, Middle, Lest) William Howard Wood						IAME (First, Middle, Melden Surname)				
00	19a. INFORMANT'S NAME (Type/Print)					et and Number or Rura	I Route Number, City or To				
2	Patricia Ann	e Roland	5	53-C (	Cresc	cent Rd.	Greenbe	lt, N	Md. 20770		
	23. PART I. Enter the discesses,	or complications the	et coused the de	eath. Do not	The P.O.		uneral H 6, Waldo	ome, rf, N			
	youn 7	or complications the	et coused the de	eath. Do not	The P.O.	HUNTT F BOX 15	uneral H 6, Waldo	ome, rf, N	Inc. Md. 20604		
ICATION	23. PART I. Enter the diseases, ahock, or heart failu IMMEDIATE CAUSE (Finel disease or condition	a. Due To	et coused the de use on each line	OUENCE OF):	The P.O.	HUNTT F BOX 15	uneral H 6, Waldo	ome, rf, N	Inc. Md. 20604  est. Approximating interval Be		
DICAL CERTIFICATION	23. PART I. Enter the diseases, shock, or heart failu IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO d. OUE TO d.	O (OR AS A CONSE	OUENCE OF):	22. NAME The P.O. enter the r	Huntt F Box 15 mode of dying, eu	uneral H 6, Waldo ch se cardiec or res	ome, rf, N	Inc. Md. 20604  est. Approximating interval Be		
: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, shock, or heart failu IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the conditions of the cause	b. DUE TO c. oue To d.	O (OR AS A CONSE	OUENCE OF):	22. NAME The P.O. enter the r	Huntt F Box 15 mode of dying, eu	n Part I.   24a. WAS A PERF	OME, If, Northead are	Inc. Md. 20604  est, Approximatinterval Be Onset and Approximatinterval Be Onset and Approximation of the Approxim		
SICIAN: MEDICAL CERTIFIC	23. PART I. Enter the diseases, shock, or heart failu IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the condits of the conditions of the conditions of the conditions of the c	b. DUE TO c. OUE TO d. HOSPITAL: 1   Inpatient 2	of OR AS A CONSECUTION OF OR AS A CONSECUTION	OUENCE OF):  OUENCE OF):  resulting in 1	22. NAME The P.O. enter the r  the underly  28 THER: Nursing H	HUNTER FOR STATE OF THE PROPERTY OF THE PROPER	n Part I. 24a. WAS / PERF- 1 YES  Check only one)	OME, If, Politetory arr	Inc. Md. 20604  Pest Approximatinterval Be Onset and Particular Completion of Completi		
PHYSICIAN: MEDICAL CENTIFICATION	23. PART I. Enter the diseases, shock, or heart failu IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the condits of the conditions of the conditions of the conditions of the c	b. DUE TO c. OUE TO d. HOSPITAL: 1   Inpatient 2 28a. DATE O (Month, on)	of Consecutive Con	OUENCE OF):  OUENCE OF):  resulting in the control of the control	22. NAME The P.O. enter the r  the underly  the underly  Numling H Numling H Numling H M 1 [	AND ADDRESS OF IT HUNTED FOR BOX 15 mode of dying, each of dying, each of the state	n Part I. 24a. WAS / PERF- 1 YES  Check only one)  e e Other (Specify)  28d. DESCRIBE HOW	NAUTOPSY PRIMED?	Inc. Md. 20604  Pest, Approximatinterval Be Onset and On		
SICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, shock, or heart failured in the disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions or cause. Examiner?  1	b. DUE TO  c. OUE TO  d. HOSPITAL: 1   Inpatient : 28e. PLACE: be   DUE TO   28e. PLACE: building	O (OR AS A CONSECUTION OF	OUENCE OF):  OUENCE OF):  resulting in the control of the control	22. NAME The P.O. enter the r  the underly  the underly  Numling H Numling H Numling H M 1 [	AND ADDRESS OF IT HUNTED FOR BOX 15 mode of dying, each of dying, each of the state	n Part I. 24a. WAS / PERF- 1 YES  Check only one)  e e Other (Specify)  28d. DESCRIBE HOW	OME, If, Poliretory arr	Inc. Md. 20604  Pest Approximatinterval Be Onset and Particular Completion of Completi		

32. REGISTRAR'S SIGNATURE
Silia Davidson-Randelle



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BALTIMORE, MARYLAND 21203-3146	iours after death. Page 6 may be retained by the hospital or attending physician.	d in by the funeral director, page 5 should be detached for use as the burial-transit per
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zerours after beath. Page 6 may	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pa
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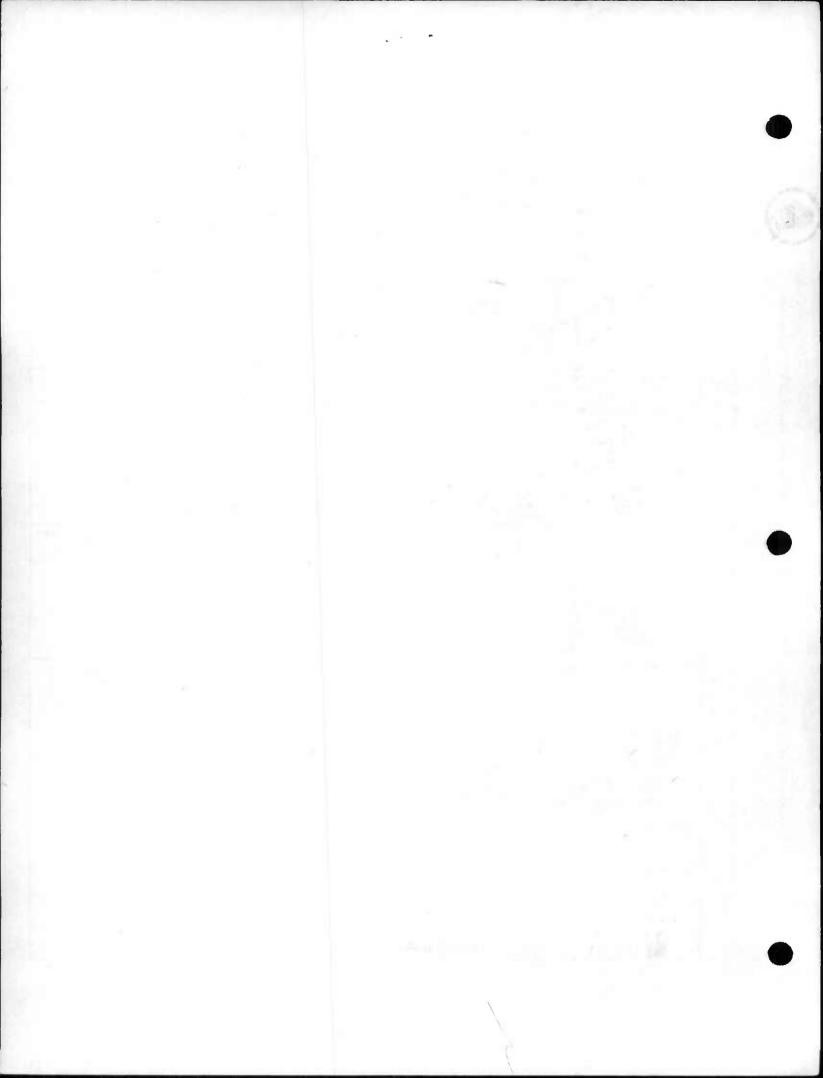
	1. DECEDENT'S NAME (First, Middle, Last	W. Gary	Moore		F DEATH	2. DATE O MONTH	125	/ YEA	7 1	ME OF DEATH
	4. SOCIAL SECURITY NUMBER 212-40-6809	1 🔀 M 2 🗆 F	in yrs. lest birthday) 47 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	Oct.	5, 1943	M	aryl	E (State or Foreign and
TOR	9a. FACILITY NAME (If not institution, give 319 Maloney Roa RESIDENCE OF DECEDENT			Elkto	OR LOCATION OF DI	EATH		ecil		
DIRECTOR	Maryland Cec			kton	ATION					INSIDE CITY LIMITS? YES 2 X NO
ERAL	100. STREET AND NUMBER 319 Maloney Roa	d			ion. ZIP CODE 21921			U.S.		COUNTRY?
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYPES GIVE WAR OR DA 1966 - 196	2 NO ATES	II yes, s	ECENDENT OF HISPAI apocity Cuban, Maxica ES 2 NO Specifi	n, Puerto Ri			Black, Wh Specify:	merican Indian, its, etc. 'hite
PLETED	1s. DECEDENT'S ED (Specify only highest grant Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of w life. Do NOT use ACCOU	rork done during i e retired.)	TION most of working		esearch	S/INDUSTF	RY	
E COMPL	17. FATHER'S NAME (First, Middle, Last) Winfield T. Moo	ore					odie, Meiden Surner Murphy	me)		
TO B	19a. INFORMANT'S NAME (Type/Print) Maria A. Moore			ADDRESS (Since) Maloney	t and Number or Rural 7 Road		c City or Town, State	219 Code		
	23. PART I. Enter the disesses, or shock, or heart failure	r complications that caused s. List only one cause on a	tha deeth. Do n	E1	ow and Sto kton, MD node of dying, suc	219	921			Approximate
	IMMEDIATE CAUSE (Final disesse or condition resulting in death)	a. Adeno C DUE TO (OR AS A	CONSEQUENCE OF	na of l	lung					Interval Betv
ERTIFICATION	disesse or condition	DUE TO (OR AS A	A CONSEQUENCE OF	F):	Lung					Interval Betw
MEDICAL C	Sequentially list conditions, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	bDUE TO (OR AS A CDUE TO (OR AS A d	A CONSEQUENCE OF	-j: -j:			24a. WAS AN AUTO PERFORMEOT 1 YES 2 N	PSY	CON OF	Interval Betw Onset and D  S  BE AUTOPSY FIND ILABLE PRIOR TO PPLETION OF CAU DEATH?  YES 2  NO
MEDICAL C	Sequentially list conditions, if sny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	b DUE TO (OR AS A C DUE TO (OR AS A d d d HOSPITAL:	A CONSEQUENCE OF	r): In the underly 26. OTHER:	Ing cause given in	neck only one	PERFORMED?	PSY	CON OF	Interval Betw Onset and D S MB BE AUTOPSY FIND ILABLE PRIOR TO PULETION OF CAU DEATH?
PHYSICIAN: MEDICAL C	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the condition of the cause of	DUE TO (OR AS A  C. DUE TO (OR AS A  d. d. HOSPITAL: 1   Inputant 2   ER/Outp  28a. DATE DF INJURY (Month, Day, Year)	A CONSEQUENCE OF	P):  OTHER: 4   Nursing H E OF 28c.	ing cause given in	neck only one	PERFORMED?	PSY	OF I	Interval Betw Onset and D S MB BE AUTOPSY FIND ILABLE PRIOR TO PULETION OF CAU DEATH?
MEDICAL C	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are supported in the significant conditions. The significant conditions are supported in the significant conditions. The significant conditions are supported in the significant conditions. The significant conditions are supported in the significant conditions. The significant conditions are supported in the significant conditions. The significant conditions are supported in the significant conditions. The significant conditions are supported in the significant conditions. The significant conditions are supported in the significant conditions are supported in the significant conditions. The significant conditions are supported in the significant conditions are supported in the significant conditions. The significant conditions are supported in the significant conditions are supported in the significant conditions. The significant conditions are supported in the significant conditions are supported in the significant conditions. The significant conditions are supported in the significant conditions are supported in the significant conditions. The significant conditions are supported in the significant conditions are supported in the significant conditions are supported in the significant conditions. The significant conditions are supported in the significant conditions are supported in the significant conditions. The significant conditions are supported in the significant conditions are supported in the significant conditions are supported in the significant conditions are supported in the significant conditions are supported in the significant conditions are supported in the significant conditions are supported in the significant conditions are supported in the significant conditions are supported in the significant conditions are supported in the significant conditions are supported in the significant conditions are supp	b	A CONSEQUENCE OF  A CONSEQUENCE OF  Dut not resulting I	P:  26.  OTHER: 4   Nursing H E OF URY M 1	PLACE DF DEATH (C) ome 5 Residence NJURY AT WORK? YES 2 NO	6 Other 28d. DESc	PERFORMED?  1 VES 2 N	PSY O	ON OF I	Interval Betw Onset and D S MAD BE AUTOPSY FIND LABLE PRIOR TO PPLETTON OF CAU DEATH? YES 2 \( \) NO

HIFATKES,

31. DATE FILED (Month, Day, War)

32. REGISTRAR'S SIGNATURE
Suha Savidson-Amdelle

DHMH-15 Rev 1/89



1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	, Middle, Lest)								2. DATE OF DEATH		YEAR 3	. TIME OF DEATH
1	L	AURA	MILL	ER						2 26	" 9		12-35PM
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTHPL Country)	ACE (State or Foreign
	577-07-0652	2	1 M 2 X F	75	YRS.	MONTHS	DAYS	HOURS	MIN.	3/12/15			MD
	9e. FACILITY NAME (If not in	stitution, give st	reet end number)					OR LOCATI		EATH	9c. COUN	TY OF DEA	тн
OR	Hebrew Home		eater Wa	ishingtor	1	Roc	kvi	lle,	MD		Montg	omery	7
5	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY				10c. CIT	Y, TOWN (	OR LOCA	ION				1	Od, INSIDE CITY
DIRECTOR	MD Montgomery					lvei							LIMITS?
	100. STREET AND NUMBER							. ZIP COD	E		10g. CITIZ		AT COUNTRY?
FUNERAL	1401 Blair	Mi11 R	d. #916					2090	)		US	A	
S	11. MARITAL STATUS			T EVER IN U.S. THE	MED	13.	WAS DEC	ENDENT O	OF HISPAI	NIC ORIGIN? (Specify Yes	or No-	14. RACE -	- American Indien,
	1 Never Merried 2			MAR OR DATES	0		If yes, sp	ecity Cube	n, Maxice Specif	on, Pusito Ricen, etc.)		Specify:	White, etc.
ВУ	3 XWidowed 4 Div	becard										37.0	White
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			(Gh	CEDENT'S	vork done	CCUPATION MO	ON ast of worki	ng	16b. KIND OF BU	SINESS/INDU	ISTRY	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)			+)	Do NOT us					1		01	
M	12			Sale	esper	cson	_			Ladies D		Shop	
	17. FATHER'S NAME (First, A									ME (First, Middle, Maiden	sumeme)		
BE	Julius Bern			- ens	MAII INO	ADDRESS	R (Street		ah U	/ K. Route Number, City or Tox	m State 7/-	Codel	
2	Jerry Mille									Washington			2000
	200. METHOD OF DISPOSIT	ION		20b. PLACE	OF DISPOS				-		CATION C		
	1 Suriei 2 Comati	on 3 🗆 Rame	oval from Stale	Ohev S		m Ta	1 mii	d To	rah	Cemetery		,	
	21. SIGNATURE OF JUNE			onevi	)IIUI\	22.	NAME A	ND ADDRE	SS OF FA	CILITY			
	· //.	1	· M.					-		dberg Memo		-	
	23. PART I. Enter that	ly N	1. / 2	re	-44 - 5					e Pike, Ro			
	shock, or h IMMEDIATE CAUSE (Fi disease or condition resulting in deeth)	nel milure.	Liet only one ca	EUMBNI O (OR AS A CONSEC			410 1110	de or dy	ing, suc	in se contract of reep	watory and		Approximete interval Between Onset and Death
_		_					11/5	1.0	NC	DISONS	-		İ
CERTIFICATION	Sequentially list condi-		DUE TO	O (OR AS A CONSEC	DUENCE O	-0 C(	ive		109	51300			
S	if any, leading to immediate couse. Enter UNDERLYING												
	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):												
ᇤᅵ	resulting in death) LAS		d										
C	PART II. Other significa	ent condition	s contributing to	deeth but not n	esuiting	In the u	nderivin	g ceuse	given in	Part I. 24s. WAS AN	AUTOPSY	24b. V	VERE AUTOPSY FINDINGS
8					Allia Act				hin	PERFO			WAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL										1 YES :	Z   NO		OF DEATH?
2												1 '	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED	TO MEDICAL					26. P	LACE OF E	EATH (C)	neck only one)			
SIC	EXAMINER?		HOSPITAL:	☐ ER/Outpetient 3	□ DOA	OTHE.		no 5 □ B	esidence	6 Other (Specify)			
Η̈́	27. MANNER OF DEATH		28e. DATE O	FINJURY	28b. TIM	E OF	28c. IN.	JURY AT		28d. DESCRIBE HOW	INJURY OCC	URED	
BY P	1 Netural 5 🗆 2 🗀 Accident	Pending Investigation	(wonin, i	Day, Year)	IN	M		YES 2 [	□ NO				
	3 Suicide 6	Could not be	28e. PLACE (	OF INJURY — At ho	me, ferm,	street, fac	tory, offic			28f. LOCATION (Street City or Town, State	end Number	or Rural Ro	ute Number,
	4 Homicide	determined		,,	City or Town, State)								
COMPLETED	29e. CERTIFIER 1 CER	TIFYING PHYSI	CIAN: To the best o	f my knowledge, de	ath occurr	ed et lhe	lime, date	end place	, end due	o to the ceuse(e) end me	nner ee state	ıd.	
8	one) 2 MEE	ICAL EXAMINE	R: On the beele of	sxaminetion end/or i	rvestigatio	on, In my	opinion,	leath occu	red at the	lime, deta end place, e	nd due to the	ceuse(e)	end menner ee steted.
	29b. SIGNATURE AND TITL	E OF CERTIFIES	R				_		ENSE NU		29d. DATE	SIGNED (	Month, Day, Year)
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2	30. NAME AND ADDRESS C		O COMPLETED CAL	JSE OF DEATH (ITE	M 27) (Type	, Print)				The M			
	8. TALLORS	6	121 M	WNTROS	15	R-D		Rox	4110	ILLE MI	728	-	
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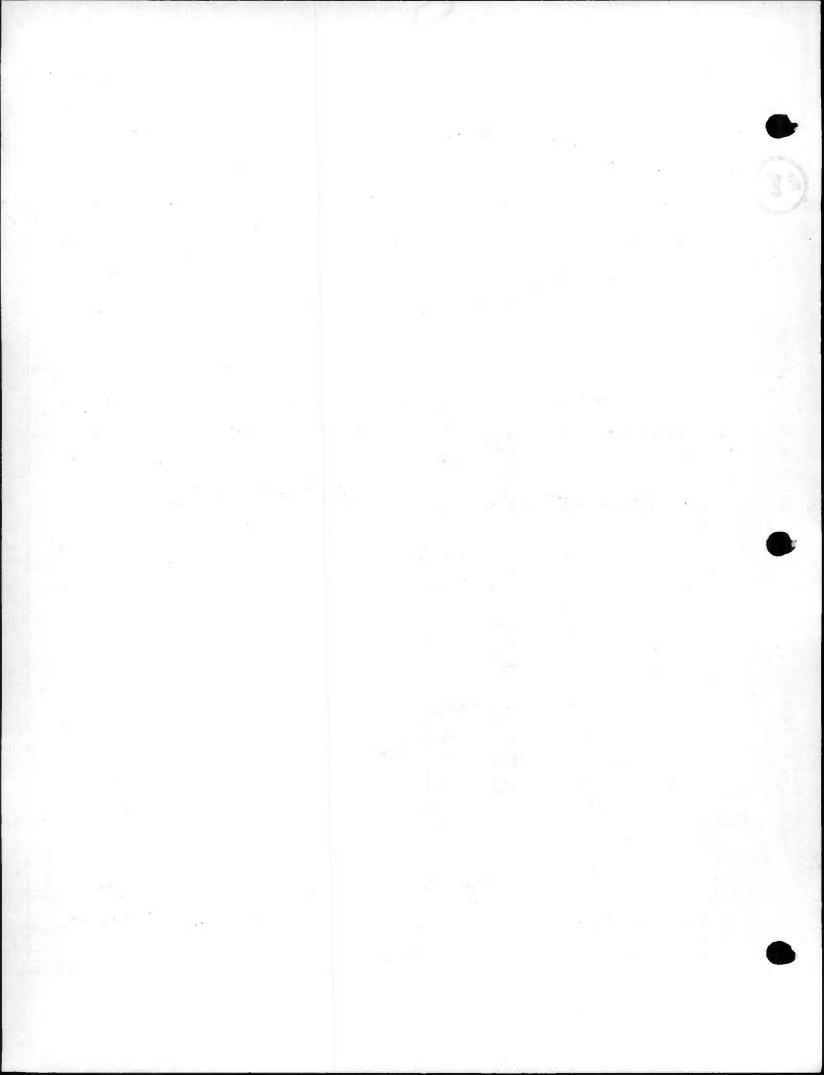
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MARYLAND

use as the burial-transit 10 detached page 5 should be 100 notified pe must director, examiner funeral n by the fi medical filled in by 0 and completely filled to burial, cremation, c the event. traumatic 2 by the attending physician and Mental Hygiene prior to other 10 Injury, any Health a shows t, of H has be 23 Пеш certificate to the State 0 WITH marked. this After t DIRECTOR: A hours after d 49 28 Tem! FUNERAL within 72 MPORTANT: If 표보 23

CERTIFICATION MEDICAL PHYSICIAN: BY ETED.

2. DATE OF DEATH MONTH DAY 1. DECEDENT'S NAME (First, Middle, Last) Richard M. McCraw February 24, 1991 2:20 PM 4. SOCIAL SECURITY NUMBER . AGE (In yrs. lest birthday) IF UNDER 1 YEAR 5. SEX IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS MIN. 1 😾 M 2 🗌 F 85 YRS. 577-03-7818 May 7, 1905 Virginia 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Shady Grove Nursing Home Rockville Montgomery RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Montgomery Silver Spring 1 YES 2XXNO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 14613 Edelmar Drive 20906 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? Y YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-1 Never Married 2 X Married If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 TYES 2XXNO Specify: Specify: BY 3 Widowed 4 Divorced WW II White ETED. 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12 Agency Owner Insurance 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Edward Cary McCraw Emma Kellar BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 20906 Esther S. McCraw 14613 Edelmar Drive, Silver Spring, Maryland 20a, METHOD OF DISPOSITION
1 X Burlal 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, Stata Rockville, Maryland 4 Donation 5 Other (Specify) Parklawn Memorial Park 21. SIGNATURE OF FUNERAL BERVISE LICE 22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home/Rockville, Inc., 300 West Montgomery Avenue Rockville, Maryland 20850-2805 M00846 Enter the diseases, or complication, that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each lina. 23. PART I. Enter the diseases, or compil Approximate Onset and Death IMMEDIATE CAUSE (Finel disease or condition Aspiration 5 MIME resulting in death) DUE TO (OR AS'A CONSEQUENCE OF) Swallowing dystemation Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AWAILABLE PRIOR TO Sente dementin COMPLETION OF CAUSE 1 TES 2 TO OF DEATH? Atherosekrotic Cardio Vascular disease 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER:
Nursing Home 5 - Rasidence 8 - Other (Specify) 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28a, DATE OF INJURY 28h TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY Natural 5 Pending M 1 YES 2 NO 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 3 Sulcide 6 Could not be determined 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. COMPL (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TIME OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE di 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSO 1 WayneL. 31. DATE FILED (Month, Day, Yell)
FEB 27 32. REGISTRAR'S SIGNATURE 9 who Davidson



	Florence C.	Miller							2. DATE OF	DEATH D	w 10	YEAR		NE OF DEATH
4 5	COCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. i	last hirthdad	IF UNDER	O 1 VEAD	IF UNDER	24 MDR	Feb.		, 19	91	THOI ACE	(State or Foreign
	44-09-5544	1 M 2 XF	88	YRS.	MONTHS		HOURS	MIN.	(Month, D. March	w Magel	100	Cour	ntry)	
_	FACILITY NAME (If not institution, give	**	00		9b. CIT	r, TOWN OR	LOCATIO	ON OF DE		23	96. COU			linois
	ernwood Nursi					thes							ome	ru
RE	SIDENCE OF DECEDENT							•			110	1100		
Ma	aryland Mo	ntgomer	У		the	or Locatio Sda	N							NSIDE CITY JIMITS? X YES 24 NO
	street and number 530 Democracy	Boulev	ard				003	-						cates
_	MARITAL STATUS	12. WAS DECEDER	IT EVER IN U.S.	ARMED	13.				NC ORIGIN? (S	pecify Yes				
	Never Married 2 Merried Widowed 4 Divorced	FORCES?	YES 2	₹ио		If yes, speci 1 YES 2	lfy:Quba	n, Mexica Specifi	n, Puerto Rice y:	n, etc.)		Spe	eck, White ec/ly: 11 te	nerican Indian, e, atc.
	15. DECEDENT'S EDU (Specify only highest grade			DECEDENT'S		CCUPATION during most		207	16b. KI	D OF Bu	SINESS/INC	DUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5	+)	lle. Do NOT u	se retired.)	010								
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	FATHER'S NAME (First, Middle, Last)								ME (First, Midd		Sumame)			
	rank J. Steph INFORMANT'S NAME (Typo/Print)	en							sa Ba					
	ichard Olds (	Nambara							Route Number,					
20a.	METHOD OF DISPOSITION  Burlel 2 Cremation 3 Ren  Donetion 5 Other (Specify)		20b. PLA	CE AND DAT	E QF DISI	POSITION (A	Vame		net, DATE /91	20c. LO	CATION -	City or	Town, St	nto
	11011				- 22	NAME AND	ADDRE	SS OF FA	CILITY Mu	rphy	7 Fu	ner	al	Home
iMi dis	PART I. Enter the diseeses, or shock, or heart fellure.  MEDIATE CAUSE (Finel sesse or condition suiting in death)	List only one ce	use on each H iratio	ne. on pn	nat ente	o 10 V	Wille of dy	son		. , Aı	clin	gtc	on,V	Home 7a. 222 Approximate Interval Between Onset and Deat
iMi dia res	shock, or heart feilure.  MEDIATE CAUSE (Finel lesse or condition suiting in death)  Advantage of the conditions, any, leading to immediate	Asp DUE TO	use on each il	ne. on pn sequence di	eumo	olo V	Wille of dy	son	Blvd	. , Aı	clin	gtc	on,V	Approximate interval Between
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32. REGISTRAR'S SIGNATURE

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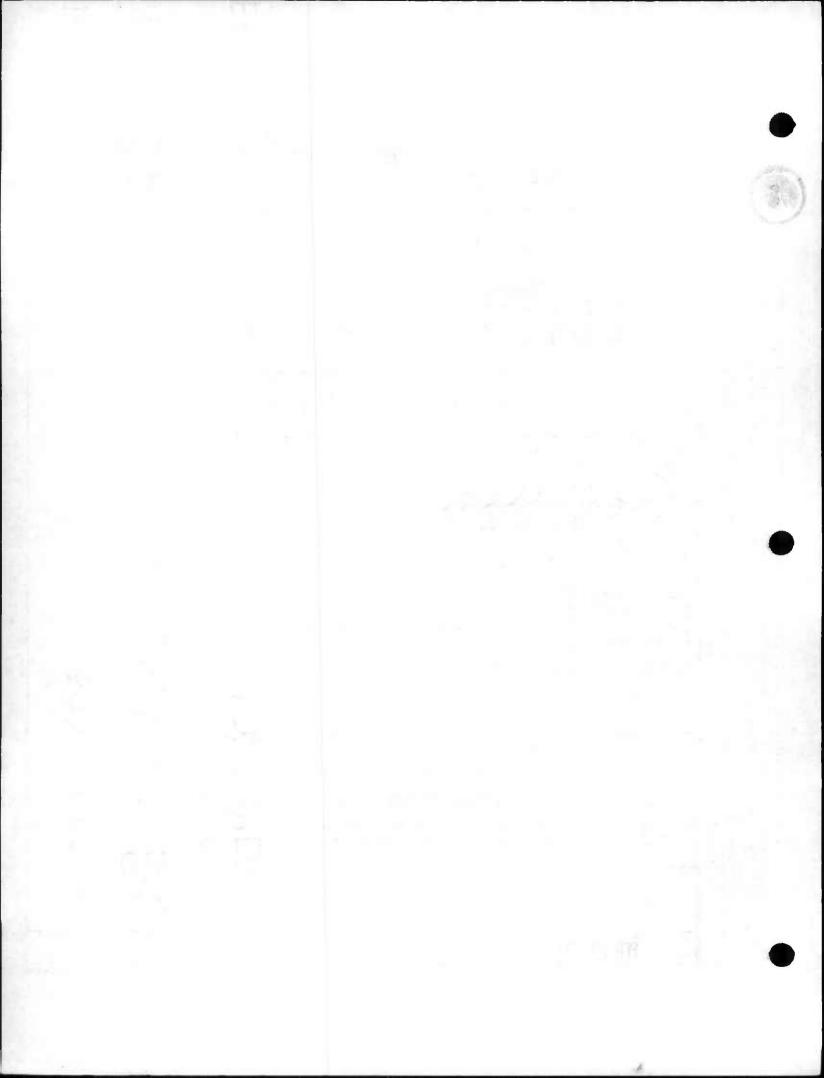
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31. DATE FILED (Month, Day Year)

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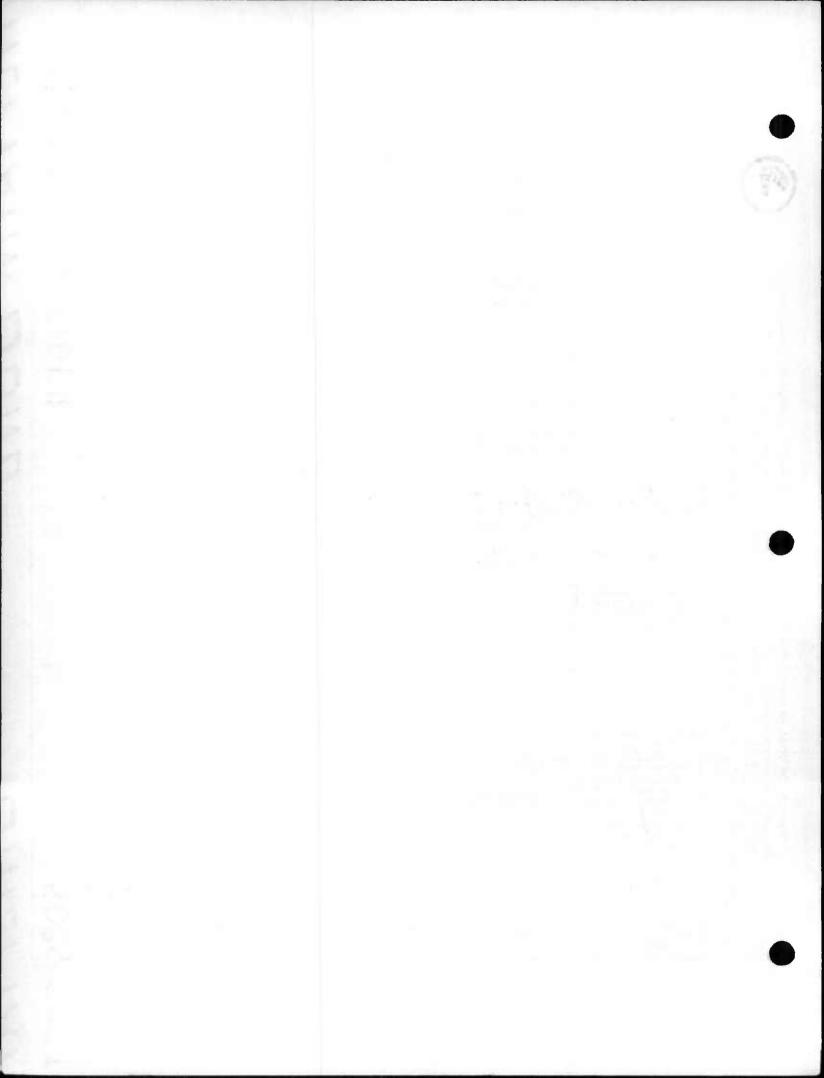
31. DATE FILED (Month, Day, Year)
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32 REGISTRAR'S SIGNATURE
Julia Davidson Annaell

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P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deteched for use as the burial-transit permit. Present the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the de TO THE PUNERAL DIRECTOR: After this certificate has been signed by the at be filed within 72 hours after death with the State Dept. of Health and Ment IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury.

REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Loughlin F. McHugh February 20,1991 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign DAYS 1 X M 2 - F 033-20-2805 YRS. Ireland July 6. 1915 9a. FACILITY NAME (If not institution, give etreet end number) 9c. COUNTY OF DEATH 406 Lexington Drive Silver Spring Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10a. STATE Silver Spring Maryland Montgomery 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 406 Lexington Drive 20901 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married IF YES, GIVE WAR OR DATES Specify: white 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Joint Economic Committee Economist 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Patrick Joseph McHugh Jane Mahon Barbara W. McHugh 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Jown, State, Zip Code) 406 Lexington Drive; Silver Spring, Md. 20901 20a. METHOD OF DISPOSITION
1 □ Burial 2 ☼ Cremation 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 26c. LOCATION — City or Town, Stata Silver Spring, Md. Suburban Crematory 4 Donation 5 Other (Specify). 21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rapp Funeral Services, P.A. 933 Gist Avenue; Silver Spring, Md. 20910 Taul M00363 23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one couse on each line. Interval Between **Onset and Death IMMEDIATE CAUSE (Final** Emphy sema disease or condition resulting in death) avdio Kenningto Ru arrest DUE TO (OR AS A CONSEQUENCE OF) Cerebro varen eizure due lan Sequentielly list conditions, DUE TO (DR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING artemosclerosis CAUSE (Disease or injury DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 TES 2 NO 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: me 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide 29a. CERTIFIER 1 🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investig 294 SIGNATURE AND TITLE OF CERTIFIER H. Montakhab, M.D. 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 20 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 6111 Executive Blvd.; Rockville, Md. 20852 / Dr. Hamid Montakhah



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-rouns after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach as find within 70 hours after death with the State Best of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows eny injury, or other traumatic event, the medical examiner must be notified at once.
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LOF	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the first side within 27 hours after death with the State Dect of Health and Mental Hydlene prior to build, compation, or removal.	-
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M.D.

	VERONICA	R. MORO	CATE OF		REG. N  2. DATE OF DEATH MONTH	DAY YEA	3. TIME OF DEATH
AKA VERA R.	MORGAN				FEB.	6, 1991	5:30 P.
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		HRTHPLACE (State or Foreign
578-03-8681	1 🗆 M 2 😾 F	84 YRS.			DEC. 7.		SHINGTON, DC
Sa. FACILITY NAME (If not institution, give str			9b. CITY, TOWN	OR LOCATION OF O	EATH	9c. COUNTY	OF OEATH
UNIVERSITY NURS	ING HOME		WHE.	ATON		MONT	GOMERY
10s. STATE 10b. COUNTY		10c. CIT	TY, TOWN OR LOCA	TION			10d. INSIDE CITY
MARYLAND	MONTGOMERY		SILVER	SPRING			1 YES 2 NO
10e. STREET AND NUMBER				1. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
3343 HEWITT AV	VENUE			20902		US.	A
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER I	N U.S. ARMEO			NIC ORIGIN? (Specify ) an, Puerto Rican, etc.)	be or No- 14. 1	RACE — American Indian, Black, White, etc.
3 ₩ Widowed 4 Divorced	FORCES? 1 YES	ATES		2 NO Speci			Specify: WHITE
16. DECEDENT'S EDUC	ATION	16a, DECEDENT'S	USUAL OCCUPATI	ON	16h KIND OF F	USINESS/INDUSTI	
(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 8 +)	(Give kind of life. Do NOT u	work done during m	ost of working			
12		TITLE	EXAMINE	}	TITI	E INSUR	ANCE
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Meld		
NORMAN	TAYLOR			MARY		RE	ТТН
19a. INFORMANT'S NAME (Type/Print)	14 7 7 7 11	19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or T		
CAROLE CORRIGAN	( COODIN)	2943	BIRCHTRI	E LANE.	SILVER SP	RING. M	ARYLAND 20906
20a. METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremation 3 ☐ Remo	oval from State	b. PLACE OF OISPO	SITION (Name of ce	metery, cremetory or	20c.	OCATION — City	or Town, State
Donation 6 🗆 Other (Specify)	G.	ATE OF H	EAVEN CI	METERY	SI	LVER SPI	RING, MARYLAN
21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		FRANC	ND ADDRESS OF FA	LINS FUNE	RAT. HOMI	F INC
Day O	) Cul		500 UI	IVERSITY	BLVD. W	. STL.	SP., MD 20901
23. PART I. Enter the diseases, or co	omplications that cause	d the death. Do					Approximate
shock, or heart failure. L	List only one cause on e	each line.	• 4				Onset and Death
disease or condition	Modera	Lual 1	Executes				Ansente
southing in county	DUE TO (OR AS	A CONSEQUENCE O	)F):  -	A			1/1/2/1960
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If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	<u> </u>		0	Overy			moth
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	<u> </u>	A CONSEQUENCE O	0	Overy			month
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if any, leading to immediate cause. Enter UNDERLYING CAUSE (Drease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF	In the underlyle	LACE OF DEATH (C	1 TYES	ORMED?	MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
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If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  225. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNED OF DEATH  1 Netural 5 Pending	DUE TO (OR AS A CONTRIBUTION OF THE CONTRIBUTI	Dut not resulting	OTHER: 4 FRUING HOW	LACE OF DEATH (C	heck only one)	2 (DAO	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 1 NO  27. MANNED OF DEATH  1 Netural 5 Pending Investigation  3 Suicide a Could not be	DUE TO (OR AS AS AS AS AS AS AS AS AS AS AS AS AS	put not resulting	OTHER: 4 BY Nursing Ho ME OF 28c. IN MUSHY M 1	LACE OF DEATH (C	heck only one)  6 Other (Specify)  28d. DESCRIBE HOT	ORMED? 2 DAO  V INJURY OCCURE	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Dasase or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNED OF DEATH  1 Natural 5 Pending Investigation	DUE TO (OR AS A L. L. L. L. L. L. L. L. L. L. L. L. L.	put not resulting	OTHER: 4 BY Nursing Ho ME OF 28c. IN MUSHY M 1	LACE OF DEATH (C	heck only one)  6 Other (Specify)  28d. DESCRIBE HO	ORMED? 2 DAO  V INJURY OCCURE	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2 (D NO  27. MANNEP-OF DEATH  1   Natural   Pending Investigation  3   Suicide   a   Could not be determined  29a. CERTIFIER   (1) PERTIFICIAL DEVICES	DUE TO (OR AS A DUE TO (OR AS	put not resulting	28. IN Nursing Home OF 28c. IN 1 Street, factory, offi	LACE OF DEATH (C) me 5  Residence JURY AT ORK? YES 2 NO	heck only one)  6 Other (Specify)  28d. DESCRIBE HOTH City or Town, Ste	V INJURY OCCURE	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diesase or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 DINO  27. MANNED OF DEATH  1 Natural 5 Pending Investigation  3 Suicide a Could not be determined  29a. CERTIFIER (Check only)	DUE TO (OR AS A L	put not resulting	28. If OTHER: 4 Financing Housely Manual Man	LACE OF DEATH (C	heck only one)  6 Other (Specify)  28d. DESCRIBE HOTH City or Rown, Ste	V INJURY OCCURE at and Number or R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO

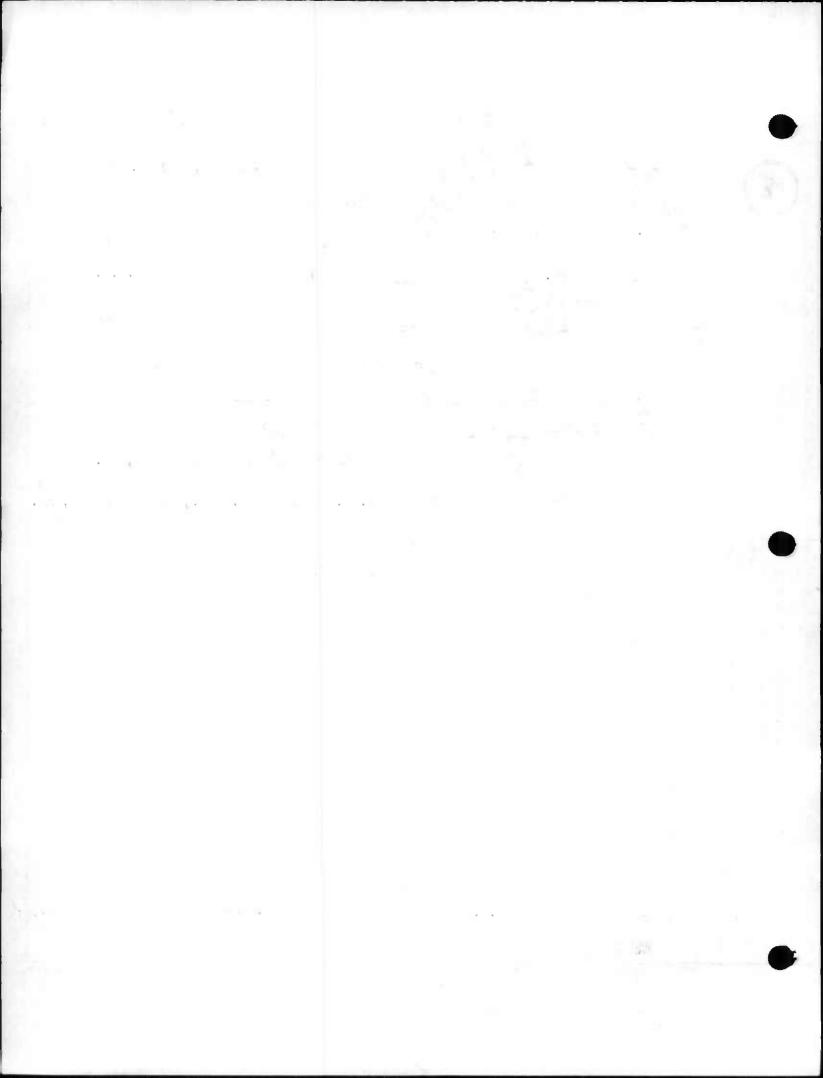
8915 GEORGIA AVENUE, SILVER SPRING,

OHMH-16 Rev 1/89

MD 20910

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE FUNCTION OF THE PART IN COURT OF THE PART OF TH
---	--

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF	HEALTH AND	MENTAL HYGI REG.		
	1. OECEDENT'S NAME (First, Middle, Lest)  John Mac	K MITCH	hell			2. DATE OF DEATH	13/3/91 03 91	3. TIME OF OEATH 8:1
-	4. SOCIAL SECURITY NUMBER 579–46–1781	15 M 2 □ F 8	In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea JUNE 26	r) Co	ARTHPLACE (State or Foreign buntry)  CAROLINA
TOR	9a. FACILITY NAME (If not institution, give WASHINGTON ADV		TAL		MA PARK	EATH		GOMERY
- DIRECTOR	Haryand Ho	MONTGOMERY HAOMEVY	100	LVER S	PRING	H		10d. INSIDE CITY LIMITS? 124 YES 2  NO DE WHAT COUNTRY?
FUNEHAL	100. STREET AND NUMBER 10403 ROYAL R	D.			20903			J.S.A.
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVER II FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 NO	If yes,	ECENDENT OF HISPA appecify Cuban, Mexica ES 2 NO Specifi	an, Puerto Rican, etc	L) E	RACE — American Indian, Black, White, etc. Specify: BLACK
COMPLEIED	15. OECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		. Ille. Do NOT us	vork done during : e retired.)		16b. KIND OF	F BUSINESS/INDUSTR	
	17. FATHER'S NAME (First, Middle, Lest)		PARA	MEDIC	18. MOTHER'S NA	AME (First, Middle, Ma	MEDICINE aiden Surname)	
BE	JESSE	MITCHELL	1			NETTIE	BOY	
2	19a. INFORMANT'S NAME (Type/Print) HELEN MITCHE	IL	19b. MAILING SAN		ITEM #1		r Town, State, Zip Code	0)
	20a. METHOD OF DISPOSITION  1	moval from Stata	CHAMBERS	CREM	ATORY 3	-1	c. LOCATION — CHY O	
	23. PART i. Enter the diseases, or ahock, or heert fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	SEPSIS SEPSI	not enter the r	noda of dylng, suc			Approximata Interval Between Onset and Death
N	Sequentially list conditions,	15	SCHEN	916	BOW			
CEMILITICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	RUPTU	RED A CONSEQUENCE O	AORT	JRED AORT	IC ANEUR	ism SM	
: MEDICAL	PART II. Other algnificant condition	one contributing to death i	out not resulting	In the underly	Ing ceuse given in	PE	AS AN AUTOPSY REFORMED?	24b. WERE AUTOPSY FINDINGS ANALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26 OTHER:	PLACE OF DEATH (C	heck only one)		
PHYSICI	1 TYES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Out 28a, DATE OF INJURY	patient 3 DOA	4 - Nursing H	ome 5 Residence		OW INJURY OCCURE	ED.
2	1 Naturel 5 Pending Investigation	(Month, Day, Year)	IN.	JURY M 1 [	WORK? YES 2 NO			
בובח	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe		street, factory, o	Mice	261. LOCATION (S City or Town,	Street and Number or R State)	tural Route Number,
COMPLE	[Critical drilly	SICIAN: To the best of my knowners:						nuse(a) and manner as stated.
8	29b. SIGNATURE AND TITLE OF CERTIFI	Attend	ening Ph	Melcia	29c. LICENSE NO	JMBER 942		GNEO (Morith, Day, Year) 3 9
5	PROMOD DU	WHO COMPLETED CAUSE OF DE GGAL M.D. 66AL, M.D.	EATH (17 EM 27) (7)	OT GR	EENBELT R	D. #1=3	+ 4-3 8	OTLEGE PARK M
	MAR 05 91	32. REGISTHAR'S SIG	NATURE And A	2				



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BALTIMORE, MARYLAND 21203-3146

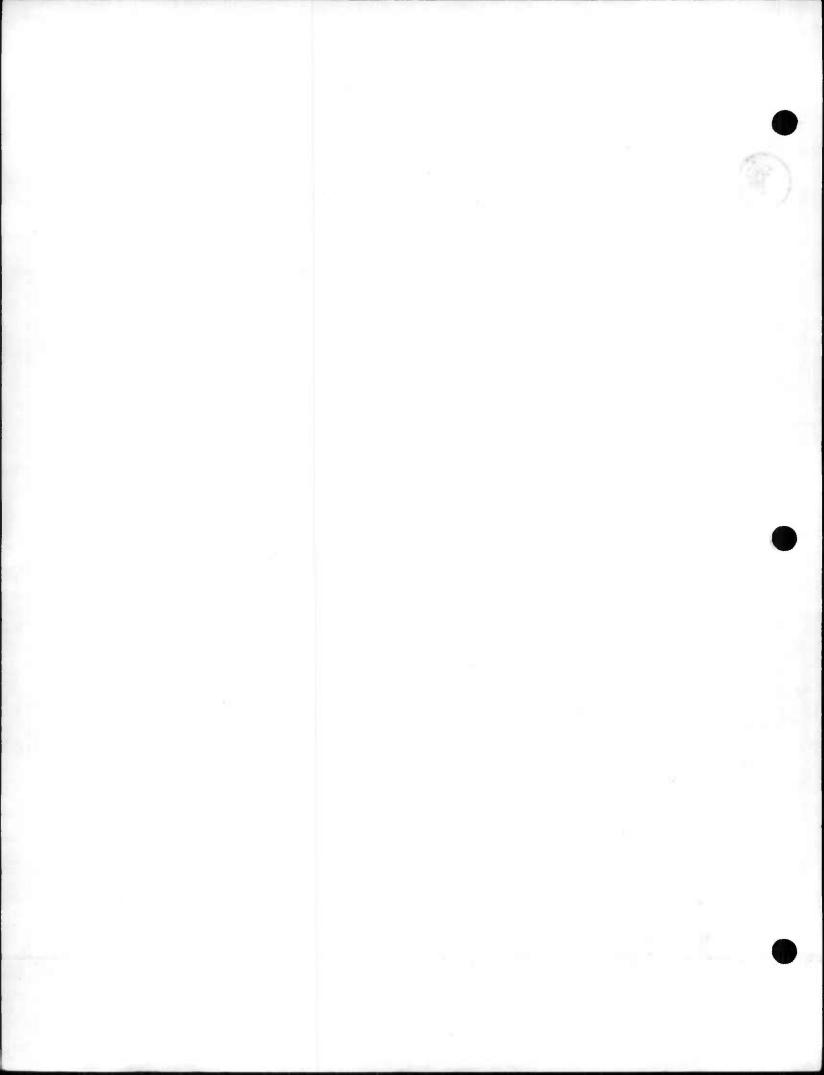
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2... nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunla-transit permit. Page before within 72 hours after death with the State Dept, or Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1. DECEDENT'S NAME (First, Middle, Last)	thony George M	arsh,	2. DATE OF DEATH	3. TIME OF DEATH
	Lorge III	ach	MONTH D	9 11:55 A M
4. SOCIAL SECURITY NUMBER 5. SEX	8. AGB (In yrs. last birthday	F UNDER 1 YEAR F UNDER 2	4 HRS. 7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign
074-30-3594 200	□F 69 YRS.	MONTHS DAYS HOURS	Sept. 25,	1921 England
9e. FACILITY NAME (If not institution, give street and num		9b. CITY, TOWN DR LOCATION		Rc. COUNTY OF DEATH
Hali Comes Ho	1 Lins	Silver	· Sanina	Montgomony
RESIDENCE OF DECEDENT	phi sa	1 31104	Spring	Montgomery
10e, STATE 10b, COUNTY	10c. C	ITY, TOWN OR LOCATION	1	10d. INSIDE CITY
	1	ubshingt	Ton DC	1 X YES 2 NO
10e. STREET AND NUMBER	0 1	10f. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?
1535 Upshin 5	+ 11.W.	2	1100	United Kingdom
1000 -110 1000	ECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF	HISPANIC DRIGIN? (Specify Yes	
1 Never Merried 2 Merried FORCE	S? 1 YES 2 ND GIVE WAR OR DATES	If yes, specify Cuben,	, Mexican, Puerto Rican, atc.)  Specify:	Black, White, etc.  Specify:
3 Wildowed 4XXDivorced	GIVE INITION DATES	T TES 2 AND	эрвспу:	White
15. DECEDENT'S EDUCATION	16a. DECEDENT	'S USUAL OCCUPATION		SINESS/INDUSTRY
(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1	Min On MOT	f work done during most of working use retired.)		
	2 Hotel N	lanager	Hotel	
17. FATHER'S NAME (First, Middle, Last)			ER'S NAME (First, Middle, Meiden	Surname)
Unavailable			available	
19e. INFORMANT'S NAME (Type/Print)	10h MAILI	NG ADDRESS (Street and Number of		on State 7in Code)
Dorothy D. Howze				gton, DC 20011
		OSITION (Name of cemetery, crema		CATION - City or Town, State
20e. METHOD OF DISPOSITION 1 Burlal 2 X Cremetion 3 Removal from S	tate Cultural and	Crematory		
4 Donation 5 Other (Specify)	30001.0911			ver Spring, Maryland
21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1	Rann Funera	al Services,	P. A.
Clen W. A	ass	933 Gist Av	venue. Silver	Spring, MD 20910
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury)	DUE TO (OR AS A CONSEQUENCE		le Li	UR
PART II. Other significant conditions contributed by the significant con	The No	NOMA META DOES S. M. PLACE OF DE OTHER:	PERFO 1 VES	RMED? AMLABLE PRIOR TO
7	ent 2 C ER/Outpetlent 3 C DOA		Y	
	Month, Day, Year) 285, 1	TME OF 28c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURED
2 Accident Investigation		M I ARR S	10-71	
3 Suicide 8 Could not be 4 Hamicide determined	PLACE OF INJURY — At home, farm building, etc. (Specify)	n, street, factory, office	City or Town, State	and Number or Florel Floute Number
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the Description of the Descrip				nner as stated.  Indidue to the ceuse(e) and manner as stated.
296. SUSMATURE AND TITUE OF CENTIFIER	//	29c. LICE	NSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
L. Willows	Jung, no	1	07597	12.22.91
30, NAME AND ADDRESS OF BERSON WHO COMPLET				+1 /
L.AIDERTO NON		WIS CONSIN	1 AVO. B.	FlhESOA MEZ
31. DATE FILED (Month, Day, War) 32.	EGISTRAB'S SIGNATURE	2		



BALTIMORE, MARYLAND 21203-3146

BOX 13146,

P.0.

OF VITAL RECORDS,

DIVISION

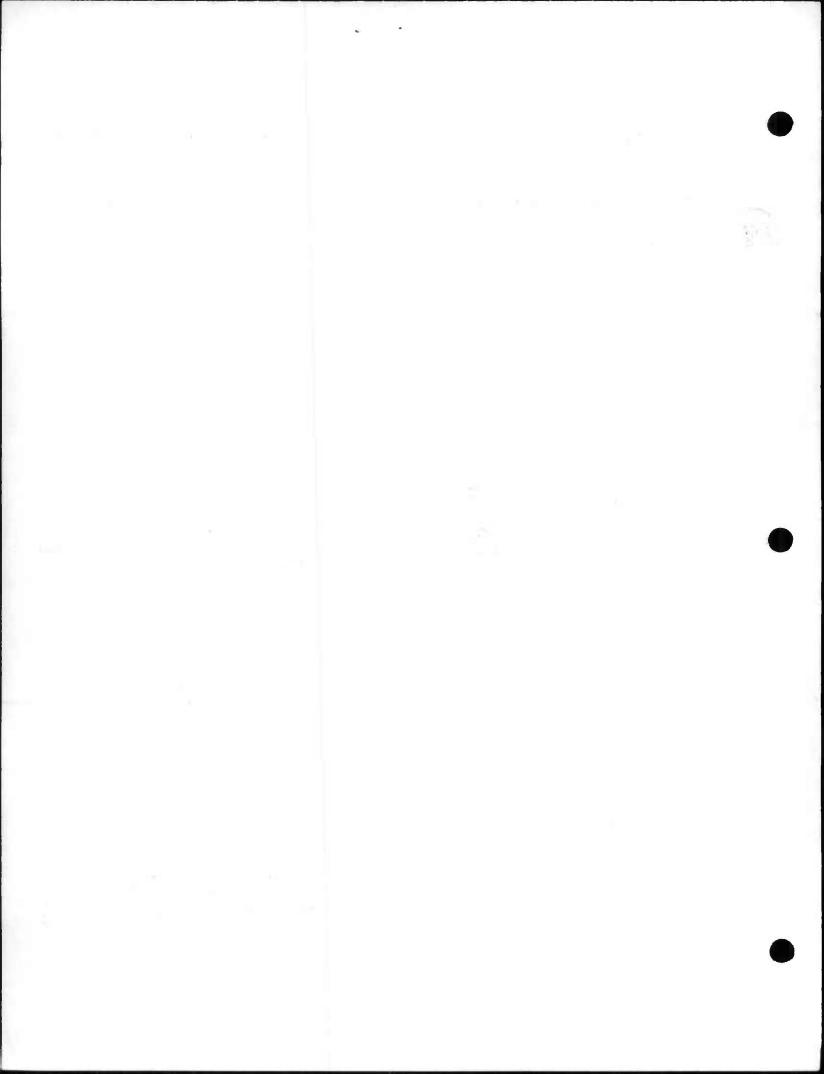
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notified at ě must examiner medical the event, 1 traumatic other 1 6 Injury, shows any 23 Hem 0 marked, ) THE HOSPITAL OR ATTENDII ) THE FUNERAL DIRECTOR: AI ! filed within 72 hours after de 28 is Item = MPORTANT

2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last 3. TIME OF DEATH 1235 A lan Gale a 5. SEX 6. AGE (In was lest hirthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 2/27/1933 NORTH CAROLINA -38-8473 1 X M 2 F 58 YRS Se. FACILITY NAME (If not institution, give street end number) 9c. COUNTY OF DEATN 95 CITY TOWN OR LOCATION OF DEATH Harford Harford Mu RESIDENCE OF DECEDENT Mumorial Haure de Grace 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10e. STATE DARLINGTON HARFORD MARYLAND 1 YES 2 XNO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? STATES 4041-42 21034 UNITED CONOWINGO 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 TYES 2 NO BY 3 Widowed 4 Divorced WHITE 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade compl (Give kind of work done life. Do NOT use retired.) College (1-4 or 5 +) HEAVY EQUIPMENT OPER. CONSTRUCTION 6 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) HAZEL MCMILLAN UNKNOWN BE 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
4041-42 CONOWINGO ROAD DARLINGTO 19a. INFORMANT'S NAME (Type/Print) 2 DARLINGTON, MD MARGUERITE MCMILLAN 20a, METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State 20a, METHOD OF DISPOSITION

1 XI Buriel 2 Cremation 3 Removal from Stata

4 Donation 6 Other (Specify) DELTA RIDGE CEMETERY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HARKINS FUNERAL HOME, INC. DELTA, w 23. PART I. Enter the diseasee, or complicatione that caused the death. Do not enter Approximate shock, or heert feliure. Liet only one cause on Interval Between Onset and Death IMMEDIATE CAUSE (Finei disease or condition was resulting in death) DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpetient 3 | DOA ng Nome 5 - Rasidenca 6 - Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 26c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicida 6 Could not be COMPLETED 4 Nomicide 29a, CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as attated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTAINS 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2 30. NAME AND ADDRESS OF PERSON LETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year)
MAR 0 7 19 whia Davidson-Randall 191 MAR



		mit. Pag
BALTIMORE, MARYLAND 21215-0020	i may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pag
LTIMO	ath. Page 6	neral direct
_	ours after de	in by the fi
	24 ho	/ filled
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ate has been signed by the attending physician and completely
OF VI	PHYSICIAN:	this certifica
NOIS	TENDING P	TOR: After t

BY

BE COMPLETED

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4 Homicide

				JEIIIII	IOATE	E OF	DEA			REG. NO			
1. DECEDENT'S NAME (Firs		0							2. DATE MONT		AY	YEAR	TIME OF DEATH
STEF		O.	6. AGE (In yrs.	MOFIL		INDER 1 YEAR IF UNDER 24 HRS. 7. D			2	3	_	91	9:40 A
unavailable		1X M 2   F		35 YRS.	MONTHS	DAYS	HOURS	MIN.	(Mont	OF BIRTH		Country)	ACE (State or Foreign
9a. FACILITY NAME (If not i				J 1716.	AL OUTY	TOWAL C	OR LOCATI	011 05 01		t.30,1		U.S.	
	hford	Boulevar	d		90. CITY		aure		EAIR				orge's
10a, STATE	10b. COUNT	Y		10c. CIT	Y, TOWN C	OR LOCAT	ION					10-	d. INSIDE CITY
Marvland	Princ	ce George	's	Lau	irel							1	YES 2 NO
10e. STREET AND NUMBER						101	. ZIP COD	E	-		10g. CITIZ	EN OF WHA	T COUNTRY?
8301 Ashfo	rd Box	levard					unava	ailai	h1e		II.	S.S.R	
11. MARITAL STATUS 1 Never Married 2 2 3 Widowed 4 Div	Married	12. WAS DECEDER	NT EVER IN U.S. I YES 2 ( MAR OR DATES		- 1	WAS DEC	ENDENT (	OF HISPAI	NIC ORIGII In, Puerto	i? (Specify Ye Rican, atc.)		14. RACE — Black, W Specify:	American Indian, thits, stc.  White
15. DE	CEDENT'S EDU	CATION completed)	16a.	DECEDENT'S	USUAL O	CCUPATIO	ON set of works	ng	16b	. KIND OF BU	SINESS/IND	STRY	
Elementary/Secondary		College (1-4 or 6	+)	(Give kind of life. Do NOT u									
		4	In	vestme	ent (	Consu	ultai	nt	Le	eeds M	anage	ment	Consulta
17. FATHER'S NAME (First, I							18. MOT	HER'S NA	ME (First,	st, Middle, Maiden Surname)			
Papushin Vi	ctor ]	[vanovich	-				Papu	ıshi	na Na	atalia	Vian	orovn	a
19a. INFORMANT'S NAME				19b. MAILING	ADDRES	S (Street a	and Numbe	r or Rurel	Route Num	ber, City or Tow	vn, Statu, Zip	Code)	
Robert N.Du	ıke			4001 N	No.Ni	inth	St.	Ar1	ingto	on, Vir	ginia	2220	3
20a. METHOD OF DISPOSI 1XX Burtel 2 ☐ Cremeti 4 ☐ Donation 8 ☐ Other	on 3 🗆 Rem	oval from Stata	of cemet	CE AND DAT ary, crematory COW CE	or other pemete	erv			3-4	4-91 M	OSCOW	.U.S.	S.R.
21. SIGNATURE OF FUNER	AL SERVICE LI	CENSEE	11.0	,						Vol F			
DO DADT I Color the	<b>'</b>	1020		4:									on,D.C.
23. PART I Enter the shock, or immediate Cause (Fi disease or condition resulting in death)	neart fallure.	List only one ca	cohol i	<sub>Ina.</sub> intoxi	cati		da Di dy			d 2-26		est,	Approximate interval Betwee Onset and De
		DUE TO	OR AS A CON	SEQUENCE O	PF):								
Sequentially list condi if any, leading to imme cause. Enter UNDERLY	ediate	bOUE TO	OR AS A CON	SEQUENCE O	DF):								
CAUSE (Disease or Inj that initiated events resulting in death) LA	ury	DUE TO	OR AS A CON	SEQUENCE O	OF):	Т							
		d					-					- 3	
PART II. Other signific	ant condition	ns contributing to	death but no	ot reaulting	in tha u	nderlyin	g cause	given in	Part I.	24a. WAS AP PERFO 1 X YES	AMED?	AV CC	ERE AUTOPSY FINDIF MILABLE PRIOR TO OMPLETION OF CAUS F DEATH?
												1	YES 2   NO
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL					26. PI	LACE OF I	DEATH (C	heck only o	ne)			7.00

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 X YES 2 NO 26. PLACE OF DEATH (Check only one) OTHER:
4 | Nursing Home 5X Residence 8 | Other (Specify) HOSPITAL:
1 | Inpatient 2 | ER/Outpetient 3 | DOA 28s. DATE OF INJURY (Month, Day, Year) 2-7-91 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO Unknown 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 X Could not be determined

home Ashford Blvd, 29s. CERTIFIER (Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due one)

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my colorion, death occurred at the

2 MEDICAL EXAMINER: On the basis of ex

OCME

296. SINHATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 2-9-91

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

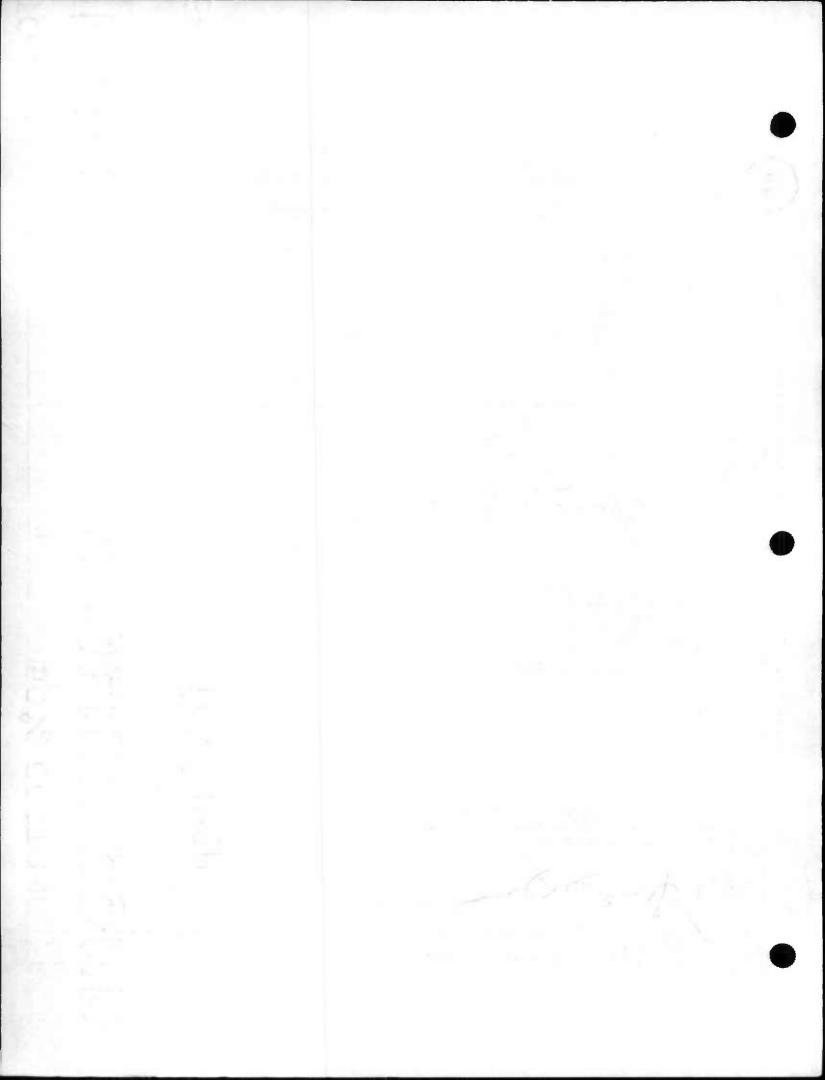
Ann M. Dixon, M.D., Deputy Chief 111 Penn Street, Baltimore, MD

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Morith, Day, Year) FEB 27 '91 ia Savidson-Randell

OHMH-16 Rev 1/89

vl



CERTIFICATE OF DEATH

		WENTFRED	D.	mi	DD.	LE,	10x		
		4. SOCIAL SECURITY NUMBER 5. S		6. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER	24
1		311-02-4311	M 2 X F	43	YRS.				
	l a	9a. FACILITY NAME (If not institution, give street as						OR LOCATIO	
Latino	RECTOR	Prince George General Prince George General Prince OF DECEDENT	rac Ho	sp.			neve	erly,	
Page	REC	10a. STATE 10b. COUNTY			100	Y, TOWN C		TION	
ajt. P		Maryland Prince (	George		Lo	urel		1. ZIP COOI	_
nt per	RAI	9014 Canterbury Rid	ina				101	207	
46 physician. burial-transit permit.	FUNERAL	11. MARITAL STATUS 12.	WAS DECEDEN	IT EVER IN U.S. ARI	MED			CENDENT C	)F
E 2 2	B	1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES?	MAR OR DATES	0			2 (X NO	in,
aftendi	ETED	15. OECEOENT'S EDUCATIO (Specify only highest grade comp.		(GA	ve kind of	USUAL O	CCUPATION TO COURT OF THE COURT	ON ost of working	ng
LAND 2120; by the hospital or attu- be detached for use	LE LE		llege (1-4 or 5	+)		so retired.)  tary	,		
ND e hosp	COMPL	17. FATHER'S NAME (First, Middle, Lest)	ул		ecie	any		18. MOTI	Н
LA E E E	E C	Alfred Dotson						Rut	t
MARYLAND be retained by the hospi ge 5 should be detached	TO B	19a. INFORMANT'S NAME (Type/Print)		196				and Number	
De re	2 5	Alonzo Middleton						ry Ri	_
BALTIMORE, 1 ter death. Page 6 may be the funeral director, page wal.	examiner must be notified at once.  TO BE COM	20a. METHOD OF DISPOSITION  1 XBurial 2 Cremation 3 Removal (	from State	20b. PLACE other pla	(08)				
Page direct	20	4 ☐ Donation 5 ☐ Other (Specify)	EE	nat	JHO YU	22.	NAME A	al Po	S
Mary funera	E	VIbant al	31	1		PA	inck	ney-S 8th	S
DIVISION OF VITAL RECORDS, P.O. BOX 13146, TAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within constitutions and the attending physician and completely filled in by 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remo	ANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION		DUE TO DU	D (OR AS A COMSECTION OF INJURY — At he g, etc. (Specify)	DOA TIERO	OTHE 4 Number of Street, formed at the	26. FR: Imaing Hoo  28c. IN 1 Ctory, offi	PLACE OF I	g DE
HOSPI FUNEF	BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LIC	CE
H = 1	MPO BE	hetmore	e c	cec	-	W	D	1	)

30. NAME AND ALGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

100

32. REGISTRAR'S SIGNATURE

Julia Daydon Pandall

1RDE

070

FOR

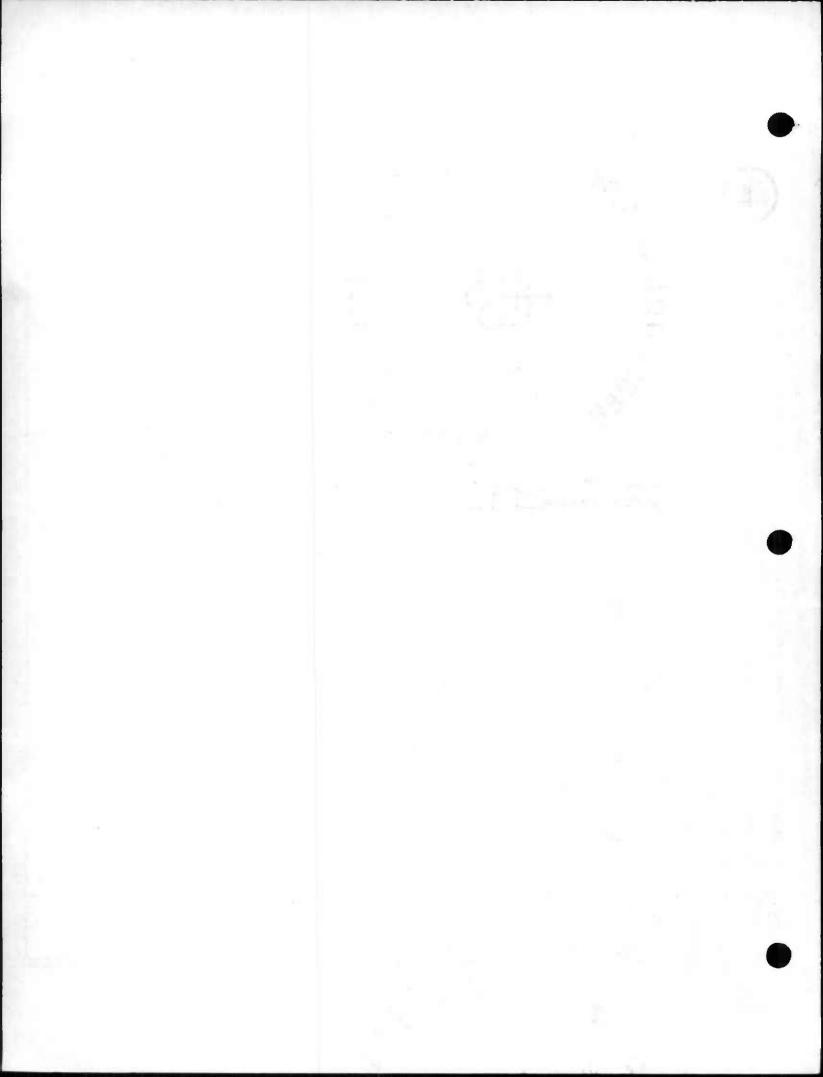
1 - STATE REGISTRAR

1. OECEDENT'S NAME (First, Middle, Last)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2. DATE OF OEATH DAY 3. TIME OF DEATH 8314 8. BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH (Month, Day, Year) 1 1 YEAR IF UNDER 24 HRS. May 27. wash., Y. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Prince George 10d. INSIDE CITY 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 20723 U. S. A. 14. RACE — American Indian, Black, Whita, etc. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 X NO Specify: Specify: Black 16b. KIND OF BUSINESS/INDUSTRY 18. MOTHER'S NAME (First, Middle, Malden Surname) Ruth Riding SS (Street and Number or Rural Route Number, City or Town, State, Zip Code) erbury Riding Laurel, MD 20723 20c. LOCATION - City or Town, State iame of cemetery, crematory or Landover, MD morial Park . NAME AND ADDRESS OF FACILITY inckney-Spangler Funeral Home 24 - 8th St., N. E. Wash., D. C. 20002 er the mods of dying, such as cerdiec or respiratory arrest, interval Between **Onset and Death** The Cardis 24a. WAS AN AUTOPSY underlying ceuse given in Part i. 24b. WERE AUTOPSY FINGINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t TYES 2 HO 1 YES 2 NO 26. PLACE OF DEATH (Check only one) ng Home 5 🗆 Residence 8 🗆 Other (Specify) 28d. DESCRIBE HOW INJURY OCCUREO 1 YES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) e time, date and place, and due to the cause(a) and manner as stated. y opinion, death occured at the time, data and placa, and due to the cause(a) and menner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)

DHMH-18 Rev 1/89

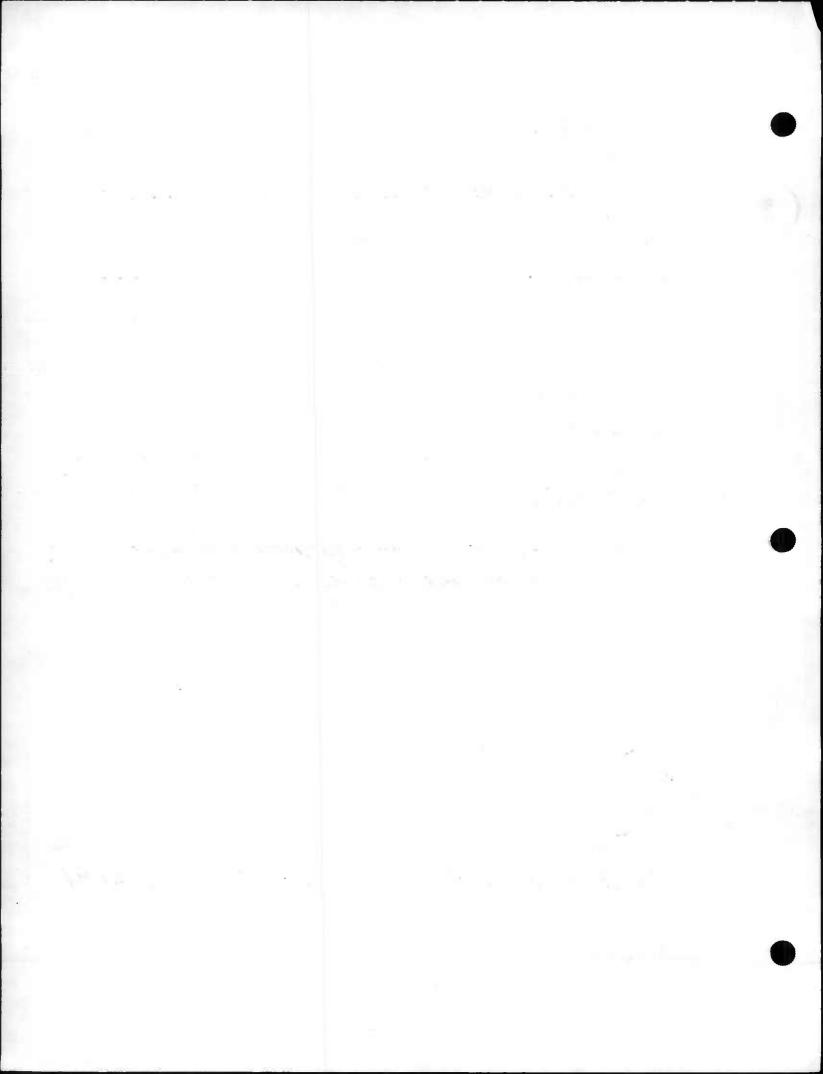


TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

- STATE REGISTRAR DECEDENT'S NAME (First, Middle, Last)		CERT	II IOM				REG. NO.			3. TIME OF DEATH	_
	M. Magill						2. DATE OF DEATH	<b>"</b> 91	YEAR	9:15A	R
SOCIAL SECURITY NUMBER 219422839		GE (In yrs. last birtho	MONTHS	DAYS	IF UNDER 24	HRS. MIN.	7. DATE OF BIRTH (Month_Day, Year) 8/31/99		Count	PLACE (State or Foreign ry) Vland	1
Southern Maryla	treet end number)	1 7503 5	96. CIT	TY, TOWN	OR LOCATION	OF DE	ATH 20735	9c. COUNT	TY OF D	EATH	Ī
RESIDENCE OF DECEDENT		- 7000 E	741		C.I.I.		112 20733	1.0.		are <sub>y</sub>	_
oo. STATE 10b. COUNT Varyland Princ	ce George's		CITY, TOWN							10d. INSIDE CITY LIMITS? 1 YES 2 NO	
e. STREET AND NUMBER	Le George s		CII	nton 10	H. ZIP CODE			10g. CITIZ	ZEN OF	WHAT COUNTRY?	_
11826 Birchview	C+				2	073	-		TT 0	20	
I. MARITAL STATUS  Never Merried 2 Merried  Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1   IF YES, GIVE WAR (	VES 2 NO	13	If yes, sp	CENDENT OF	HISPAN	IIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No-	Spec	E — American Indian, k, White, atc.	
15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDER		e during m	ION osl of working		16b. KIND OF BUS			castar	
Elementary/Secondary (0-12)	College (1-4 or 5+)							_			
7. FATHER'S NAME (First, Middle, Last)	N/A	Supe	erviso	r	18 MOTHE	R'S NA	ME (First, Middle, Maiden		Pri	nting & E	29
	Roach										
James Madison  90, INFORMANT'S NAME (Type/Print)	Roacii	19b. MAI	LING ADDRES	SS (Street			ah Elizabe Route Number, City or Tow				
						. serior F	ony or row	, committee and	2.00/		
Elizabeth Finn	V. I	20b. PLACE OF DIS	SPOSITION (			tory or	20c. LO	CATION — C	City or Te	own, State	-
N Burial 2 ☐ Cremation 3 ☐ Rem ☐ Donetion 5 ☐ Other (Specify)	oval from State	other place)								aryland	
1, SIGNATURE DEFUNERAL SERVICE LI	CENSEE.	Cedar	H1 1 22	Cem	etery	OF FA	outy Lee Fu		•	wife .	_
				Z. NAME A							
shock, or haart fallure.  MMEDIATE CAUSE (Final disease or condition			Do not ante	633 er the m	Old A	lexa	h as cordiac or rasp	y Rd	Cli		
shock, or heart failure.  MMEDIATE CAUSE (Final disease or condition eaulting in death)  Sequentially list conditions, fany, leading to immediate cause. Enter UNDERLYING	A CUR	on each line.	dior	633 er the m	Old A	lexa	h as cordiac or rasp	y Rd	Cli	Approximata	
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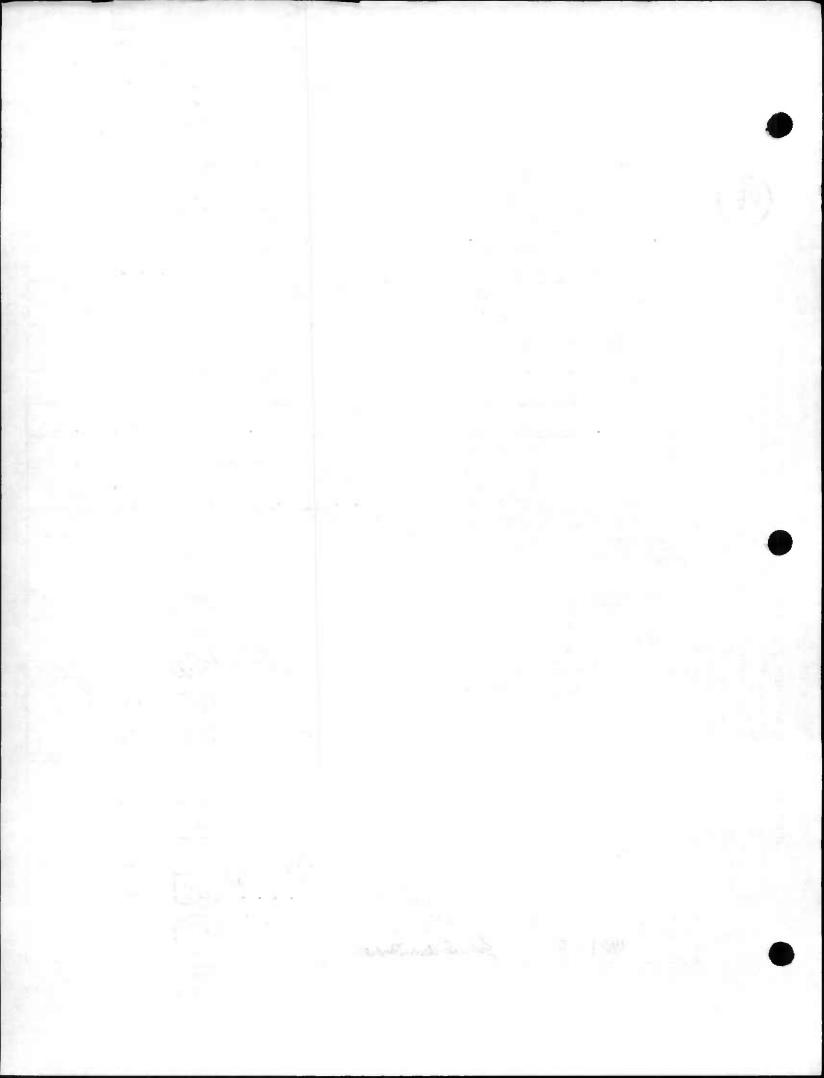
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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	2 ho	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
NERA	hin 7	Ë
E FU	d wit	RTA
TH O	e file	MPO
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MARIO 31. DATE FILED (MO

1, DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH	VE	3. T	IME OF DE	ATH
MICHAEL		MAS'	TRANGEL		03	09			:59	A
4. SOCIAL SECURITY NUMBER 577-64-7166	5. SEX 8	AGE (In yrs. lest bli 43	YRS. MONTHS		7. DATE OF	BIRTH Dec Yours 5-194		Country)	ngto	
9a. FACILITY NAME (If not institution, give sta WASHINGTON COUNTY RESIDENCE OF DECEDENT				y, town or location of AGERSTOWN	DEATH		9c. COUNTY WASHI			NTY
10a. STATE 10b. COUNTY	ngton Co		lear	or Location Spring,				100	INSIDE CI LIMITS?	
100. STREET AND NUMBER 11118 Four Loc	ks Road			101. ZIP CODE 21722			U.S.		COUNTRY	
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT. FORCES? 1 2 IF YES, GIVE WAI	EVER IN U.S. ARME YES 2 NO R OR DATES	ED 13	. WAS DECENDENT OF HISP If yes, specify Cuban, Maxi 1 YES 2 NO Spe	can, Puarto Ric			Black, Wh	American In itte, atc.	
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(Give	DENT'S USUAL ( kind of work done o NOT use retired.) LTK Raj	during most of working )		tions			Serv	ice
17. FATHER'S NAME (First, Middle, Last)  Joseph Antho	nz Maata	rangelo		18. MOTHER'S I			mame)	i		
19a. INFORMANT'S NAME (Type/Print)		19b. N	MAILING ADDRES	SS (Street and Number or Run	al Floute Number	City or Town,	State, Zip Coo	de)	1 T	245
Colleen V. Mas		20b. PLACE AN	ND DATE OF OIS	our Locks	OATE		TION - City			_ 1 _
Û ☐ Surial 2 ☐ Cremation 3 ☐ Remote 4 ☐ Donation 5 ☐ Other (Specify)		ROSE .		Cemetery	3-13-	91 01	ear	Spri	ing,	1.1
		ROSE.	22	Cemetery NAME AND ADDRESS OF	3-13- FACILITY Unera	l Hom	ne, I	nc.		13
4 Donation 5 Other (Specify)  1. SIGNATURE OF FUNERAL SERVICE LIC  23. PART I. Enter the diseases, or of	complications that	caused the deat	22	Clean tery NAME AND ADDRESS OF THOMPSON F	3-13- FACILITY Unera O Cle	l Hom ar Sr	ne, I	nc.	217	22 mate
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL BERVICE LIC	complications that List only one cause	caused the deatle on each line.	22	Clean tery NAME AND ADDRESS OF THOMPSON F	3-13- FACILITY Unera O Cle	l Hom ar Sr	ne, I	nc.	217	22 mata Betwe
23. PART I. Enter the diseases, or canock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that List only one cause	caused the deat	22	Clean tery NAME AND ADDRESS OF THOMPSON F	3-13- FACILITY Unera O Cle	l Hom ar Sr	ne, I	nc.	217 Approxi	22 mata Betwe
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4 Donation 5 Other (Specify)  1. SIGNATURE OF FUNERAL SERVICE LIC  23. PART I. Enter the diseases, or canock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (C	caused tha death e on asch line.	h. Do not ente	Clean tery NAME AND ADDRESS OF THOMPSON F	3-13- FACILITY Unera O Cle	l Hom ar Sr	ne, I	nc.	217 Approxi	22 mata Betwe
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32. REGISTRADIS SIGNATURE
Julia Davidson-Randall

111 PENN STREET, BALTIMORE, MARYLAND 21201

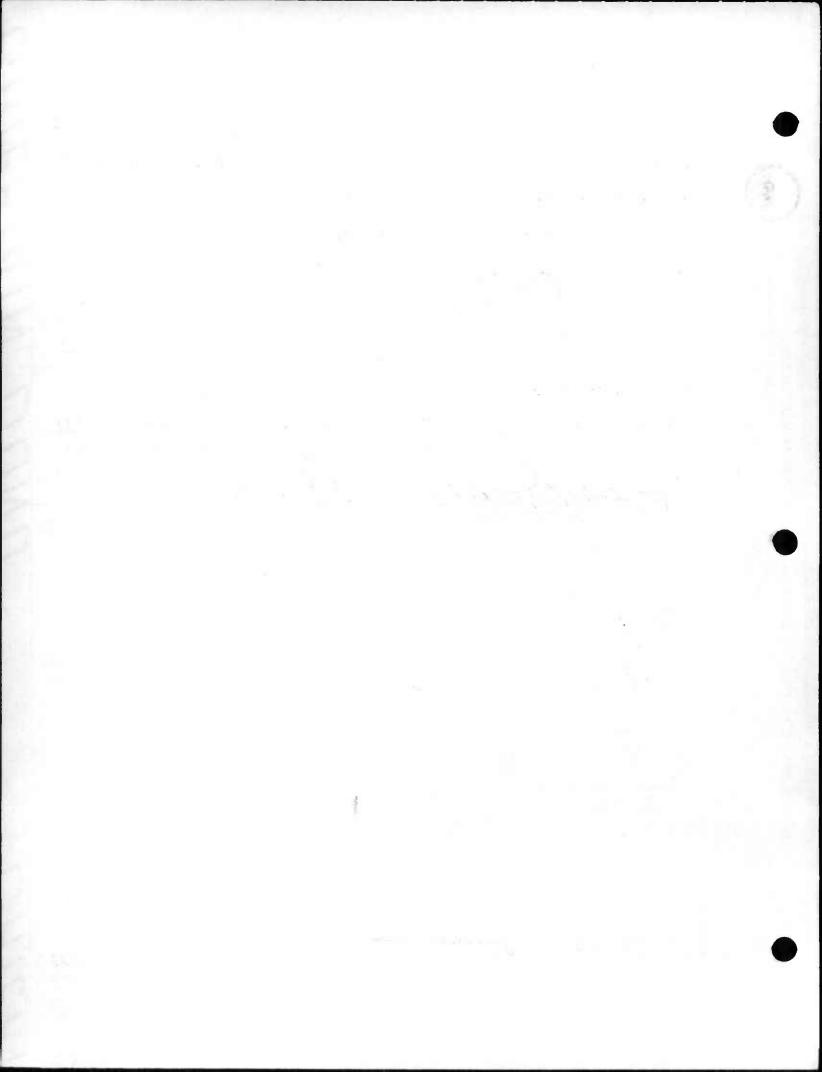


If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COM
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the medical ex	
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IMPORTANT

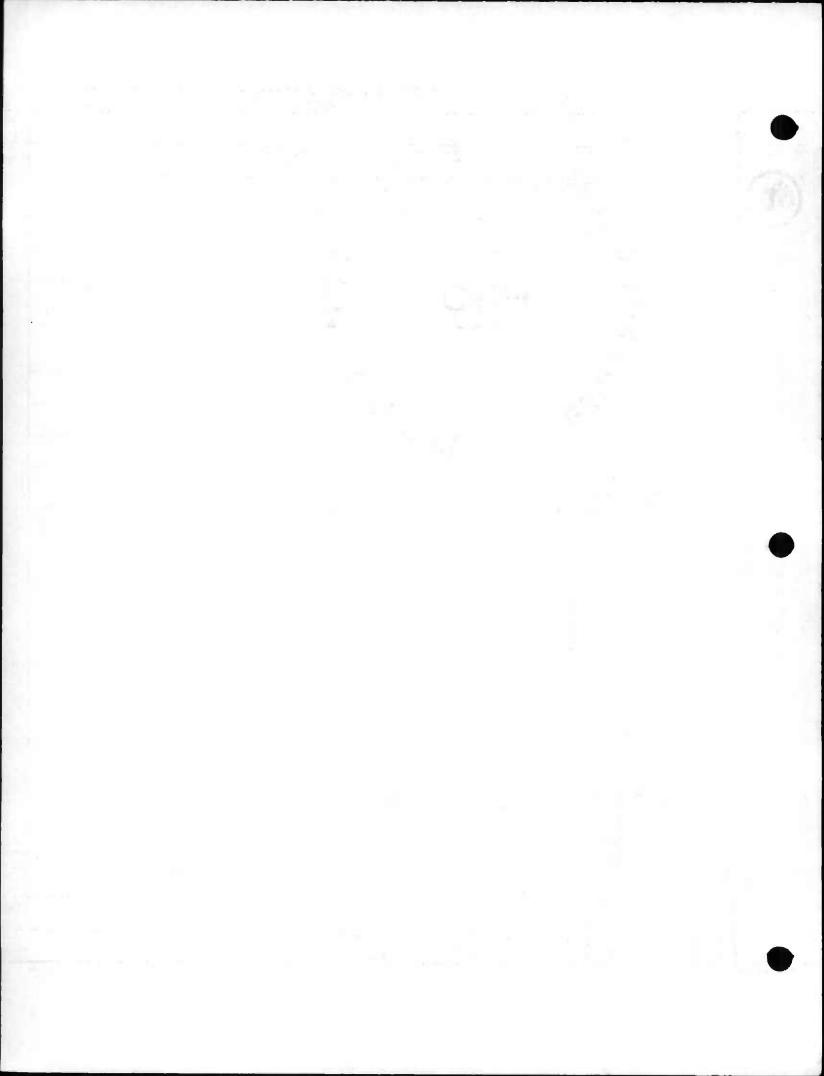
	1. OECEDENT'S NAME (First	, Middle, Lest)								2. DATE OF CEATH DAY YEAR			3. TIME OF DEATH	
	James Forr	est Mc	Ferren							March		1991	8:55 A M	
М	4. SOCIAL SECURITY NUMI	BER	5. SEX	6. AGE (in yrs. is	ast birthday)	IF UNDER			R 24 HRS.	7. DATE OF BIRTI	H	8. BIRT	HPLACE (State or Foreign	
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	9a. FACILITY NAME (If not in					9b. CITY	, TOWN	OR LOCAT	ION OF O			UNTY OF	OEATH	
OR	178 S. Pro	spect	St.			Ha	gers	town	l		W	ashin	igton	
5	RESIDENCE OF DEC	10b. COUNTY	v		10c CI	ry, TOWN C	OR LOCA	TION					10d. INSIDE CITY	
DIRECTOR	MD	Washi			Hagerstown						LIMITS?			
	10s, STREET AND NUMBER		7.59.00.15		101. ZIP CODE			10g. CITIZEN C			7.65			
RA	178 S. Pro.	snect "	St Ant	10				2174				USA		
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	1 Never Married 2	Table 1	FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES			If yes, specify Cuben, Mexice  1 YES 2 NO Specifi				C.)		ck, White, etc.		
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BE COMPLETED	Charles Al		cFonnou					1011111		sme (First, Middle, M Smith He		7		
	190, INFORMANT'S NAME (		CI OULEN	1,	9b. MAIL IN	3 ADDRES	S (Streat			Ploute Number, City of		Zin Code)		
2	Catherine												, MD 21740	
	20a. METHOD OF DISPOSIT			20b. PLACE	E OF DISPO	SITION (No	me of ce	metery, cre	matory or		c. LOCATION			
	1 Buriel 2 Cremati		oval from State	Smi	thsb	ura 1	Cren	ator	ч		Smith	sburg	. MD	
	21. SIGNATURE OF FUNERA	AL SERVICE LIC	CENSEE			22.	NAME A	ND ADDR	ESS OF FA	CILITY				
1	10	nnin i	1	turi-						l Home	762			
	23. PART I. Enter the o		complications th	et caused the d	leath. Do					Smiths b			783	
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	resulting in death)		Car Chro	O (OR AS A CONS	EOUENCE (	OF):			1			\		
_			Chro	nie O	Ces	tru	ed	we	- Pc	lenon	ary 1	), se	ase	
ᅙ	Sequentially list condi-	tions,	OUE TO	OR AS A CONS	EOUENCE C	OF):					1			
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ER	resulting in death) LAS	"	d. Can	civo	nd	1		ju	100					
	PART II. Other signific	ent condition	ns contributing to	o desth but not	resulting	in the u	nderlylr	ng cause	given in		AS AN AUTOPS	BY 24	Ib. WERE AUTOPSY FINDINGS	
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		1		0	1			1			23 215210		OF DEATH?  1 □ YES 2 □ NO	
N					-								1 120 1 34 110	
IAN	25. WAS CASE REFERRED	TO MEDICAL					26. F	LACE OF	DEATH (C/	heck only one)				
SIC	1 YES 2 NO		HOSPITAL:	☐ ER/Outpetient	3 DOA	OTHE		me 5 00	Residence	8 C Other (Specif	y)			
PHYSICIAN:	27. MANNER OF DEATH		28e. DATE O	F INJURY Day, Year)	28b. TI	ME OF		JURY AT		28d. DEŞCRIBE I	HOW INJURY	OCCURED		
ВУ	1 Netural 5 2 Accident	Pending Investigation				М		YES 2	□ NO					
	3 Suicide 6	Could not be		OF INJURY — At I	home, farm,	street, fed	tory, offi	ce		28f. LOCATION (S City or Town,	Street end Nurr. State)	ber or Rura	l Route Number,	
COMPLETED	4 Homicide	determined												
PLE	29a. CERTIFIER 1 Check only	TIFYING PHYS	ICIAN: To the best	of my knowledge, o	death occur	red at the	time, dat	e and place	ce, and due	e to the cause(e) ar	nd manner as	etated.		
OM	one) 2 MEI	DICAL EXAMINE	ER: On the basis of	examination end/o	r Investigat	lon, In my	opinion,	death occ	ured at the	time, date and pla	ice, end due to	the cause	(e) end menner ee stated.	
EC	296. SIGNATURE AND TITL	E OF CERTIFIE	R	)				29c. LI	CENSE NU	MBER	29d. 0	DATE SIGNE	ED (Month, Day, Year)	
0	1'and	n	07	/				11	35	497	<b>▶</b> 3	3/11	191	
5	30. NAME AND ADDRESS C		OCOMPLETED CA	376	EM 27) (Typ	e, Print)		57	. 6	JACE E	ns7	5W	040	
	31. DATE FILEO (Month, Day	, Year)	-	HAR'S SIGNATURE	מל								21710	
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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within nours after death. Page 6 may be retained by the hospita	TO THE PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached and the funeral death with the Crass David of Mariet and Mariet Hydinan prior in hurial committen or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1. DECEDENT'S NAME (First, Middle, La	ot) Bortolo NN		CATE OF		2. DATE OF DEA	. NO. тн		3. TIME OF DEATH
BART	01-0	IV	AZZ	EK	MONTH	DAY	P	0230
4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday)	IF UNDER 1 YEAR		Month, Day, Ye	H lar)	8. BIRTI	HPLACE (State or Foreign
179-09-1956	1 ⊠ M 2 □ F 8	7 YAS.			Oct.5,	1903		aly
9a. FACILITY NAME (If not institution, gh				R LOCATION OF DEAT	TH		NTY OF C	
Washington Cou			Hage	rstown		Wa	ashi	ngton
10a, STATE 10b. COU		10c. CITY	TOWN OR LOCATI	ON				10d. INSIDE CITY
Penna. No	rthampton Cou	unty	Pen Arg	gy1				1 TYES 2 X NO
10a. STREET AND NUMBER			101.	ZIP CODE		10g. CIT	IZEN OF	WHAT COUNTRY?
1216 Blue Vall	ey Drive			18072				SA
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	ES 2 NO	If yes, spe	ENDENT OF HISPANIC Helity Cuben, Mexican, 2 A NO Specify:			Spec	E — American Indian, ok, White, etc. oily: hite
15. DECEDENT'S E	EDUCATION	16a, DECEDENT'S I	USUAL OCCUPATIO	N et of westing	16b. KIND C	F BUSINESS/IN	DUSTRY	
(Specify only highest gi	College (1-4 or 5+)		ork done during mos retired.)					
6	0	slat	e quarry			arry		
17. FATHER'S NAME (First, Middle, Lest) unknown			1.75	18. MOTHER'S NAME unknow		faiden Surname)		
19e. INFORMANT'S NAME (Type/Print)		dop MAILING	ADDRESS (Small or	nd Number or Rural Ro		or Tour State 7	in Codel	<u></u>
Edomo Mazzer		TO DO SERVICE		Church Ro				. 21782
20e. METHOD OF DISPOSITION		20b. PLACE OF DISPOS	ITION (Name of cerr	netery, crematory or	2	Oc. LOCATION -		
13 Buriel 2 Cremation 3 F 4 Donation 6 Other (Specify)	Removal from State	St. Eliz	abeth's	Cath.Ceme	etery	Pen Ar	gyl,	Pa.
21. SIGNATULE OF FUNERAL SERVICE	E LICENSEE	1	22. NAME AN	ICH FUNERA	LITY	,		
2 CATTO	minn	uch						n Md 217
	ire. List only one cause of	n each line.		ds of dying, such				
shock, or heart fallu IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Her only one cause of the second of the s		there se					Interval Between
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MARYLAND 21203-3146

BALTIMORE,

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RECORDS, P.O.

OF VITAL

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Snow, M.D.

Dpty Med.

32. REGISTRAR'S SIGNATURE Davidson-Randell

Paul

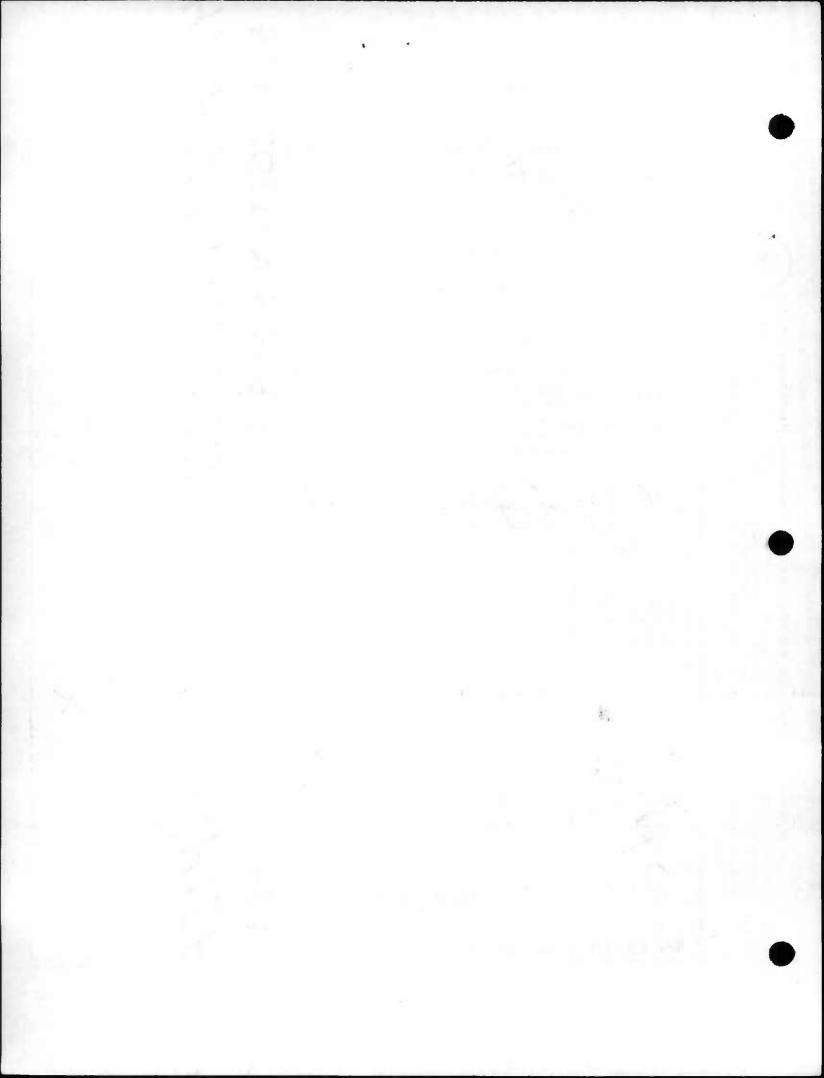
MAR 05 1991

TO THE FUNERAL OF THE FUNERAL DE FINE WITHIN 72 hr

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Susan Ellen Mellott 3 91 6:15PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country)
MARYLAND HOURS 1 M 2 F 218-70-1605 YRS. 8 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Box 136 ROUTE 1 Mt Savage Allegany RESIDENCE OF DECEDENT 19c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY Maryland Allegany Mount Savage 1: YES 2 NO 10s. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? Route 1, Box 123 21545 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yee, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Married 1 YES 2 NO Specify: Specify: WHITE BY 3 🔀 Widowed 4 🗍 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) HOUSEKEEPING MOTEL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) RUTH MARIE WITT CECTL EARNEST CLIFTON 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Coo RUTH MARIE CLIFTON 532 WOODSIDE AVENUE, CUMBERLAND, MD 21502 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 20c. LOCATION — City or Town, State PALO ALTO CEMETERY RD, HYNDMAN, PA 15545 4 Donation & Other (Specify). 21. SIGNATURE OF FUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY HARVEY H. ZEIGLER FUNERAL HOME Haus HYNDMAN, PA 15545-0636 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory screet, shock, or heart failure. List only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition Gun shot wound to the head resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF)-PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL **AMAILABLE PRIOR TO** COMPLETION OF CAUSE 1 YES 2 NO Psychoneuroses - schizophrenia 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpetient 3 | DOA ng Home 5 Residence 6 - Other (Specify) 4 Nural 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED self inflicted 1 Netural 5 Pendir 1 YES 2 NO AMM 3/2/91 to head BY 2 Accident 28e. PLACE OF INJURY — At he building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 | Homicide Box 136 neighbor's home Mt Savage 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledg ath occurred at the time, date and place, and due to the cause(s) and m MEDICAL EXAMINES: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 295, SIGNATURE AND TITLE OF CERTIF 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE Dpty Med Ex D 09157 3/3/91 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Ex 124 W 3rd St Cumb Md 21502

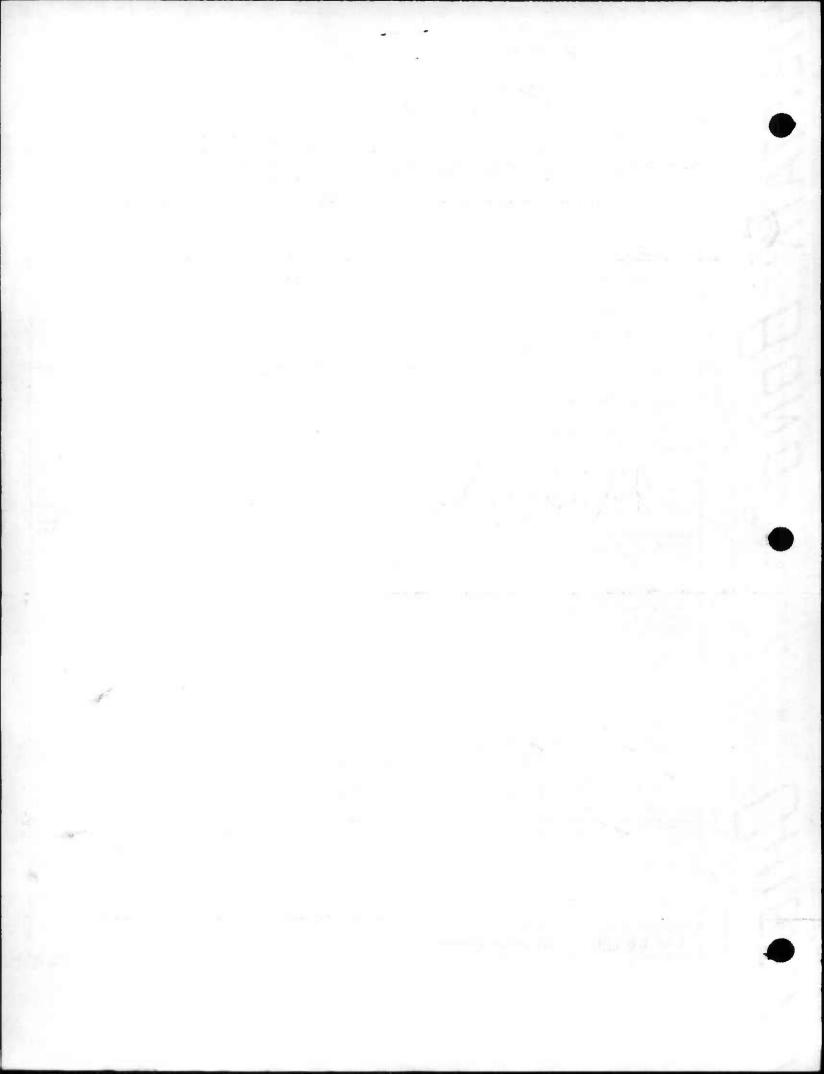


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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four stern death. Page 6 may be retained by the law requires that the executed within the THERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

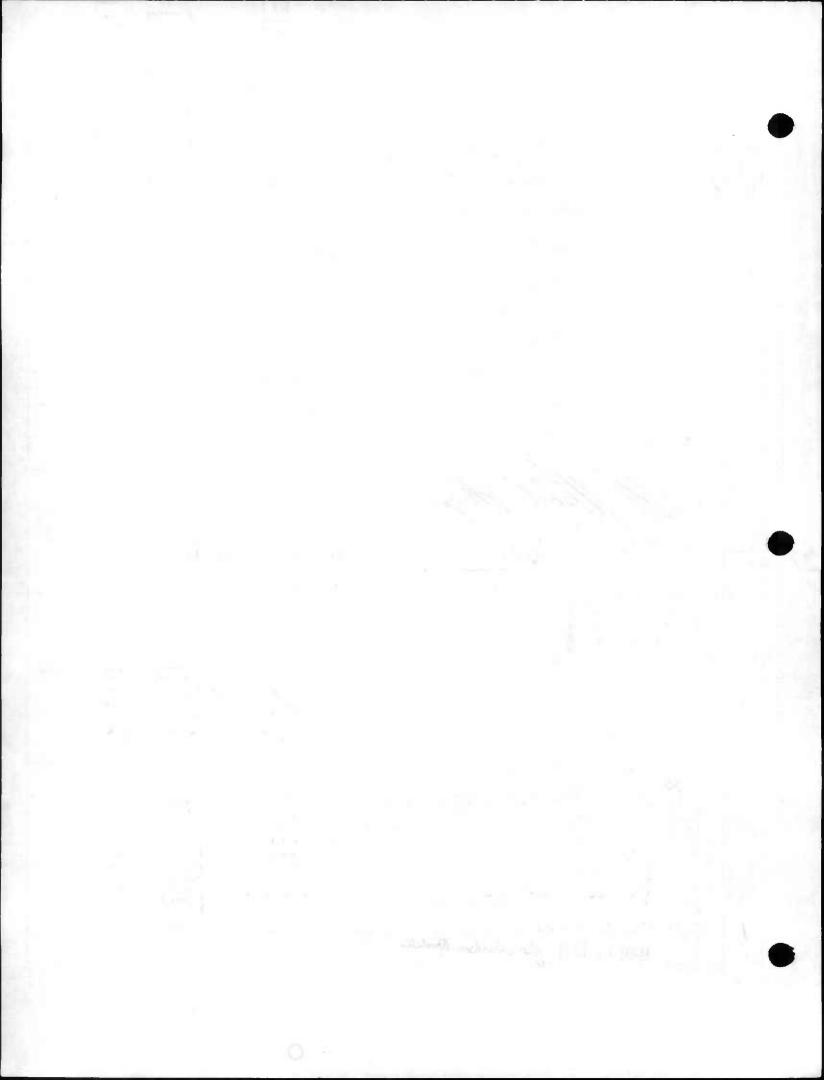
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - STATE REGISTRAR	STATE OF MARYLAN		MENT OF H		MENTAL HYG REG.		
1. DECEDENT'S NAME (First, Middle, Last) NELLIE	Leona			KLEY	2. DATE OF OEAR MONTH March 2	, 1991	9:30A
4. SOCIAL SECURITY NUMBER 216-22-5340 98. FACILITY NAME (If not institution, give	1□ M 2 🔀 F 7 C	) YRS.	MONTHS DAYS  9b. CITY, TOWN (	IF UNDER 24 HRS. HOURS MIN.  DR LOCATION OF OR	7. DATE OF BIRTY (Month, Day, Yo. Aug. 12	1920	BIRTHPLACE (State or Foreign Country)  Md.  Y OF OEATH
Memorial Hospital			Cumbe			Alleg	
Md All	y egany		vlings	TON			10d. INSIDE CITY LIMITS? 1 YES 2 NO
RFD 3 Box	58		101	21557		10g. CITIZE	N OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12, WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, sp	ENDENT OF HISPAN ecity Cuban, Mexica 2 NO Specifi	in, Puerto Rican, et	ly Yes or No— 14	RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EDI (Specify only highest grad  Elementary/Secondary (0-12)  UNKNOWN  17. FATHER'S NAME (First, Middle, Last)	JCATION 19 completed)  College (1-4 or 5+)	6a. OECEDENT'S U (Give kind of w itte. Do NOT use Homema	ork done during mo retired.)	et of working		mestic	тнү
Thomas	C. Shuga				Anna	R. A	rmentrout
19a. INFORMANT'S NAME (Type/Print) Diana Mackle	у			58, Ra			
20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ren 4 Donation 5 Qther (Specify)	noval from State	Philos	Cemet				nport, Md.
21. SIGNATURE OF FUNDAL SERVICE L	Dam w			1-Warni Church			ervice port,Md.
23. PART I. Eriter the diaeases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. OUE TO (OR AS A C	nator		ilme			Interval Between
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	D. OUE TO (OR AS A C		):	all C	ell (g.	Lung	
PART II. Other significant condition	d	not resulting in	n the underlyin	g cause given in	PI	AS AN AUTOPSY ERFORMED?	24b. WERE AUTOPSY FINDS MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C/			
1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	1 ☑ Inpetient 2 ☐ ER/Outpet  28s. OATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c. IN.	JURY AT DRK? YES 2 NO		y) HOW INJURY OCCU	RED
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Specify	- At home, ferm, s	treet, factory, offic	:0	28f. LOCATION ( City or Town,	Street and Number of State)	r Rural Route Number,
(Orack Oray	SICIAN: To the best of my knowled						
29b. SIGNATURE AND TITLE OF CERTIFS 30. NAME AND ADDRESS OF PERSON A	77	TH (ITEM 27) /Tona	Print)	D 2337		29d. DATE	BIGNED (Month, Day, Year)
Dr. Zaman	Memorial Hosp	pital Me		uilding,	Cumberl	and, MD	21502
31. DATE FILED (Month, Day, Near) MAR 0 6 1991	32. REGISTRAR'S SIGNAT	URE	arear D	one on the s	oumber 1	and a	~ 2 3 0 4



6 may be retained by the hospital or a	ector, page 5 should be detached for us		must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
7	7	A	=

1. DECEDENT'S NAME (First, Middle, Last)		CERTIFICA		2. DATE OF C	EG. NO. DEATH	3. TIME OF DEATI
William	Lawrence		Nallev Jr.	0.3	DAY	991 10:50
4. SOCIAL SECURITY NUMBER		yrs. last birthday) IF U	NDER 1 YEAR   IF UNDER 24 HR	8. 7. DATE OF B	IRTN	8. BIRTNPLACE (State or For
579 30 3658	1⊠ M 2 □ F 63	YRS.	HS DAYS HOURS MIN	8-10-2	27	Wash., DC
9e. FACILITY NAME (If not institution, give :	street and number)	9b.	CITY, TOWN OR LOCATION OF	F DEATN	9c. COU	INTY OF DEATN
Prince Georges	s General Ho	ospital	Cheverly		Pri	nce George
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT			WN OR LOCATION			10d. INSIDE CITY
	vert		ngtown			LIMITS?
10e, STREET AND NUMBER	VELU	nunci	10f. ZIP CODE		10a CIT	1 TYES 2 K
2733 Ridge Road				639	Nog. GI	USA
11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECENDENT OF NIS	PANIC ORIGIN? (SI	pecify Yea or No-	14. RACE — American India
1 Never Married 2 Married	FORCES? 1 X YES		If yes, specify Cuban, Me 1 ☐ YES 2 🔯 NO Sp	xican, Puerto Rican		Black, White, atc. Specify:
3 Wildowed 4 Divorced	1 120, 0112 1111 011 011			racity.		white
15. DECEDENT'S EDU (Specify only highest grade	JCATION e completed)	16a. DECEDENT'S USUA	AL OCCUPATION lone during most of working	16b. KIN	O OF BUSINESS/IN	DUSTRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe. Do NOT use reti	ed.)			
8		Roofer			nstructi	on
17. FATHER'S NAME (First, Middle, Last)	N. C	C		NAME (First, Middle		20100
William Lawre	ence Nalley				М	Mills
Joseph P Na 1 1 ov		Co. Co. Co. Co.	RESS (Street and Number or Re	ural Route Number, C	City or Town, State, Zi	ip Code)
Joseph R. Nalley			10 above			
tos. METHOD OF DISPOSITION		PLACE AND DATE OF	her place) n Crematory	DATE		- City or Town, State
I □ Donation 5 □ Other (Speally)		etropolita			Alexand	ria, VA
21. SIGNATURE OF FUNERAL SERVICE S	GHISE/ / //	7	22. NAME AND ADDRESS OF	FFACILITY		
1//// //// ////	Kel My	<u> </u>	Rausch Funer	al Home,	Owings,	MD 20736
reaulting in death)	Caso	DU as a	afterios	5000	8	
Sequantially list conditions, if any, leading to immediate		CONSEQUENCE OF):				
cause. Enter UNDERLYING CAUSE (Disease or Injury	C					
	DUE TO (OR AS A	CONSEQUENCE OF):				
that initiated events resulting in death) LAST						i .
	d					
resulting in death) LAST	dna contributing to death bu	it not resulting in th	a undarlying cause giver	n in Part I. 24	. WAS AN AUTOPSY	
resulting in death) LAST	dna contributing to death bu	it not resulting in th	a undarlying cause giver		PERFORMED?	AVAILABLE PRIOR COMPLETION OF C
resulting in death) LAST	d	at not resulting in th	a undarlying cause giver			AVAILABLE PRIOR COMPLETION OF
resulting in death) LAST	d	rt not resulting in th	a undarlying cause giver		PERFORMED?	AVAILABLE PRIOR COMPLETION OF C
PART II. Other eignificant condition		it not resulting in th	a undarlying cause giver		PERFORMED?	AVAILABLE PRIOR COMPLETION OF
PART II. Other algorificant condition	dna contributing to death but the contributing to death but the contributing to death but the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to the contribution to death but the contribution to the contribution t	OT	28, PLACE OF DEATH	I (Check only one)	PERFORMED?  YES 2   NO	AVAILABLE PRIOR COMPLETION OF
PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1 □ Inpetient 2 M ER/Output 28e. DATE OF INJURY	intent 3 DOA 4 D	28. PLACE OF DEATH HER: Nursing Nome 5   Resident 28c. INJURY AT	(Check only one)	PERFORMED?  YES 2   NO	AMAILABLE PRIOR COMPLETION OF COF DEATH?
PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1 □ Inpatient 2 № ER/Output	OT	28, PLACE OF DEATH HER: Nursing Nome 5	I (Check only one)  nca 6 Other (Sc  28d. DESCRI	PERFORMED?  YES 2 NO  NOCITY)	AMAILABLE PRIOR COMPLETION OF COF DEATH?
PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1   Inpatient 2 M ER/Outpt 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY	atient 3 DOA 4 DOA 29b. TIME OF INJURY	28. PLACE OF DEATH HER: Nursing Nome 5	I (Check only one)  nca 6 Other (S)  28d. DESCRI	PERFORMED?  YES 2   NO  OBCITY)  BE HOW INJURY OF	AMAILABLE PRIOR COMPLETION OF COF DEATH?
PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1   Inpatient 2 M ER/Outpi 28a. DATE OF INJURY (Month, Day, Year)	atient 3 DOA 4 DOA 29b. TIME OF INJURY	28. PLACE OF DEATH HER: Nursing Nome 5	I (Check only one)  nca 6 Other (S)  28d. DESCRI	PERFORMED?  YES 2   NO  POCITY)  BE HOW INJURY OF	AMAILABLE PRIOR COMPLETION OF COP DEATH!
PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1 Inpetient 2 M ER/Output 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, stc. (Special	attent 3 DOA 4 DOA 26b. TIME OF INJURY  — At home, farm, streety)	28. PLACE OF DEATH HER: Nursing Nome 5	I (Check only one)  nca 6  Other (Sp  28d. DESCRI	PERFORMED?  PYES 2 NO  POCITY)  BE HOW INJURY OF THE PROPERTY	AMAILABLE PRIOR COMPLETION OF COMPLETION OF COF DEATH?  12 Gyes 2 P
PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:  1 Inpatient 2 M ER/Outpl  28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, stc. (Speci	atient 3 DOA 4 DOA 4 DOA 4 DOA 4 DOA 1 DOA	28. PLACE OF DEATH HER: Nursing Nome 5   Resider 28c. INJURY AT WORK? 1  YES 2   NC , factory, office	I (Check only one)  1 (Check only one)  28d. DESCRIP  28f. LOCATIC Chy or R	PERFORMED?  PYES 2 NO  NOCITY  NO (Street and Number Nown, State)	AMAILABLE PRIOR COMPLETION OF COMPLETION OF COF DEATH?  12 Gyes 2 P  CCURED  or or Rural Route Number,
PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1 Inpatient 2 M ER/Outpit 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, stc. (Speci	atient 3 DOA 4 DOA 4 DOA 4 DOA 4 DOA 1 DOA	28. PLACE OF DEATH HER:   Nursing Nome 5	(Check only one)	PERFORMED?  PYES 2 NO  POCITY  BE HOW INJURY OF WARN, State)  I) and manner as at a place, and due to	AMAILABLE PRIOR COMPLETION OF COMPLETION OF COF DEATH?  1) Gyes 2 P  CCURED  er or Rural Route Number,  tated.  the cause(a) and manner as a
PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   Yes 2   NO  27. MANNER OF DEATH  1   Netural 5   Pending Investigation 3   Suicide 8   Could not be detarmined    29a. CERTIFIER   Check only 1   CERTIFYING PNYS	HOSPITAL: 1 Inpatient 2 M ER/Outpit 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, stc. (Speci	atient 3 DOA 4 DOA 4 DOA 4 DOA 4 DOA 1 DOA	28. PLACE OF DEATH HER:   Nursing Nome 5	Check only one)   Control	PERFORMED?  PYES 2 NO  POCITY)  BE HOW INJURY OF MARKET STREET  I) and manner as at a place, and due to 29d. DA	AMAILABLE PRIOR COMPLETION OF COMPLETION OF COF DEATH?  1 Ves 2   1  CCURED  CCURED  CCURED  AMAILABLE PRIOR COMPLETION OF COMPL
PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   Yes 2   NO  27. MANNER OF DEATH  1   Netural   Pending Investigation   I	HOSPITAL: 1 Inpatient 2 M ER/Output 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, stc. (Speci	atient 3 DOA 4 DOA 29b. TIME OF INJURY  At home, farm, streetly)  adge, death occurred at and/or investigation, in	28. PLACE OF DEATH HER:   Nursing Nome 5	Check only one)   Control	PERFORMED?  PYES 2 NO  POCITY  BE HOW INJURY OF WARN, State)  I) and manner as at a place, and due to	AMAILABLE PRIOR COMPLETION OF COMPLETION OF COF DEATH?  1 Ves 2 P  CCURED  er or Rural Route Number,  tated.  the cause(a) and manner as at the cause(a) and manner as at the cause(b) and manner as at the cause(c) and
PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1 Inpatient 2 M ER/Output 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, stc. (Speci	attent 3 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 1 DOA	28. PLACE OF DEATH HER:   Nursing Nome 5	I (Check only one)  10 Check only one)  26d. DESCRIP  28f. LOCATIC Chy or R  due to the cause(a the time, date and NUMBER  M . E .	PERFORMED?  DYES 2 NO  NOCITY  BE HOW INJURY OF THE PROPERTY O	AMAILABLE PRIOR COMPLETION OF COMPLETION OF COF DEATH?  1 Ves 2   1  CCURED  CCURED  CCURED  AMAILABLE PRIOR COMPLETION OF COMPL



TO BE COMPLETED BY FUNERAL DIRECTOR

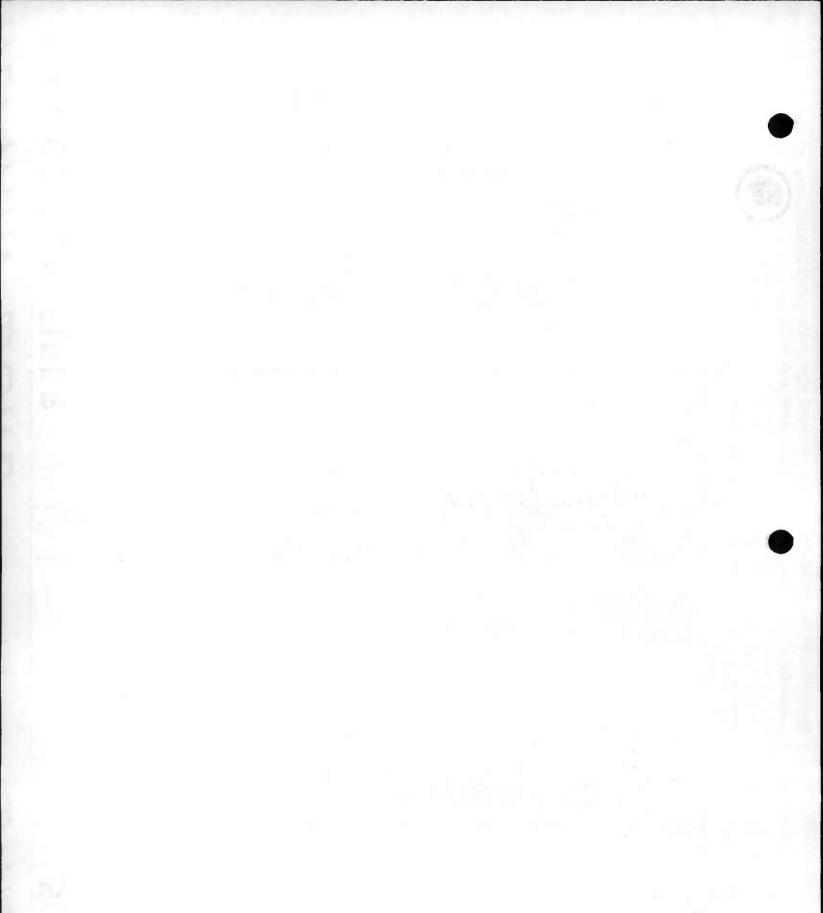
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	AIEUI	DEATH		REG. NO.		
I. DECEDENT'S NAME (First, Middle, Last)	ANNA NIED	ER			2. DATE MONTH	OF DEATH DAY	91	3. TIME OF DEATH 10:05 D
SOCIAL SECURITY NUMBER	5. SEX 6. AGE		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH , Day, Year)	8. BIRT	HPLACE (State or Foreign
219-88-2215	1 🗆 M 2 😡 F	87 YRS. M	ONTHS DAYS	HOURS MIN.	3/	8/1903		HUANIA
FACILITY NAME (If not institution, give	street and number)	9	b. CITY, TOWN	DR LOCATION OF D			COUNTY OF	
NATIONAL LUT	HERAN HOME		R	OCKVILL	E.	1	/ONTG	OMERY CO
ESIDENCE OF DECEDENT				OUNVIED			101110	OMERI CO
. STATE 10b. COUNT	LA	10c. CITY, 1	TOWN DR LOC	ATION				10d. INSIDE CITY LIMITS?
MD. MOI	NTGOMERY C	0.	GAITH	ERSBURG				DEXYES 2 □ ND
STREET AND NUMBER			1	Of. ZIP CODE		10g.	CITIZEN OF	WHAT COUNTRY?
10 - BRIGHTO	N LANE			20877			USA	
MARITAL STATUS  Never Married 2 Married  SWidowed 4 Divorced	12. WAS DECEDENT EVER FDRCES? 1 YES IF YES, GIVE WAR DR	8 2X 00	If yes, I	CENDENT OF HISPA specify Cuban, Mexico S 3 ND Specific	an, Puerto F			CE — American Indian, ck, White, etc. celly: WHITE
15. DECEDENT'S ED	I I I I I I I I I I I I I I I I I I I	16a. DECEDENT'S US	1	TIPA I	Lan	VIVO OF BUILDINGS		
(Specify only highest grad	de completed)	(Give kind of wor	k done during r	nost of working	166.	KIND OF BUSINES	S/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)		EWIFE			HOMEN	( )	C
12 FATHER'S NAME (First, Middle, Last)		11005	DMILE					G
	01177					Aiddle, Meiden Surne		
AUGUST SCHO	JNRANG	Two seems				DERRIN	-	
INFORMANT'S NAME (Type/Print)	D.D.			and Number or Rural				
EV.DR.REICHAI				DR.,RO	CKVI			
METHOD OF DISPOSITION  Burlal 2 Cremation 3 Ref	moval from State	Ob. PLACE OF DISPOSIT other place)	ION (Name of c	emetery, crematory or		20c. LOCATIO	N — City or	Town, State
Donation 8 Other (Specify) SIGNATURE OF FUNERAL SERVICE L		CEDAR H		EMETERY AND ADDRESS OF F		SUITI	AND	MD.
quentially list conditions, any, leading to immediate use. Enter UNDERLYING USE (Disease or injury at initiated events suiting in death) LAST	b. DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in		ng ceuse given in		24a. WAS AN AUTO PERFORMED!  1  YES 2  N	PSY 24	IIA. WERE AUTOPSY FINDI MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C	hack only or	me)		
	HOSPITAL:	destinat a C DOS	THER:	me 5 🗆 Residence				1 TYES 2 NO
EXAMINER?  1 YES 2 ND						/ (Snacthy)		1 TYES 2 NO
1 TYES 2 ND	1 Inpetient 2 I ER/Ou 28a, DATE OF INJURY	Y 28b. TIME I	DF 28c, I	NJURY AT		(Specify) CRIBE HOW INJUR	Y OCCURED	1 TYES 2 NO
1 O YES 2 ND  MANNER OF DEATH  Metural 5 Pending	1 Inpatient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year,	Y 28b, TIME I	DF 28c. I				Y OCCURED	1 YES 2 NO
1 YES 2 ND  MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY	28b. TIME INJUF	DF 28c. I	NJURY AT YORK?  YES 2 NO	28d. DES	CRIBE HOW INJUR		
1 YES 2 ND  MANNER OF DEATH  Matural 5 Pending C Accident Investigation Suicide 8 Could not by	1 Inpatient 2 I ER/Ou  28a. DATE OF INJUR (Month, Day, Year)	28b. TIME INJUF	DF 28c. I	NJURY AT YORK?  YES 2 NO	28d. DES			
1 YES 2 ND  MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  1. CERTIFIER Check only 1 CERTIFYING PHY	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY 28a. PLACE OF INJURY building, etc. (Sc SICIAN: To the best of my knot NER: On the best of axaminat	Y 28b. TIME (INJUF PY — At home, ferm, stro- celly)	DF 28c. 1 N 1 net, factory, of	NJURY AT YORK?  ] YES 2 NO  Note and place, and du	28d. DES 28f. LOC City e to the cau	ATION (Street and No or Rown, State)  see(a) and menner a and place, and due	umber or Flura	l Route Humber,
MANNER OF DEATH    Netural   5   Pending Investigation	28a. DATE OF INJURY (Month, Day, Year  28a. PLACE OF INJURY 28a. PLACE OF INJURY UNITED TO THE building, etc. (S)  SICIAN: To the best of my known on the basis of axaminate  EER	28b. TIME INJUF PY — At home, farm, structured iton and/or investigation,	DF 28c. I 1 = set, factory, of at the time, do in my opinion	NJURY AT YORK?  YES 2 NO  Note and place, and du, death occured at the	28d. DES 28f. LOC City e to the cau	ATION (Street and No or Rown, State)  see(a) and menner a and place, and due	umber or Flura	/ Route Number, o(a) and manner as state



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
rithin 24	eletely fill	remation	
recuted w	und comp	burial, c	
ate be ex	ysician a	prior to	
certifica	nding ph	Нудівле	
he death	the atte	Mental	
es that t	gned by	salth and	
w requir	been si	pt. of He	
V: The la	cate has	State De	
HYSICIAL	nis certifi	with the	
NOING P	: After ti	r death	
OR ATTE	NECTOF	ours afte	
SPITAL (	NERAL C	hin 72 h	
HE HO	HE FU	led wit	
-	_	4	

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	10-	O.	ZATIF	ICATE	UF	DEA		2. DATE	OF DEATH		UWA =	3. TIME OF DEATH
NHUNG D. 1	V60	NHUNG		NG	0			MONTH 3	- 9	44	97	9250
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR	IF UNDE	9 24 HRS.	7. DATE	OF BIRTH		6. BIRTHP	
218-04-2322	1 M 2 F	88	YRS.	MONTHS	DAYS	HOURS	MIN.		. Day. Year)	903	Country)	T NAM
9a. FACILITY NAME (If not institution, give	street and number)	00		9b. CITY	, TOWN (	OR LOCAT	ON OF DE		• 1, 1		NTY OF DE	
HOLY CROSS	HOSPITAL				СТ	TUED	SPR	TNC		M	ONTGO	MEDV
RESIDENCE OF DECEDENT	HOSFITAL				21	LVER	SIK	ING		PI	ONTGO	MEKI
10a. STATE 10b. COUNT	TY		10c. CI	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY LIMITS?
MARYLAND MON	TGOMERY			SIL	VER	SPRI	NG					1 YES 2 NO
10e. STREET AND NUMBER					10	. ZIP COC	E			10g. CIT	ZEN OF WI	IAT COUNTRY?
1701 EAST-WE	ST HIGHWA	AY, $#T-1$				209	10			V	IET	NAM
11. MARITAL STATUS		T EVER IN U.S. AR							? (Specify Yes	ı or No—	14. RACE - Black.	- American Indian, White, etc.
1 Never Married 2 Married 3 Widowed 4 Otvorced		MAR OR DATES					Specify		mount, accep		Specify	
A	<u> </u>											TNAMESE
15. DECEDENT'S EDI (Specify only highest great		/G	ive kind of	work done se retired.)	CCUPATE during mo	on ost of work	ing	16b	KIND OF BU	SINESS/INC	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)		ञ्च । स्थाप्तियः)					ano arr	T 000	ODE	
6		0	WNER			40.000			GROCEF		JKE	
17. FATHER'S NAME (First, Middle, Last)	FF177 4 3 7 7 7 7								Middle, Maiden			
NGO NGOC	THANH						UYNH		THI	A)		
19a. INFORMANT'S NAME (Type/Print)									ber, City or Tow			
	RANDDAUG	-					E, S		_			AND 20902
20e. METHOD OF DISPOSITION 1 ₩ Buriel 2 ☐ Cremetion 3 ☐ Res	noval from State	20b. PLACE of cemetary						OAT			City or Tow	
4 1 Donation 5 Other (Specify)		of cemetary CEDAR	HIL	_					WAS	HING'	ron,	D.C.
21. SIGNATURE OF FUNERAL SERVICE.	PENSEE/	41					CO		S FUNE	'RAT	HOME	TNC
> Mutan	TI.	41/1									-	, MD 2090
23. PART I. Enter the diseases, or												Approximate
ahock, or heart failure	. List only one cs	use of each line	3.		,							Interval Between Onset and De
iMMEDIATE CAUSE (Finsi disease or condition resulting in death)	a. Myo (	acdial	IN	for	ctio	n		1				36 hrs
resulting in death)	OUE TO	OR AS A CONSE	OUENCE (	OF):								
W. C. C. C. C. C. C. C. C. C. C. C. C. C.	Cono	NARY	ART	reny	L	11561	15E					5 PRS
Sequentisity list conditions, if any, leading to immediate		OR AS A CONSE				-						
cause. Enter UNDERLYING CAUSE (Disease or injury	۵									KAT		
that initiated events	DUE TO	OR AS A CONSE	OUENCE (	OF):						Y		
resulting in death) LAST	d											
PART II. Other aignificant condition	na contributing to	death but not	racultina	In the	ndeclula	O COLLEG	alves I-	Part I	240 BMC 44	AIITYDEV	245	WERE AUTOPSY FINDIR
GANGRENE PNEUMONIA	A C RIC	11- /	conting	ar trie U	-uerryin	y cause	ALABIT IU	raft I.	PERFO		240.	AVAILABLE PRIOR TO
DAIC	or /7/6	HI LE	5						1 TES	NO NO		COMPLETION OF CAUS OF DEATH?
PNEUMONIA												1 TYES 2 NO
RESPIRATOR	Y FAILU	RE										
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ		LACE OF	DEATH (C	heck only or	ne)			
1 TES 2 NO		☐ ER/Outpatient	DOA			ne 5 🗆 I	Pesidence	8 🗆 Othe	r (Specify)			
27. MANNER OF DEATH	28a. OATE O (Month,	F INJURY Day, Year)	28b. TI	ME OF	28c. IN	JURY AT ORK?		28d. OE	SCRIBE HOW	INJURY OC	CURED	
1 Netural 5 Pending 2 Accident Investigation				М		YES 2	□ NO					
3 Suicide 6 Could not be	28a. PLACE building	OF INJURY - At h	ome, farm	street, fac	tory, offi	Ce		28f. LOC City	ATION (Street or Town, State	and Numbe	r or Rural A	oute Number,
4 Homicide detarmined	- 9											
29a. CERTIFIER (Check only	SICIAN: To the best of	of my knowledge, d	eath occu	red at the	time, dat	a and plac	e, and due	e to the ce	use(a) and me	nner as str	ited.	
Chuck only							•					and manner as state
one) 2 MEDICAL EXAMI	NER: On the besis of	examination and/or	Investigat	ion, in my	opinion,	death occ	0100 01 114	o como, war	mino prace, a	ing date to t	ne cansala)	miles tributation are prosec-
2 MEDICAL EXAMI	-	examination end/or	investigat	ion, in my	opinion,				r and praca, a			
206. SIGNATURE AND TITLE OF CERNIS	-	examination and/or	investigat	ion, in my	opinon,	29c. LI	CENSE NU	MBER	r and place, a			(Month, Day, Year)

MPLETED CAUSE OF DEATH (ITEM 27) (1700, Print)

1 PSh (P A SC #20)

32 AEGISTRAB'S SIGNATURE

JUNIA DAVI ASCA - ACADEM

Hampshire

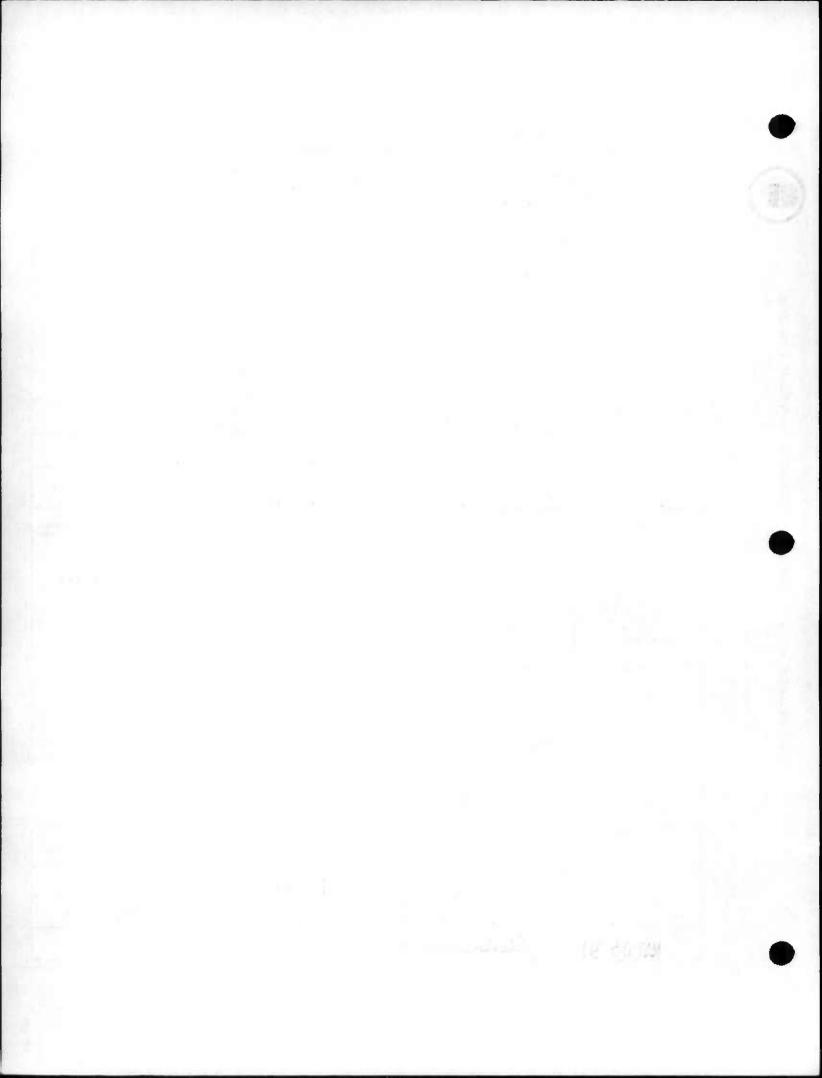
31. DATE FILEO (Month, Dwy, MAR 0 4

'91

(89)

12, 5 G 8M

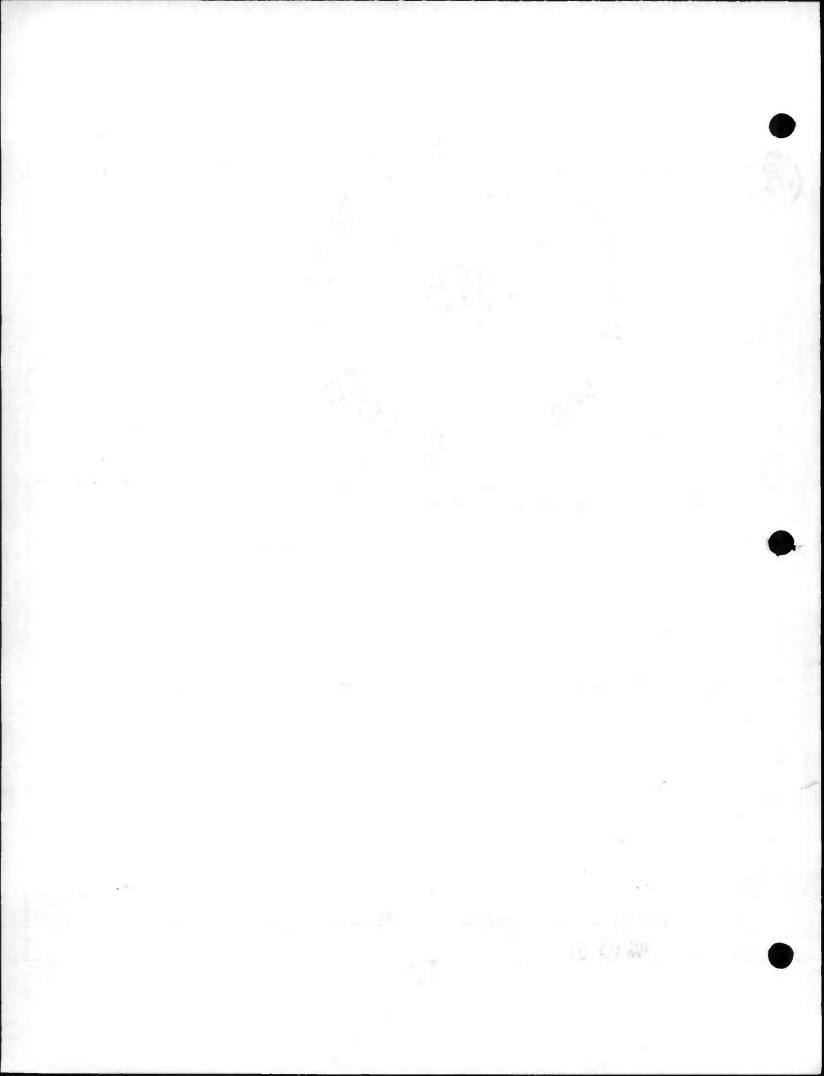
REGISTRAR		CERTIFIC	CATE OF	DEATH	F	REG. NO.		
1. DECEDENT'S NAME (First, Middle,					2. DATE OF		MEAN	3. TIME OF DEATH
SYLVIA	GERTRUDE NO	ORMAN			монтн 3 •	- 3 -	91	3:00 P. M
4. SOCIAL SECURITY NUMBER	5. SEX 8. AC		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	віятн	0. BIRTI	HPLACE (State or Foreign
192-16-0567 See. FACILITY NAME (If not institution,	1 M 2 F	66 YRS.	MONTHS DAYS	HOURS MIN.	12/27		Phi	la., PA
	Blvd.,W. #11		Silver		EATH		tgome	
10a. STATE 10b. CO	DUNTY	10c, CITY.	TOWN DR LOCAT	ION				10d. INSIDE CITY
	ntgomery		er Spri	ng				1 XYES 2 ND
100. STREET AND NUMBER 1121 Universit 11. MARRITAL STATUS 1 Never Married 2 Married	y B1vd.,W.#11	3	101	20902		10g. Cl	U.S.	A.
11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVE FDRCES? 1 Y Y IF YES, GIVE WAR OF	ER IN U.S. ARMED ES 2000 NO R DATES	If yes, sp	ENDENT OF HISPA Holfy Cuben, Mexico 2 NO Specif	nn, Puerto Rica	specify Yes or No— n, etc.)	14. RAC Blac Spec	E — American Indian, ck, White, etc. chy: White
15. DECEDENT		18a. DECEDENT'S U			16b. Kill	ND OF BUSINESS/IN	DUSTRY	
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, La	College (1-4 or 5+)	Homemake		st of working		Own Home		
17. FATHER'S NAME (First, Middle, La	eti .	пошешаке	·L	48 MATUED'S M	ME /First Alide	lle, Maiden Sumerne)		
					insburg			
100 INFORMANT'S NAME (Topo/Print		dop Man mo	DDDPPP (Dune)			City or Town, State, 2	7- O- d-)	
Samuel Williamo								1 4 20850
20a. METHOD OF DISPOSITION	wsky (son-in-	20b. PLACE OF DISPOSI			, iive,	20c. LOCATION -		
12 Buriel 2 Cremation 3 4 Donation 5 Other (Specify		Judean Mer				Olney,		
21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE			D ADDRESS OF FA		Memorial	Cha	pels, Inc.
- Grand	41/	nl		-	_			Md. 20852
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Ca_DETA	AS A CONSEQUENCE OF	CANCE	N				Onset and Death
CAUSE (Disease or injury that initiated events resulting in death) LAST		AS A CONSEDUENCE OF						
	ditiona contributing to deat	th but not resulting in	the underlyin	g cause given in	Part I. 24	a. WAS AN AUTOPS	24	b. WERE AUTOPSY FINDINGS
25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Notward 5 Pending					_   1	PERFORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ž								
25. WAS CASE REFERRED TO MEDIO	HOSPITAL:		OTHER:	ACE OF DEATH (C				
1 YES 2 NO	1   Inpatient 2   ER/			e 5 A Residence			001050	
1 Natural 5 Pending 2 Accident Investig	28a. DATE DF INJU (Month, Day, Ye	RY 28b. TIME	JRY WO	URY AT PRK? YES 2 NO	28d. DESCH	IBE HOW INJURY O	CCURED	
	ot be building, etc. (	URY — At home, farm, st Specify)	treet, factory, offic	•	261. LOCATION OF T	ON (Street and Numb lown, State)	er or Rural	Route Number,
Torroom only	PHYSICIAN: To the best of my k AMINER: On the basis of examin							(s) and manner as stated.
206. SIGNATURE AND TITLE OF CE	Schum	Co		29c. LICENSE NO.				D (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON Stanley A. Sch				enue. #8	335: Ch			
31. DATE FILED (Month, Day, Year)	32. BEGISTRAR'S	SIGNATURE	HOLII AV	cirue, #C	, JJ, UI	J. J. Jilde	-, -,	
MAR 05 '91	guha Davi	don-Bondall						



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 4- nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 26 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	STATE REGISTRAR	STATE OF MARYLA			OF DEAT		REG. NO.	E		
1	1. DECEDENT'S NAME (First, Middle, Last)	Nordla					2. DATE OF DEATH MONTH DA	3 0	3. TI	ME OF DEATH M
		5. SEX 6. AGE (II	n yrs. last birthday) YRS.	IF UNDER 1 YE	EAR IF UNDER 2	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE Country)	E (State or Foreign
	9a. FACILITY NAME (If not institution, give stre		THS.	ab CITY TO	WN OR LOCATIO	N OF DEA	8/3/13	ac COUNTY	Penn.	
œ	Suburban H				thesda				ntgor	nerv
DIRECTOR	RESIDENCE OF DECEDENT			1		*		110		
2	10n. STATE 10b. COUNTY			TY, TOWN OR I	Spring					INSIDE CITY
- 1	Maryland Mont	gomery	3	TIVEL	101, ZIP CODE			10g, CITIZE	N OF WHAT	YES 2 NO
FUNERAL	12818 Holdridge				20906			US		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2X NO	If ye		, Mexican	C ORIGIN? (Specify Yea , Puarto Rican, atc.)	or No 14	Specify: V	
COMPLETED	16. DECEDENT'S EDUC/ (Specify only highest grade of Elamentary/Secondary (0-12) 1 / 1 2		16a. DECEDENT'S (Give kind of life. Do NOT L	work done duri se retired.)	JPATION ng most of working	g	16b. KIND OF BU	SINESS/INDUS	STRY	
BE COM	17. FATHER'S NAME (First, Middle, Lest)  John Innocenti					ien's nan	AE (First, Middle, Malden Drsi	Sumame)		
10	19a. INFORMANT'S NAME (Type/Print)  Claire Genova				treet and Number		Chevy Cha			9
	28s. METHOD OF DISPOSITION  1 K Burtal 2 Cremation 3 Remote 4 Denetion 5 Other (Specify)	/al from State	Arlingto	n Ceme	of cemetery, crem	eatory or		cation - ci		
ĺ	21. SIGNATURE OF PUNCHAL SERVICE LICE		ne			inal	di 11800 N	lew Hai	mp.Av	e.S.S.Md.
~	23. PART I. Enter the diseases, or combook, or heart feliure. L. IMMEDIATE CAUSE (Finei disease or condition resulting in death)	let only one ceuse on e		Cx	e mode of dyi			iratory arred	it,	Approximate interval Between Onset and Death 3
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury		A CONSEQUENCE							
RTIFI	that initiated events reaulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE	OF):						
PHYSICIAN: MEDICAL CE	PART II. Other eignificant conditions		out not resulting			given in	Pert i. 24a, WAS AF PERFO 1   YES	AMED?	AVA COR OF	NE AUTOPSY FINDINGS ALABLE PRIOR TO APLETION OF CAUSE DEATH? YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	28. PLACE OF D					
	1 YES 2 NO  27. MANNER OF DEATH  1 Vatural 5 Pending Investigation	1 Inpetient 2 ER/Out	28b. T	-	BC. INJURY AT WORK?		8 Other (Specify)  28d. DESCRIBE HOW	INJURY OCCU	JRED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Spe		, street, factor	y, office		281. LOCATION (Street City or Town, State	and Number o	or Rural Route	Number,
COMPLETED	(Check only	CIAN: To the best of my known; R: On the basis of examination								d manner as stated.
BE	29b, SIGNATURE AND TITLE OF CHITTERED	Porell				ENSE NUI	7/ -	29d. DATE	SIGNED (Mo	nyn, Day, Ybar)
2	30, NAME AND ADDRESS OF PERSON WAY	OSENBL	Vm	10 400	o Con	na	tiat	Mi	we	20895
	MAR 05 91	32. REGISTRAN'S SIGN	NATURE BONDO	00						



CERTIF
MEDICAL
PHYSICIAN:
8
COMPLETED
BE
2

ICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

- STATE REGISTRAR		C	ERTIF	ICATE	OF DEAT	Н		REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)								OF DEATH	414	WEAR	3. TIME OF DEATH
Viola Mae N	VETZ						Mar	ch 1,	199	YEAR	9:00A M
4. SOCIAL SECURITY NUMBER 218-24-9616	5. SEX	5. AGE (In yrs. le	est birthday) YRS.	IF UNDER 1 Y	YEAR IF UNDER 2	4 HRS. MIN.	7. DATE	OF BIRTH		8. BIRTI	HPLACE (State or Foreign ry)  UST GROVE, M.
9e. FACILITY NAME (if not institution, give		44.1		C-5	OWN OR LOCATION	N OF D			9c. COL	INTY OF E	DEATH
Frederick Memor	ciai Hosp	oltal		Fre	derick				L Pi	redei	rick
Maryland F1	v cederick			iddlet							10d. INSIDE CITY LIMITS? 1 YES 2 NO
1906 Old Natio	onal Pike				21769	9				U. S.	what country? A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		HT EVER IN U.S. A YES 2 NAR OR DATES		If y	S DECENDENT OF ea, specify Cuben, YES 2 X NO		en, Puerto f		a or No—	Spec	E — American Indian, k, White, etc. My: Vhite
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	ICATION o completed) College (1-4 or 5		Give kind of fe. Do NOT u	work done duri work done duri ise retired.)	UPATION ing most of working		16b.	Own		DUSTRY	
17. FATHER'S NAME (First, Middle, Lest)		<del></del>						Middle, Maider			
Josephus Morr:	Lson	- 12			Street and Number of		erine		nown	0.41	
Joyce M. Sigler		l'			Nationa.						d. 21769
20s. METHOD OF DISPOSITION 1\( \bigcup \) Burial 2 \( \bigcup \) Cremation 3 \( \bigcup \) Ren 4 \( \bigcup \) Donation 6 \( \bigcup \) Other (Specify)	noval from State	other	p/ace)	,	of comotory, crome Cemeter	,			CATION -		own, Stata
21. SIGNATURE OF FUNERAL SERVICE LI	CENSAE		· Cubic		ME AND ADDRESS		ACILITY	1200	ase (	0101	
John H. Bast	- the	Jack !	11	RΔ	ST FINE	DAT.	HOME	7606	Boot	nsbo	ro Pike
23. PART I. Enter the diseases, or		et caused the	de th. Do	not enter th	ne mode of dvin	ia. suc	ch ae care	lec or men	Sbore	mest.	arvland 2171
ahock, or haert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	Cardiop	oulmonar	y Arı								interval Between Onset and Death
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	h Atheros	cleroti OR AS A CONS	C Cal	rdiova	scular	Dis	ease				
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	OR AS A CONS	EOUENCE (	OF):		-					
PART II. Other eignificent conditio	ne contributing to	death but not	requiting	in the unde	arlyina cause a	iven ir	Dart i	24s. WAS A	V ALITOPRY	/ 24	b. WERE AUTOPSY FINDINGS
Diabetes Melli					strying datas g				RMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL					28. PLACE OF DE	ATH (C	heck only or	ne)			
EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER:	ng Home 5 🗆 Res	sidence	6 🗆 Othe	r (Specify)			
27. MANNER OF DEATH  1X Natural 5 Pending Investigation	26e. DATE O (Month, i	F INJURY Day, Year)	26b. TII	JURY	8c, INJURY AT WORK?	NO	28d. DE	SCRIBE HOW	INJURY O	CCURED	
2 Accident 3 Suicide 6 Could not be detarmined		OF INJURY — At , etc. (Specify)	home, farm,	, street, factor	y, office			CATION (Street or Town, State		er or Rural	Route Number,
29a. CERTIFIER 1 CERTIFYING PHYS											(s) and manner as stated.
296. SIGNATURE AND TITLE OF CENTRE	Lun	2012	TIK	1.D.	29c. LICE		JMBER 591			TE SIGNE	D (Month, Day, Year) 91
NOT THE AND ADDRESS OF PERSON W					"			Unan			_
George C. Newm	an, II M.	D. P.	H. D	• 17	99 HOWE	11	Ka.,	надех	STOW	11, M	d. 21740
MAR 5 91		. Wart - pla	· harace								

yladens

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-trained permit. Pages 1, 2, 3 st be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burlal, cremation, or remoral.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fube filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR  DECEDENT'S NAME (First, Middle, Last)						1 2 24-	OF DEATH		1.	TIME OF DEATH
FREDERIC	x 5.	DRATT	-			MONT		W 0	YEAR 3.	P
SOCIAL SECURITY NUMBER		B. AGE (In yrs. last bli	- ·	ER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH	1	BIRTHPL	ACE (State or Foreign
418 34 3069	1 M 2 🗆 F	77	YRS. MONTHS	DAYS	HOURS MIN.		e 15.	101 k	Country)	w York
a. FACILITY NAME (If not institution, give	street end number)	-	9b. CIT	Y, TOWN OR	LOCATION OF		6 10,	9c. COUNT		
1030 Lake Clai	re Drive			Anna	polis			Α,	nna	Arundel
RESIDENCE OF DECEDENT				**IIII G	POTTS			241	IIIC	alunder
0a. STATE 10b. COUNT	Υ	,	IOC. CITY, TOWN	OR LOCATIO	ON				10	d. INSIDE CITY LIMITS?
	e Arunde	el	Anna	poli						YES 2 NO
0e. STREET AND NUMBER				101.	ZIP CODE					T COUNTRY?
1030 Lake Cla					21401				S.A	
1. MARITAL STATUS  Never Merried 2 Merried  Widowed 4 Divorced	IF YES, GIVE WA	YES 2 NO	13	If yes, spec	NDENT OF HISP city Cuben, Mexi NO Spec	cen, Puerto			Specify:	American Indien, Thite, atc.
15. DECEDENT'S EDU	CATION	16a DECE	DENT'S USUAL	OCCUPATION		16	h. KIND OF BU			6
(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give	kind of work done NOT use retired.	e during most .}	of working					
12			chant	Seam	an		Getty	Oil	Com	pany
7. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S					
Frederick Have	n Pratt				Marge	rv W	illar	d Day	ris	
9a. INFORMANT'S NAME (Type/Print)		19b. N	MAILING ADDRE							
Margery W. Vi	tch	10	030 La	ke C	laire	Dri	ve. A	nnapo	lis	MD 21
0e. METHOD OF DISPOSITION	novel from State		D DATE OF DIS	POSITION (		3/8		CATION — CI		
Donation 5 Other (Specify)	A /		opolit	can C			Al	exand	lria	, VA
SIGNATURE OF FUNERALISERVICE L	amount I I I									
H. SIGNATURE OF FUNERAL/SERVICE/U	CENSELY /				ADDRESS OF		Cl	. 7	0.7	407
male &	Ly Lin	/	I	aylo	r Fun	eral				
23. PART I. Enter the diseases, or	complications that	caused the deatl	1	aylo 47 G	r Fun	eral ster	St.	Annar	oli	
23. PART I. Enter the disasses, or shock, or heart failure.	complications that	e on each line.	h. Do not ante	aylo 47 G	r Fun louce a of dying, se	eral ster uch as can	St	Annar	oli	Approximate interval Between
23. PART I. Enter the disasses, or ahock, or heart failure.	complications that	e on each line.	h. Do not ante	aylo 47 G	r Fun louce a of dying, se	eral ster uch as can	St	Annar	oli	Approximate interval Between
23. PART I. Enter the disasses, or ahock, or heart failure.	complications that	caused tha death on each line.  Lastat OR AS A CONSECUT	h. Do not ante	aylo 47 G	r Fun louce a of dying, se	eral ster uch as can	St	Annar	oli	Approximate interval Between
23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that	e on each line.	h. Do not ante	aylo 47 G	r Fun louce a of dying, se	eral ster uch as can	St	Annar	oli	Approximate interval Between
23. PART I. Enter the disasses, or ahock, or heart failure.	complications that Ust only one caus  B. DUE TO (	e on each line.	h. Do not anto	aylo 47 G	r Fun louce a of dying, se	eral ster uch as can	St	Annar	oli	Approximate interval Between
23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	complications that Lifet only one caus  B. DUE TO (c)  DUE TO (c)	e on each fine.  Lastat  OR AS A CONSEQUE  OR AS A CONSEQUE	h. Do not anto	aylo 47 G	r Fun louce a of dying, se	eral ster uch as can	St	Annar	oli	Approximate interval Between
23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	complications that Lifet only one caus  B. DUE TO (c)  DUE TO (c)	e on each line.  Lastat  OR AS A CONSEQUE	h. Do not anto	aylo 47 G	r Fun louce a of dying, se	eral ster uch as can	St	Annar	oli	Approximate interval Between
23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury	complications that Lifet only one caus  B. DUE TO (c)  DUE TO (c)	e on each fine.  Lastat  OR AS A CONSEQUE  OR AS A CONSEQUE	h. Do not anto	aylo 47 G	r Fun louce a of dying, se	eral ster uch as can	St	Annar	oli	s MD
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23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final diseases or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	a. DUE TO (c)  b. DUE TO (c)  c. DUE TO (c)  d	e on aach fine.  Lastat  DR AS A CONSEQUE  DR AS A CONSEQUE  DR AS A CONSEQUE  DR AS A CONSEQUE  DR AS A CONSEQUE  ER/Outpetient 3  ER/Outpetient 3  ER/Outpetient 3  ER/Outpetient 3  ER/Outpetient 3  ER/Outpetient 3  my knowledge, death	ENCE OF):  ENCE OF):  ENCE OF):  ENCE OF):  A OTHING IN the to the total and the total	underlying  26. PLU  ER: uraling Home  28. INJU  1   Yi  actory, office	cause given  Cause given  Cause given  Cause given  Cause given	eral ster uch as can Cl in Part I. Check only o a 6 Oth 28d. Di 28f. LO Ch lue to the c the time, de	24a. WAS AN PERFOI 1 YES :	Annar Iratory arre- Iratory arre- Industry arre- Industry occu- In	24b. W AA O O 1  JRED  v Rural Rou d. cause(s) s	Approximate interval Betwee Onset and Date of
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23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   Yes 2   NO  27. MANNER OF DEATH  1   Neturel   5   Pending Investigation   1   Neturel   1   N	S. DUE TO (1)  B. DUE TO (1)  C. DUE TO (1)  d	e on each fine.  Lastat  OR AS A CONSEQUE  OR AS A CONSEQUE  OR AS A CONSEQUE  death but not res  ER/Outpetient 3   INJURY  (x Year)  INJURY  At home of the consequence of the conseque	h. Do not anterest.  ENCE OF):  ENCE OF):  ENCE OF):  ENCE OF):  A OTHER OF INJURY M.  A, farm, street, for the control of the	underlying  26. PLU  ER: uraling Home  28. INJU  1   Yi  actory, office	cause given  Cause given  Cause given  Cause given  Cause given	eral ster uch as can Cl in Part I. Check only o a 6 Oth 28d. Di 28f. LO Ch lue to the c the time, de	24a. WAS AN PERFOI 1 YES :	Annar Iratory arre- Iratory arre- Industry arre- Industry occu- In	24b. W AA O O 1  JRED  v Rural Rou d. cause(s) s	Approximate interval Betwee Onset and Date of
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Make the transfer of the state of the state of

permit. Pages 1, 2, 3 should

use as the burial-transit

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

must

examiner medicai TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executive written TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the

CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

BE

2

												9		0 7	7090	5
FOR STATE REGISTRAR		STATE OF N	MARYLA					EALTH DEAT		MENT	AL HYGIENI REG. NO.	E				
1. DECEDENT'S NAME (First,	Middle, Last)									2. DAT	E OF OEATH	V	YEAR	3. TII	ME OF DEATH	•
Lula	C .	Pease								-	3 1		9 1	6:	30	АМ
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (/	n yrs. lest	birthday)	IF UNDER		#F UNDER			E OF BIRTH nth, Day, Year)		8. BIRTI		(State or For	əlgn
214-32-7445		1 🗆 M 2 💢 F	78		YRS.	MONTHS	DAYS	HOURS	MIN.	4-2	27-1912		Md.	79)		
9a. FACILITY NAME (If not in	stitution, give s	treet and number)				9b. CITY	, TOWN	OR LOCATI	ON OF OE	HTA		9c. COU	NTY OF D	PEATH		
Berlin Nurs		ome				Ber	clin					Wo	rces	ter		
10a, STATE	10b. COUNT	Y		T	10c. CIT	y, TOWN C	OR LOCA	TION							INSIDE CITY	$\neg$
De.	Susse	ex			Mil1	.sboı	co								YES 2	NO ON
10e. STREET AND NUMBER							10	f. ZIP COD	Ę			10g. CIT	IZEN OF	WHAT (	COUNTRY?	
US 50 & Rt.	113							2181	l				USA_			
11. MARITAL STATUS		12. WAS DECEDEN									SIN? (Specify Yea o Rican, atc.)	or No-		E Ar	nerican Indie le, atc.	n,
1 Never Married 2 3 Wildowed 4 Divo		IF YES, GIVE V					1 YES	2 XNO	Specify	y:	o riionii, nici,		Spec	thy:	11.0000	
3A MINORED 4 DIVO	i Ce d	1											l wn	ite		
	EDENT'S EDU highest grade			(Giv	w kind of	USUAL O work done to retired.)	during me	ON ost of working	ng	11	66. KIND OF BUS	INESS/IN	DUSTRY			
Elementary/Secondary (0	-12)	College (1-4 or 5	+)		mema					Home						
66				пС	mema	iker										
17. FATHER'S NAME (First, M											t, Middle, Maiden		t.			
Charles T.											Dennis 1					
19e. INFORMANT'S NAME (7											imber, City or Town		p Code)			
Gail P. DeF	elice			R	t.#2	2 Box	× 35	5B,	Laur	el,	De. 19	956				
20s. METHOD OF DISPOSIT		noval from State	20b	other pla		SITION (N	ame of ce	metery, crer	natory or		20c. LO	CATION -	City or T	own, S	tate	
4 Donation 5 Dother			_   L	ine	Chui	ch (	Ceme	tery			Del	mar,	De.			
21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE	10			1		ND ADDRE								
wille	ain	m. As	Cort	4							sharoon rel. De			Но	me, I	nc.
23. PART I. Enter the d					rth. Do									- 1	Approxima	
		Liet only one car	use on e	nch line.										i.	Onset and	
IMMEDIATE CAUSE (Fir disesse or condition_	181	F-d C		• P	1	D.								i		
resulting in death)		a. End S	ORASA				sea	se						-		
					7.5									i		
Sequentially list condit	lons,	L Renal	Ar	ter	LOSC	ler	051	S						-		

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST

PART II. Other significant conditi

1 -

	DUE TO (OR AS A CONSEQUENCE OF):
d.	
ons	contributing to death but not resulting in the underlying cause given in Part I

Diabetes Mellitus

						1 L YES 2 NO							
25. WAS CASE REFE EXAMINER? 1 YES 2		HOSPITAL: 1   Inpetient 2   ER/Outpetient 3	28. PLACE OF DEATH (Check only one)  SPITAL: Inpatient 2 □ ER/Outpatient 3 □ DOA 4 (X Nursing Home 5 □ Residence 6 □ Other (Specify)										
27. MANNER OF DEA	5 Pending Investigation	26s. DATE OF INJURY (Month, Day, Year)											
3 Suicide 4 Homicide	e Could not be	26e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, fa	ctory, office	201. LOCATION (Street end Number or Rural Route Number, City or Town, State)								

29a. CERTIFIER 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated.

2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end manner ee stated.

29b. SIGNATURE AND TITLE OF CERTIFIER

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 3/1/91 D02026

24a, WAS AN AUTOPSY

PERFORMED? 1 | YES 2 | NO

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

#1622A Ocean Pines, Berlin, MD 21811 Federic G. Arthes,

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE the Daydon Pandelle

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

	×

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEN	NTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEAL		MENTAL	HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH	, VE	3.	TIME OF DEATH
	Beatrice P	almer				O3	07	91	20	2244 m
	4. SOCIAL SECURITY NUMBER		MC	FUNDER 1 YEAR IF U	JNDER 24 HRS.	7. DATE C	25-11	8. E	HRT NPLA	ACE (State or Foreign
	221-05-7941	1□M2XXF 79	YAS.				25-11			VH.
- N	99. FACILITY NAME (It not institution, give street Peninsula Gene	·		Salisl		ATN		9c. COUNTY	of DEAT	
S CH	RESIDENCE OF DECEDENT	Tal hospi	tar	Satial	buly			MIC	Our	.00
ш	10e. STATE 10b. COUNTY	200	10c. CITY, 1	OWN OR LOCATION	a 20530H				100	d. INSIDE CITY LIMITS?
- DIR		Comico		lisbu	7					EXES 2   NO
¥	100. STREET AND NUMBER	st So	lisbury	my tor. ZIP	1180	1/		10g. CITIZEN	OF WHA	T COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IF		13. WAS DECENDE	INT OF HISPAN	IC ORIGIN	(Specify Yes	or No 14.	RACE -	American Indian,
	1 Never Merried 2 Merried	FORCES? 1 YES	2 NO	If yes, specify	Cubep Mexican	n, Puerto R			Black, W Specify:	hite, etc.
9 87	3 M Widowed 4 Divorced									Black
ETED	18. DECEDENT'S EDUCA (Specify only hydrost grade o	comprised of	(Give kind of word life. Do NOT use r	k done during most of a	working	16b.	KIND OF BUS	INESS/INDUST	RY	RETIFED)
	Elementary/Secondary (6-12)	College (1-4 or 5+)		Jun 20.7		/	. G. FI	.//).	. (	X 2 / 11 C 7
COMPL	17. FATHER'S NAME (First, Middje, Last)			18,	MOTHER'S NA	ME (First	iddle, Maidjag S	Surname)	,	
BEC	Kobert G	eurge	UllEn	1	ear/	P.	Co	1bu	N	
9	194. ANORMANT'S NAME (Type/Print)		19b MAILING AI	DORESS (Street and No	umber or Rural F	- 1		/	4	/
-	rear Jakno	7	P.O. X	of 62	4 5	21/4	10:11	EL	ノと	/
	20e. METNOD OF DISPOSITION  1 Buriel 2 Cremation 3 Remo		other place)	0.	crematory or	emure	20c. LOC	CATION - City	or Town,	M 21841
	4 Oonetion 5 Other (Specify)	ENSEE ,	Cis	22. NAME AND AD				1574	47	7.7. 3.73
	Ed 01	habe h	22124	Lists	1/11	F	0.0	1317	4	nd 218 01
	no part should	7012011	100214	7/0000	7/11	_	101			
	23. PART I. Enter the diseases, or co shock, or heart failure. L			antar tha moda c	n ayıng, aucı	n aa caro	iac or reapii	etory arreat,		Approximate interval Batween
	IMMEDIATE CAUSE (Final disease or condition	Chronio	Obstruc	tive Du	mona	mar To	icasc	10		Vears
	resulting in death)		CONSEQUENCE OF):	OTAC LA	Linoma	гу л	13003			years
z	emention on security (C.)									
ERTIFICATION	Sequantially list conditions, if any, lasding to immediate	DUE TO (OR AS	A CONSEQUENCE OF):							
2	CAUSE (Disease or injury	DUE TO (OR AS	A CONSEQUENCE OF):							
	that initiated evanta resulting in death) LAST	222 12 (211)								[
O	DATE II OM - I - III - I - I - III					- I				
AL	PART ii. Other algnificant conditions	contributing to death t	out not resulting in	tha undarlying car	use given in	Part I.	24a. WAS AN		AM	ERE AUTOPSY FINDINGS AILABLE PRIOR TO OMPLETION OF CAUSE
MEDIC							1   YES 2	№ но	OF	DEATH?
						-			1 [	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		- *	26. PLACE	OF DEATN (Ch	eck only on	9)			
SIC	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Out		THER:  Nursing Nome 5	☐ Residence	6 🗆 Other	(Specify)			
H	27. MANNER OF DEATN	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (	OF 28c. INJURY WORK?	AT	28d. DES	CRIBE NOW I	JURY OCCUR	ED	
BY	1-XX Natural 5 Pending 2 Accident Investigation			M 1 TYES	2 NO					
IED	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Spe		et, factory, office			ATION (Street e or Town, State)	nd Number or F	Rural Rout	e Number,
							·			
	(Orlock Orly)	DIAN: To the best of my know								
COMPLE	2 (A) MEDICAL EXAMINER	R: On the basie of examinetion	on end/or investigation,				and place, an			
DE DE	29b. SIGNATURE AND TITLE OF CERTIFIER		Denister		DO35			≥ 03-		onth, Day, Year)
2	30. (MME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	Deputy		יללטע.	フフ		- 0)-	02-	フリ
	John T. Bulkel			ne Bluf:	f Rd.	. S	alish	urv.	Md.	,
	31. DATE FILED (Month, Day, Year)	82, REGISTRAR'S SIGN	VATURE			,		J <b>y</b>		
r II	MAR () 4 9 1	Auria Davidson	- Actorda 22							

3

0410-0	tending physician.		
DALLIMONE, MANILAND SIZE	mours after death. Page 6 may be retained by the hospital or at	tely filled in by the funeral director, page 5 should be detached for use nation, or removal.	t. the medical examiner must be notified at once.
M OF VIAL RECORDS, F.O. DOA 13140, BALLIMONE, MANILAND 21203-3140	ING PHYSICIAN: The law requires that the death certificate be executed with?	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	marked or item 23 shows any laiury to other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA				IEALTH AND DEATH	D MENTA	L HYGIEN REG. NO.		1 07098
	1. DECEDENT'S NAME (First, Middle, Last)	PER	PAL				MONT	OF DEATH		3. TIME OF DEATH
1		SEX 6. AGE (In	yrs. last birthday)		R 1 YEAR	IF UNDER 24 HRS	45.4	OF BIRTH	8.	BIRTHPLACE (State or Foreign
1		□ M 2 V F 9	5 YRS.	MONTHS	DAYS	HOURS MIN	14	h, Day, Year)	896	MARYLAND
TOR	. 98. FACILITY NAME (If not institution, give street  Church Home RESIDENCE OF DECEDENT	CORP.			.,	more		,	BAL	
DIRECTOR	10a. STATE 10b. COUNTY			TY, TOWN	OR LOCAT	TION				10d. INSIDE CITY LIMITS?
	MD. BALT	IMORE CITY	<u>'</u>	BAL	TIMO	DRE			I 40- CITIZEN	1 YES 2 NO
ERA	101N. BOND STRE	EET				21231				S.A.
BY FUNERAL		P. WAS DECEDENT EVER IN 16 FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 X NO		WAS DEC	CENDENT OF HIS ecity Cuban, Max 2 XNO Spe	xican, Puerto			. RACE — American Indian, Black, White, atc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	npleted) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT L	f work done use retired.)	OCCUPATION MO	DN ist of working	186	DWN	SINESS/INDUS	TRY
OME	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	NAME (First,	Middle, Maiden		
BE C	HARRY PARKER BOY	<b>/</b> D				MA	Y ROC	HE		
TO B	JOHN W. PERRY,	JR.				NADA A				A. 32825
	20a. METHOD OF DISPOSITION  DESCRIPTION   DISPOSITION   DI	I from State	PLACE OF DISPO				or			y or Town, Slata
	4 Donation 5 Dollar (Specify)  H. BIDHATURE OF PINERAL SERVICE LICEN  Inld		ARSONS	22.	. NAME AP	ND ADDRESS OF				SBURY,MD.
	23. PART I. Enter the disesses, or comshock, or heart feilure. List iMMEDIATE CAUSE (Final disease or condition resulting in death)	Probable DUE TO (OR AS A C	ch iina.							t, Approximate interval Between Onset and Death
ERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A O								
N: MEDICAL C	PART II. Other eignificant conditions of Digmerative	A		in the u	nderlyin	g cause given	in Part i.	24e. WAS AN PERFOR 1 TYES 2	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		OTHE		LACE OF DEATH	(Check only o	ne)		
HYS	1 YES 2 NO 1	28a. DATE OF INJURY	itlent 3 DOA	4 🗆 Nu	irsing Hom	na 5 Realden	7	er (Specify) SCRIBE HOW I	NJURY OCCUR	RED
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN	M	WC	PRK? YES 2 NO				
	3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY - building, atc. (Specif	— At home, farm,	, street, fac	story, offic	•	28f. LOI City	CATION (Street in or Town, State)	and Number or	Aurel Route Number,
COMPLETED	one)	N: To the best of my knowle On the basis of exemination								cause(s) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CONTINER	uo				29c. LICENSE			29d. DATE S	HGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO C	OMBI ETED CALLES OF DEA	TH ATEM STO AT	no Deint)			^		-	, ,

29b. SIGNATURE AND TITLE OF CONTINUES

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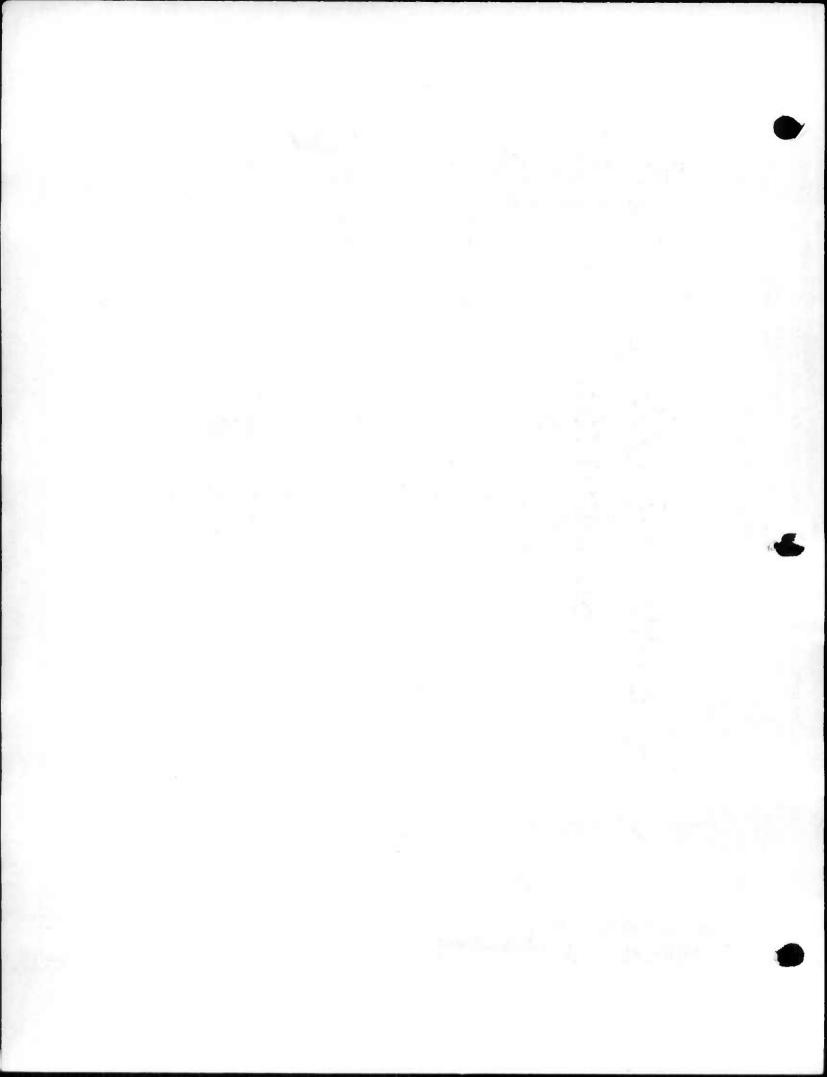
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ONLY CO 29c. LICENSE NUMBER D 16619 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MAR 0 4 91



											9 [		7	099	
	FOR STATE REGISTRAR	STA	TE OF N					EALTH AND	D MEN	TAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, L	ast)			0					ATE OF DEATH	NY.	YEAR		ME OF DEAT	Н
	SARAI	4	R.		1	IC/	NI		0	2 2	1 1	991	1	648	М
	4. SOCIAL SECURITY NUMBER	5. SE)	(	6. AGE (In yrs. I	est birthday)	IF UNDER		IF UNDER 24 HRS	- /4	ATE OF BIRTH		8. BIRT Coun	HPLAC	E (State or For	reign
	222-16-6327	1 🗆	M 2 KF	62	YRS.	MONTHS	DAYS	HOURS MIN.		Month, Day, Year) ine 4 19	28	De1		re	
	9a. FACILITY NAME (If not institution, (	live street and	number)	0.23		9b. CITY	TOWN C	R LOCATION OF		110 7 17	_	INTY OF		10	
OR	PENINSULA GENER		SPITA	L		5	ALI	BURY				WI	COM	ICO	
ប្ផ	RESIDENCE OF DECEDENT 10a, STATE 10b, CO				10c, Cl	TY. TOWN C	R LOCAT	IDN					10d.	INSIDE CITY	
DIRECTOR	Delaware Suss	sex			Se	lbyvi	.11e						1 🗆	YES 2	NO
FUNERAL	10e. STREET AND NUMBER						101	ZIP CODE			10g. Cl7	IZEN OF	WHAT	COUNTRY?	
EB	Rt.2 Box 63-8	Deer	Run A	cres			19	9975			1	USA			
3	11. MARITAL STATUS	12. W	AS DECEDEN	T EVER IN U.S.	RMED					RIGIN? (Specify Yes	or No-			merican India	ın,
	1 Never Married 2 X Married			YES 2 Y	NO			2 XNO Spi	xican, Pu ecity:	erto Rican, atc.)		Spe	ck, Whi	ta, atc.	
BY	3 Widowed 4 Divorced		,					- 'Y ob.	,.					hite	
0	15, DECEDENT'S				DECEDENT'S					18b. KIND OF BU	SINESS/IN	DUSTRY			
E	(Specify only highest	1	ed) ge (1-4 or 5 -		(Give kind of lie. Do NOT o	work done use retired.)	during mo	st of working	- 1						
2	12	Colle	Sa (1-4 OL 2 -		nemak	er				Own H	ome				
COMPLETED	17. FATHER'S NAME (First, Middle, Las	4)		110.				16 MOTHER'S	NAME (E	irst, Middle, Malden					
	Guy Goodman Stev									Richards					
BE		Vall													
2	19a. INFORMANT'S NAME (Type/Print)									Number, City or Tox				DE 1	0075
	Daniel Pacini				_					Acres, S			_		9975
	20a. METHOD OF DISPOSITION  1  Surial 2  Cremation 3   4  Donation 5  Other (Specify)	Ramoval fro	om Stata	other	place)			netery, cremetory	07		rget				
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	A						FACILITY			,			
	- (1) 1 1	1	4							al Home					
	Charles	MA	A				Se1	byville	, DE	E 19975			_		
$\neg$	23. PART I. Enter the diseases					not anter	the mo	da of dying, s	such as	cardiac or reap	iratory a	rrest,		Approxim	
	shock, or heart fall	ure. List or	nly ona cau	use on each II	ne.								İ	Onset and	
	IMMEDIATE CAUSE (Final disease or condition	0	2	unerla	1001	· - C	ard	in Mac	1.10	OR D	ica	6.0	ĺ	160	
	resulting in death)	a/]_[	DUETO	OR AS A CONS	EQUENCE (	nes.	uro	10 40.2	can	XK D	1260	36	_	yea	15
1			552 10	(OIT NO IT COITE	COOLINGE	J. J.							i	/	
NO	Sequentially list conditions,	b	DUE TO	OR AS A CONS	EOHENCE (	O.E.									
CERTIFICATION	If any, leading to immediate		DOE TO	(On AS A COMS	SECUENCE (	orj.							j		
0	cause. Entar UNDERLYING CAUSE (Disease or injury	C	Due 70	(OR AS A CONS	EDUENOE I	DED.							<del>- i</del>		
۴I	that initiated events resulting in death) LAST		DUE 10	(OH AS A COMS	EDUENCE	DF):							i		
EH	reading in death, short	d											<del>- i</del>		
	PART II. Other algorificant cond	ditions cont	tributing to	daath but no	t reaulting	in the u	ndariyin	g cause given	in Part	1. 24a. WAS A	N AUTOPS	7 24	6b. WER	E AUTOPSY F	INDINGS
8					21111111111111111					PERFD	RMED?			LABLE PRIOR	
ă										1 TYES	2 NO			DEATH?	
ME										- 1			1 [	YES 2	NO
ä															
× I	25. WAS CASE REFERRED TO MEDIC EXAMINER?							LACE OF DEATH	(Check o	nly one)					
S	1 X YES 2 ND		SPITAL:	ER/Outpatient	3 DOA	OTHE		ne 5 🗆 Residen	nce 6 🗆	Other (Specify)					
PHYSICIAN: MEDICAL	27. MANNER OF DEATH		28a. DATE OI		28b. T	ME OF		URY AT	280	f. DESCRIBE HOW	INJURY O	CCURED			
	1 Netural 5 Pending		(Month, I	Day, Year)		NJURY M		ORK? YES 2 ND							
BY	2 Accident Investige		28a. PLACE (	OF INJURY — At	home, farm	. street, fac	tory, offic		281	LOCATION (Street	and Numb	er or Run	l Route	Number.	
	3 Suicide 6 Could no 4 Homicide determin	of be		, etc. (Specify)	,					City or Town, State					
ET.	AAA CERTIFIED						_								
4	Cornect Crity									ne cause(s) and m					
COMPLETED	one) 2 MEDICAL EX	AMINER: On t	the basis of	examination and/	or investige	tion, in my	opinion,	seath occurad at	t the time	, date and place, a	ind due to	the cause	e(a) and	I manner as i	stated.
	296. SIGNATURE AND TITLE OF CER	TIFIER	. 4	A 1 1		, 0		29c. LICENSE	NUMBER					nth, Pay, Year)	
BE	Tromas (	1 He	2/5	appleto	Me.	1 800	Mure	Do	080	80	>	02	121	191	
2	CO NAME AND ADDRESS OF BERSO	NI WILL COM	DI ETTE CAL	or de profil	TEM 17 /5-	na Ordati					1			-	

29c. LICENSE NUMBER 29b. SIGNATURE AND TITLE OF CERTIFIER PERSON WHO COMPLETED CAUSE OF 08008

108 PINE BI SALISBURY. Md Rd. 21801 THOMAS C. Hill

31. DATE FILED (MODIN, Day, 1997)

32. RESISTRAR'S SIGNATURE

16 54

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR		STATE OF MAR				HEALTH AND	MENTAL HYGIEN REG. NO.	E		
1. DECEDENT'S NAME (First	, Middle, Last)		V.		0.11:	4.1	2. DATE OF DEATH MONTH DA	AY	YEAR 3. TIME OF DEATH	
IVIH	KIHH				1011	1			991 0400	М
4. SOCIAL SECURITY HUMI		5. SEX 1  M 2  F	GE (In yrs. les		MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year)	1919	BIRTHPLACE (State or Forei Country)     Virginia	
9a. FACILITY HAME (If not in	natitution, give stre	et end number)				H OR LOCATION OF D	EATH		TY OF BEATH	
PENINSULA GI		HOSPITAL			SAI	LISBURY		Ī,	VICOMICO	
10e. STATE	10b. COUNTY			p	TOWN OR LO				10d. IHSIDE CITY LIMITS?	
Maryland	Wicon	1100		Fru	itlar	nd, Md.			1 X YES 2 N	Ю
314 Morr		p.				21826			S.A	
11. MARITAL STATUS		12. WAS DECEDENT EV	ER IH U.S. AR	MED			HIC ORIGIH? (Specify Yes	or Ho—	14. RACE — American Indian Black, White, etc.	1,
1 Never Merried 2 3 Wildowed 4 Dive		FORCES? 1 1	PR DATES	10		, specify Cuban, Mexic YES 2 NO Speci			Specify: Black	
15. DEC	EDENT'S EDUCA ly highest grade co	TION omoleted)	16e. DE	CEDENT'S U	JSUAL OCCUP	ATION most of working	18b. KIND OF BU	SINESS/INDU		
Elementary/Secondary (		College (1-4 or 5+)	Ma		retired.)	most of working	Non	e		
17. FATHER'S HAME (First, A	Aiddle, Last)	1.				16. MOTHER'S N	AME (First, Middle, Melden	Surname)		
Levi Ne	wby					Unkno	Wn			
19a. IHFORMANT'S HAME (							Route Number, City or Tow			
Tyrone Wr	ight		3′	4 Mc	rris	St. Fru	uitland, M	d. 2	1826	
20e. METHOD OF DISPOSIT	on 3 🗆 Remov	ral from State	20b. PLACE	of Dispos	TION (Name of	cometery, cremetory or Cemetery	20c. LO	cation - c	and Md.	
21. SIGHATURE OF FUNERA		HSEE				E AHD ADDRESS OF F		821	West Rd.	
Hlac	Lys	B. Stee	var	t					s.Md.2180	1
23. PART I. Enter the c	fiseases, or co	mplications that ca	used the de	ath. Do n	ot anter the	mode of dying, au	ch as cardiac or resp	iratory arre	est, · Approximat	
IMMEDIATE CAUSE (FI			on outly hou	•					Onset and	
disease or condition resulting in death)	<b>→</b> a.	Pher	AS A CONSE	ria					481	krs.
		DUE TO (OR	AS A CONSE	OUENCE OF	):					
Sequentielly list condi-		DUE TO (OR	AS A CONSE	OUENCE OF	):					
if any, leading to imme cause. Enter UNDERLY									ļ	
CAUSE (Disease or injuthet initiated events	ury 🚡 a	DUE TO (OR	AS A COHSE	OUENCE OF	):					
reaulting in daeth) LAS	ST d.									
PART II. Other algnific	ent conditions	contributing to des	th but not	raeultina i	n the under	hilas cause sheet k	n Part I. 24s. WAS AF	Allmoney	24b. WERE AUTOPSY FIN	DINOS
Cara aguino	A)/A c	tructiva	Z D	/ /	n the under	Diseas			AVAILABLE PRIOR TO COMPLETION OF CA	O
_ CALLOUIC	(///)3	11-001102	- / 4	IMEN	ary	1/17643	1 TYES	5 DENO	OF DEATH?	
							_		1 TYES 2 H	0
25. WAS CASE REFERRED	TO MEDICAL				2	8. PLACE OF DEATH (C	Sheck only one)			
EXAMIHER?	-	HOSPITAL:	(Outpetient 1	DOA	OTHER:	Home 5 - Residence				
27. MAHHER OF DEATH		28e. DATE OF INJ	URY	26b. TIM	E OF 28c	INJURY AT	28d. DESCRIBE HOW	INJURY OCC	CURED	_
	Pending Investigation	(Month, Day, )	(ser)	INJ	M 1	WORK?  YES 2 NO				
2 Accident 3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE OF IN building, etc.	JURY — At he (Specify)	ome, farm, s	treet, factory,	offica	281. LOCATIOH (Street City or Town, State		or Rural Route Number,	
29a. CERTIFIER	TIEVINO PUVE:	IAM. To the best of	lunanda de		4 44 45 44	data and also no sis				
(Check only							ue to the cause(s) and mi ne tima, date end place, e		ed. e cause(e) end manner ee sta	nted.
296. SIGNATURE AHD TITL	E OF CERTIFIER		. ^			29c. LICENSE N		29d, DATI	E SIGNED (Month, Day, Year)	
Himas	C. Hu	Of Ja. A	T7. P	usica	an	DO 8	8008	▶ €	2/25/91	
30. NAME AND ADDRESS (	OF PERSON WHO	COMPLETED CAUSE C	F DEATH (ITE	M 27) (Type,	Print)	1 010	1, 1	101	, ,	

Rd, Salis bury, Nd 15R. 21801 Iltomas

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE FEB 2 8 '91

Prince North and the second of the second

	- REGISTRAR		CERTIF	ICATE OF	DEATH	B	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last WIWARD		PILC	HARD		2. DATE OF MONTH	4 3,199	YEAR	3. TIME OF DEATH $2//5$ M
)	4. SOCIAL SECURITY NUMBER 228-48-5747	1 M 2 🗆 F	(In yrs. last birthday)  (In yrs. last birthday)  YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.		y, Year) 13,1929	Mar Mar	yland
<b>TOR</b>	90. FACILITY NAME (If not institution, give PENINSULA GENERA) RESIDENCE OF DECEDENT			SALISBU	OR LOCATION OF D	EATN		OMICO	
DIRECTOR	10e. STATE 10b. COUN	cester		COMORE	TION				10d. INSIDE CITY LIMITS? 1 YES 2 XNO
FUNERAL	100. STREET AND NUMBER 1824 Old Virgi		110	10	1. ZIP CODE 21851		10g. CIT	US	HAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Vidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 NO	If yes, sp	CENDENT OF HISPA secify Cuben, Mexic 2 NO Speci	an, Puerto Rica	pecify Yee or No— n, etc.)	14. RACE - Black, Specify	- American Indian, White, etc.
PLETED	15. DECEDENT'S ED (Specify only highest gran Elementary/Secondary (0-12)	OUCATION de completed) College (1-4 or 8+)	(Give kind of life, Do NOT u		ON ost of working		Doi 200		in
COMPL	17. FATHER'S NAME (First, Middle, Last)		Farmer			AME (First, Midd	Dairy & He, Maiden Surneme)		
BE	Willard Thomps  190. INFORMANT'S NAME (Type/Print)	on Pilchar		G ADDRESS (Street			ch Silv		orn
TO BE	Margaret L. Pi	lchard					ocomoke		21851
	20a METNOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Re	moval from State	other place) Bethan	SITION (Name of co	metery, cremetory or	'Am	POCOMO		
	4 Donation 5 Other (Specify)		.sbe chan	22. NAME A	ND ADDRESS OF F	ACILITY		ine,	na •
	Scotts.	Melson			on Fune		ome oke, Md	. 21	851
AL CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE	t the	Str	ali			Interval Between Onset and Death
MEDICAL	PART II. Other significent conditi	one contributing to death	but not reculting	in the underlying	ng ceuse given i		e. WAS AN AUTOPSY PERFORMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. F	LACE OF OEATH (C	check only one)			
PHYS	1 YES 2 LING  27. MANNER OF DEATN	1 Ampatient 2 ER/Ou	Y 28b. TI	4 Nursing No	me 5 Residence	-	pecify) IBE NOW INJURY O	CCURED	
BY PI	1 Natural 8 Pending 2 Accident Investigation	(Month, Day, Year,	)		ORK? YES 2 NO				
日日	3 Suicide 6 Could not be determined			, atreet, factory, offi	ce	26f. LOCATION OF T	ON (Street end Numb lown, Stete)	er or Rural Ro	oute Number,
COMPLE	Control only	YSICIAM: To the best of my known that On the beele of examination							and manner as stated.
BE	299 SHOMATURE AND TITLE OF CERTIFIC	MA MA			29c. LICENSE NI	NBER 844	29d. DA	R SIGNED	Brown, Day Hairs
٩	30. NAME AND ADDRESS OF PERSON.	CAUSE OF CAUSE OF	DEATH (ITEM 27) (Typ.	pe, Print)	> 130	4 S.	DIUBIEN	57-5	12892 19415.100
1	31. DATE BILED Month, Day, Hules	32. REGISTRAR'S SIG	GNATURE	20 2	<u> </u>				

(	retained by the hospital or attending physician. 5 should be detached for use as the burial-transit permit. Pages 1,7,3 shullo		ac ac
	Jes I.		TO BE COMPLETED BY FINERAL DIRECTOR
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AN	he hos	once.	MOS
7	2 8	75	-
<b>MARYLAND 21215-0020</b>	retained by the hospital or attending physician. 5 should be detached for use as the burial-tran	notified at once.	O BE

BALTIMORE, MARYLAND 21215-0020

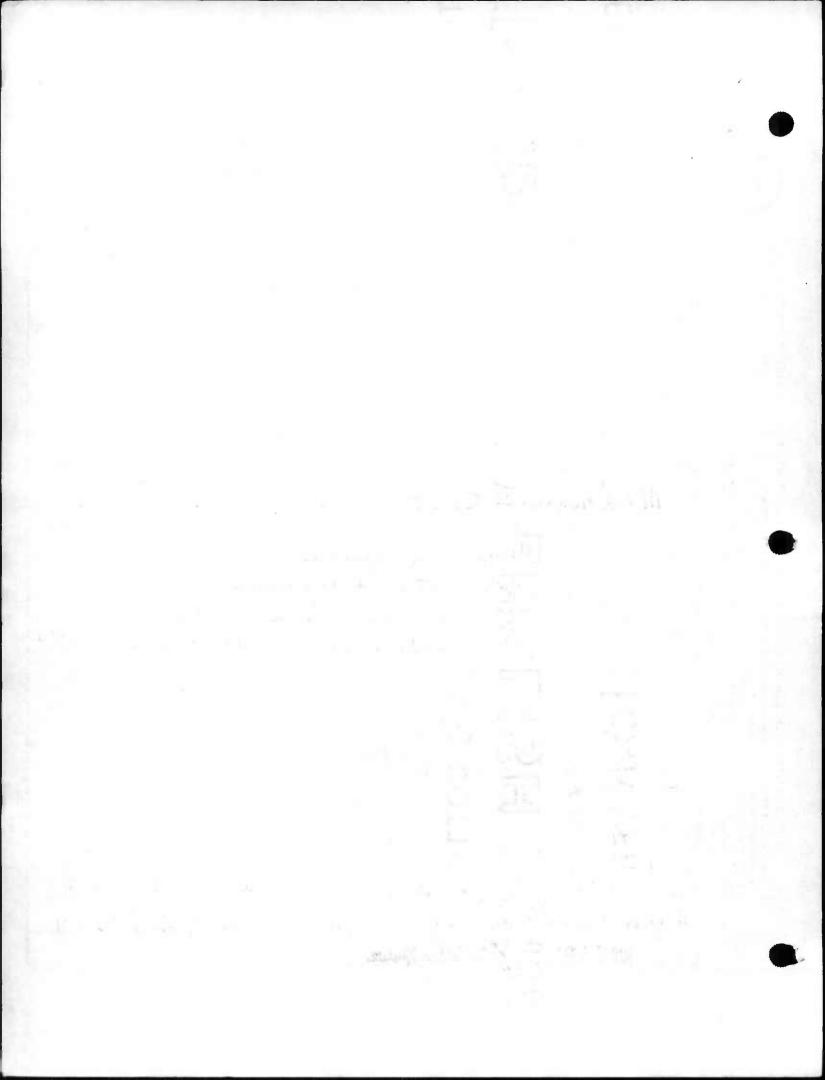
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

REGISTRAR			CI	EKIIFI	CALE	OF L	JEAI	н	REG. NO			
1. DECEDENT'S NAME (First,	Middle, Last)	Н. Ра	almer						2. DATE OF DEATH MONTH	AY (	YEAR	3. TIME OF DEATH  8 · 25 AM
4. SOCIAL SECURITY NUMBER 221-24-87			6. AGE (In yrs. les	t birthday) YRS.	IF UNDER 1		IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 3/6/02		8. BIRTHE Country VA	PLACE (State or Foreign
9a. FACILITY NAME (If not in		treet and number)	00		9b. CITY, 1	TOWN OR	LOCATIO	N OF DE		9c. COU	NTY OF DE	ATH
Memorial	Hosp					sto		N OF DE	A.III		Lbot	210
RESIDENCE OF DEC	10b. COUNT	v		I the CITY	r, TOWN OR	LOCATIO	IN .					104 INSIDE CITY
MD		lbot			Eas	ton						10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 6245 Bost	on C	liff Roa	ıd			101. 2	21	601		10g. CIT		HAT COUNTRY?
11. MARITAL STATUS		12. WAS DECEDENT	EVER IN U.S. AB	MED	13. W	AS DECEN	NDENT O	F HISPAN	IC ORIGIN? (Specify Ye	a or No-	14. RACE	- American Indian, , White, atc.
1 Never Married 2 3 X Widowed 4 Divo		FORCES? 1	YES 2 1	10		YES 2		Specify	n, Puarto Rican, etc.)		Specifi	ly:
	EDENT'S EDU		16a. DE	CEDENT'S	USUAL OCC	CUPATION	45.00		16b. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0	y highest grade 1-12)	College (1-4 or 5+)		Do NOT us	vork done du le retired.)	iring most	of working	g	Educ	atio	m	
17. FATHER'S NAME (First, M	Untalla Land	-	1.0	cacin	CI						/11	
Daniel Pa		k Honry							ME (First, Middle, Maide) e Vermil			
		к пепту										
19a. INFORMANT'S NAME (			19						Route Number, City or To			WD 01.601
Daniel H.			20b. PLACE	-				CII	ff Road		ton,	
20a. METHOD OF DISPOSIT  1 Burlel 2XX remetic  4 Donation 5 Other		noval from State	of cemetary	crematory	or other pla	e C	rem	ato	ry 3/4	Geor	geto	
21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE			Йe	AME AND	ADDRES	s of fa	ral Home			
MEL	) levy	au. I	CFS	6	1				ison St.		stor	n, MD 2160
IMMEDIATE CAUSE (Flo	eert fallure.	complications that List only one cour			not anter t	he mode	e of dyl	ng, suc	h as cardiac or rea	oiratory a	rrest,	Approximate interval Between Onset and Death
resulting in death)		DUE TO	OR AS A CONSE	QUENCE OF	70	<u>u</u>	<u></u>		•			
Sequentially list condit if any, leading to imme		b. DUE TO	OR AS A CONSE	OUENCE OF	F):	-	me	um	mh			
cause. Enter UNDERLY CAUSE (Disease or inju		· 50	aria	n	CA	200	Yun	nx	- with	~		
that initiated events		DUE TO	OR AS A CONSE	OUENCE OF	F):							Frankles
resulting in death) LAS	T L	d	m	ide	240	rad		_	metro	Case	25_	
PART II. Other algoritics	ent conditio	ne contributing to	death but not	resulting i	in the unc	lariving	Causa c	ilven in	Part I. 24s, WAS A	N AUTTOPSY	246	. WERE AUTOPSY FINDINGS
				. counting i	iii dio diid	auriying	00000 8	g11011 111	PERFO	AMED?	1 240	AMAILABLE PRIOR TO COMPLETION OF CAUSE
			( )						1 TES	2 75 NO		OF DEATH?
									-	/		1 TYES 2 NO
25. WAS CASE REFERRED T	O MEDICAL		0.3			26. PL A	CE OF D	EATH (Ch	eck only one)			
EXAMINER?		HOSPITAL:	ER/Outpetient	DOA	OTHER	:			8 Other (Specify)			
	Pending Investigation	28a. DATE OF (Month, De		28b. TIM	· ·	28c. INJU	RY AT		28d, DESCRIBE HOW	INJURY O	CCURED	
2 Accident 3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE Of building,	F INJURY — Al he atc. (Specify)	ome, farm, s	street, facto	ry, offica	-		281. LOCATION (Stree City or Town, Stat	and Numb	er or Rural F	Toute Number,
Conson Only									to the cause(a) and m			a) and menner as stated.
STOMATURE AND TITLE	OF CENTIFIE	River	2	1	)		29c. LICI	PSE NU	MBER,	29d. DA	TE SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS O	F PERSON W	HO COMPLETED CAUS	SE OF SEATH (ITE	EM 27) (Type,	), Print)		508	3	IDLEU	リレア	- Au	E 11 -1
31. DATE FILED (Month, Day,	Year)	32. REGISTRA	A'S SIGNATURE			SA	517	La	MAR	HA	D-	7/601
MAR	05'91	Stu	in Veridia	Pin	dell							

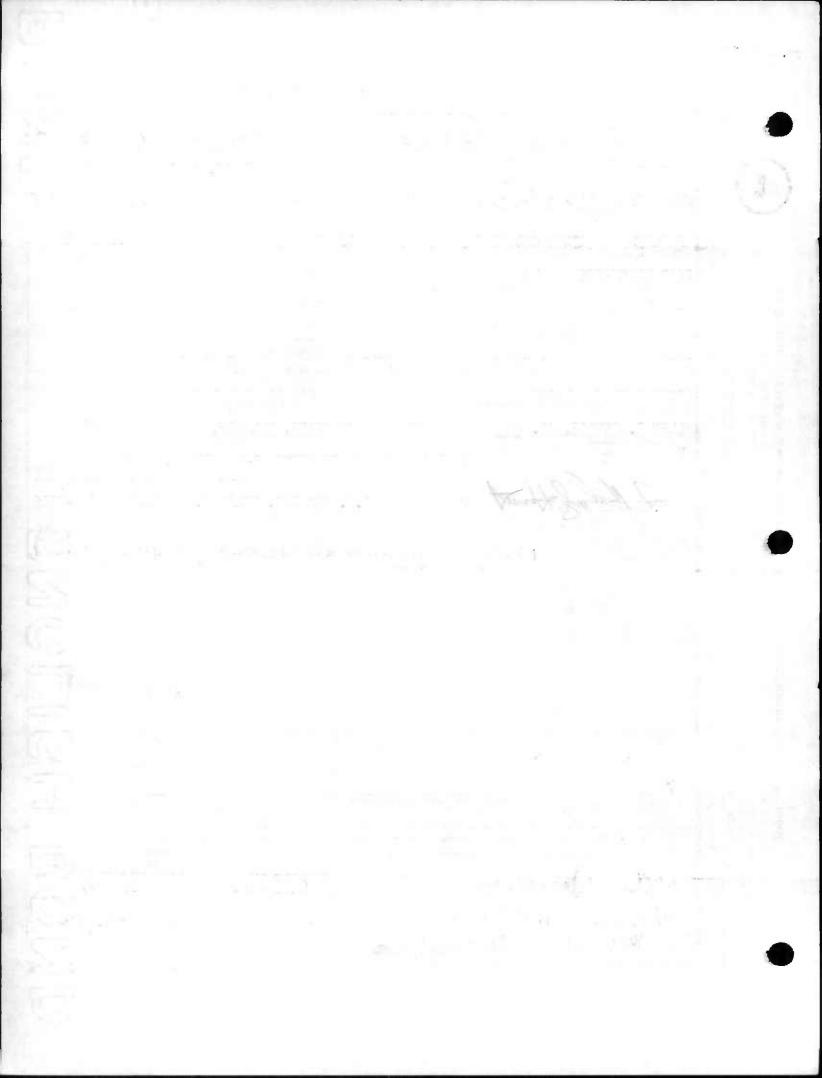


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attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-tran		
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iciar	ntal Hygiene prior to burial, cremation, or removal.	y, or other traumatic event, the medical examiner must be notified at once.
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affe	mtal	×

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

* REGISTRAR			1.45		CATE OF			REG. NO.			
1. DECEDENT'S NAME (First	, Middle, Last)	NAOMI CE		PERRI		DEATH		OF DEATH			TIME OF DEATH
$\wedge$	1901	71	FRA	PIE			03	H D/		YEAR A	1.15 Pu
4. SOCIAL SECURITY NUMBER	BER	5. SEX 6	. AGE (In yrs. lesi		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH			CE (State or Foreign
578-26-1665		1 🗆 M 2 💢 F	87	YRS.	ONTHS DAYS	HOURS MIN.	MAY	24 19	903	Country)	LAND
Se. FACILITY NAME (If not in	stitution, give s		^	1	b. CITY, TOWN	OR LOCATION OF D		LT9 1.	77	Y OF DEATH	
COUTHER	MAR	YLAND,	408PL.	191	Chi	VION			PRIN	VF.C	REORGIE
HESIDENCE OF DEC			70						. / ( // .		
10s. STATE	10b. COUNTY			D	TOWN OR LOCA					-	I. INSIDE CITY LIMITS?
MARYLAND		E GEORGE'S	5	CAM	P SPRI						YES 2 X NO
10e. STREET AND NUMBER						of. ZIP CODE			21411	EN OF WHAT	COUNTRY?
5413 MANCHE	STER D				_	20746				ISA	
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Dive		12, WAS DECEDENT I FORCES? 1 [ IF YES, GIVE WAF	YES 2 AN	MED IO	It yes, a	CENDENT OF HISPA pecify Cuben, Mexic S 2 0 NO Speci	en, Puerto		or No	Black, Wi	American Indian, hite, atc.
15. DEC	EDENT'S EDU	CATION	18a, DE	CEDENT'S U	SUAL OCCUPAT	ION	168	. KIND OF BU	SINESS/INDU	ISTRY	
(Specify on Elementary/Secondary (	y highest grade	completed) College (1-4 or 5+)	(Gi		rk done during n						
12TH	-12)	4 YEARS	SCH	00L T	<b>EACHER</b>			<b>EDUCAT</b>	ION		
17. FATHER'S NAME (First, A	fiddle, Last)					18. MOTHER'S N	AME (First,				
RICHARD WAL		SBY	140	MAII ING A	DDDESS (Street	ORA Al		A HICK		Code	
ALLEN P. PE		1P				DRIVE, I			RYLAN	_	601
					OF DISPOSITIO		DAT	1		ity or Town.	002
20a, METHOD OF DISPOSIT  1 X Buriel 2 Cremetic  4 Donation 5 Other		oval trom State				CEMETERY	3-5			ARYLA	
21. SIGNATURE OF FUNERA		ENSER	1 20 11 10 111	OLL O		AND ADDRESS OF F	ACILITY				
ERIDGE	FRUNT	Howel M	00310		P.0.	BOX 156					HOME, INC 0604-0156
23. PART I. Enter the d	liseases, òr	complications that									Approximata
immediate cause (Fi		List only one cause				-4					Intarval Between Onset and Death
disease or condition resulting in death)	<b>→</b>	Meta DUE TO 10	50:0 5	qua.	nous	cell CA	LINM	A 5)	the A	NUS	4 mm ks
readiting in death)	,	DUE TO (C	R AS A CONSE	ENCE OF				/			
		b.								-	
Sequentially list condit if any, leading to imme	diata	DUE TO (C	H AS A CONSEC	DUENCE OF)							
cause. Enter UNDERLY CAUSE (Disease or Initial											
		C		QUENCE OF							
that initiated events		DUE TO (C	R AS A CONSE	outrion or ,							
that initiated events resulting in death) LAS		DUE TO (C	PR AS A CONSE								
	вт [	d				ng cause given i	n Part I.	24a. WAS AN			RE AUTOPSY FINDINGS
resulting in death) LAS	вт [	d				ng cause given i	n Part I.	PERFO	RMED?	CO	MILABLE PRIOR TO MPLETION OF CAUSE
resulting in death) LAS	вт [	d				ng cause given i	n Part I.		RMED?	CO OF	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
resulting in death) LAS	вт [	d				ng cause given i	n Part I.	PERFO	RMED?	CO OF	MILABLE PRIOR TO MPLETION OF CAUSE
PART II. Other algoritics	ent condition	d			tha undariyi			PERFO	RMED?	CO OF	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
PART II. Other algnific  25. WAS CASE REFERRED EXAMINER?	ent condition	d.  a contributing to d	eath but not r	resulting in	tha undarlyl	PLACE OF DEATH (C	Check only o	PERFO	RMED?	CO OF	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
PART II. Other algnific  25. WAS CASE REFERRED  EXAMINER?  1 YES 2 NO	ent condition	d. a contributing to d	eath but not r	resulting in	26. OTHER:	PLACE OF DEATH (Comme 5 - Residence	Check only o	PERFO	RMED?	AM CO OF	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
PART II. Other aignific  25. WAS CASE REFERRED  EXAMINER?  1 YES 2 NO  27. MANNER OF DÉATH	ent condition	d.  a contributing to d	eath but not r	resulting in	26. OTHER: 4   Nursing Ho OF 28c. II	PLACE OF DEATH (Come 5   Residence	Check only o	PERFO	RMED?	AM CO OF	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
PART II. Other algnific  25. WAS CASE REFERRED EXAMINER?  1 VES 2 VNO  27. MANNER OF DÉATH  1 Netural 5 2	ent condition  TO MEDICAL  Pending Investigation	HOSPITAL: 1 Sympatient 2 1 28s. DATE OF III (Month, Day	eath but not r	DOA 206. TIME	26. OTHER: 4 Nursing Ho OF 28c. II RY M 1	PLACE OF DEATH (Comme 5   Residence NUMBER AT NORKY  YES 2   NO	Check only o	PERFOI  1 YES :  ne)  or (Specify)  \$CRIBE HOW	RMED?	AM CO OF 1 [	NLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
PART II. Other algnific  25. WAS CASE REFERRED EXAMINER?  1 VES 2 VNO  27. MANNER OF DÉATH  1 Netural 5 2	ent condition	HOSPITAL: 1 Sympatient 2 1 28s. DATE OF III (Month, Day	eath but not r  ER/Outpetient 3  JURY ' Year'  INJURY — At ha	DOA 206. TIME	26. OTHER: 4 Nursing Ho OF 28c. II RY M 1	PLACE OF DEATH (Comme 5   Residence NUMBER AT NORKY  YES 2   NO	Check only o	PERFO	RMED?	AM CO OF 1 [	NLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
PART II. Other aignific  25. WAS CASE REFERRED EXAMINER? 1 VES 2 NO  27. MANNER O DÉATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide	ent condition  TO MEDICAL  Pending Investigation  Could not be determined	HOSPITAL: 1 Sylnpatient 2 1 28a. DATE OF II (Month, Day 28b. PLACE OF building, at	eath but not r  ER/Outpatient 3  NJURY (Year)  INJURY — At ho.c. (Specify)	DOA 26b. TIME INJU	26. OTHER: 4 Nursing Ho OF 26c. II NY M 1 Treet, factory, off	PLACE OF DEATH (C. N.)  PLACE OF DEATH (C. N.)  PLACE OF DEATH (C. N.)  PLACE OF DEATH (C. N.)  PLACE OF DEATH (C. N.)	28d. LOC	PERFOI  1 YES :  1 (Specify)  SCRIBE HOW  CATION (Street or Town, State	INJURY OCC	OF 1 [	NLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
PART II. Other aignific  25. WAS CASE REFERRED EXAMINER? 1 VES 2 NO  27. MANNER OF DEATH 1 Netural 5 2 2 Accident 3 Suicide 8 4 Homicide  29e. CERTIFIER (Check only)	ent condition  TO MEDICAL  Pending investigation  Could not be determined	HOSPITAL: 1 Nopelient 2 1 (Month, Day 28e. PLACE OF building, at	eath but not r  ER/Outpatient 3  NJURY — At ho (Specify)  ny knowledge, de	DOA 28b. TIME INJU	26. OTHER: 4 Nursing Ho OF 26c. If RY M 1 reet, factory, off	PLACE OF DEATH (C) when 5   Residence NUMPY AT WORK?   YES 2   NO lice	28d. DE	PERFOI  1 YES :  1 YES :  1 (Specify)  SCRIBE HOW  CATION (Street or Town, State	AMED?  SYNO  INJURY OCCUPANT O	AM CO OF 1 [ I ]	NLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
PART II. Other aignific  25. WAS CASE REFERRED EXAMINER? 1	ent condition  FO MEDICAL  Pending investigation  Could not be determined  ITIFYING PHYS  DICAL EXAMINI	HOSPITAL: 1 Seneral: 28a. DATE OF it (Month, Day) 28b. PLACE OF building, at	eath but not r  ER/Outpatient 3  NJURY — At ho (Specify)  ny knowledge, de	DOA 28b. TIME INJU	26. OTHER: 4 Nursing Ho OF 26c. If RY M 1 reet, factory, off	PLACE OF DEATH (Come 5   Residence NJURY AT YORK?  YES 2   NO Tice  Ite end piece, end de death occured at the	Check only a  8 □ Oth  28d. DE  28t. LOC  City  use to the cane time, det	PERFOI  1 YES :  1 YES :  1 (Specify)  SCRIBE HOW  CATION (Street or Town, State	INJURY OCC	URED  OF Rural Route  or Rural Route  d.	MLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO  Number,
PART II. Other aignific  25. WAS CASE REFERRED EXAMINER? 1 VES 2 NO  27. MANNER OF DEATH 1 Netural 5 2 2 Accident 3 Suicide 8 4 Homicide  29e. CERTIFIER (Check only)	ent condition  FO MEDICAL  Pending investigation  Could not be determined  ITIFYING PHYS  DICAL EXAMINI	HOSPITAL: 1 Seneral: 28a. DATE OF it (Month, Day) 28b. PLACE OF building, at	eath but not r  ER/Outpatient 3  NJURY — At ho (Specify)  ny knowledge, de	DOA 28b. TIME INJU	26. OTHER: 4 Nursing Ho OF 26c. If RY M 1 reet, factory, off	PLACE OF DEATH (C) when 5   Residence NUMPY AT WORK?   YES 2   NO lice	Check only a  8 □ Oth  28d. DE  28t. LOC  City  use to the cane time, det	PERFOI  1 YES :  1 YES :  1 (Specify)  SCRIBE HOW  CATION (Street or Town, State	INJURY OCC	URED  OF Rural Route  or Rural Route  d.	NLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
PART II. Other aignific  25. WAS CASE REFERRED EXAMINER? 1 VES 2 NO  27. MANNER OF DÉATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide  29e. CERTIFIER (Check only one) 2 MEE	ent condition  FO MEDICAL  Pending Investigation Could not be determined  ITIFYING PHYS DICAL EXAMINI  E OF CERTIFIE	HOSPITAL: 1 Sympatient 2 1 28a. DATE OF II (Month, Day) 28a. PLACE OF building, at	ERI/Outpatient 3  JURY  INJURY — At ho.c. (Specify)  ny knowledge, de mination and/or	DOA 26b. TIME INJU	26. OTHER: 4 Nursing Ho OF 26c. If NY M 1 reet, factory, off	PLACE OF DEATH (Come 5   Residence NJURY AT YORK?  YES 2   NO Tice  Ite end piece, end de death occured at the	Check only a  8 □ Oth  28d. DE  28t. LOC  City  use to the cane time, det	PERFOI  1 YES :  1 YES :  1 (Specify)  SCRIBE HOW  CATION (Street or Town, State	INJURY OCC	URED  OF Rural Route  or Rural Route  d.	MLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO  Number,
PART II. Other aignific  25. WAS CASE REFERRED EXAMINER? 1 VES 2 NO  27. MANNER OF DÉATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide  29e. CERTIFIER (Check only one) 2 MEE	ent condition  FO MEDICAL  Pending Investigation Could not be determined  ITIFYING PHYS DICAL EXAMINI  E OF CERTIFIE	HOSPITAL: 1 Seneral: 28a. DATE OF it (Month, Day) 28b. PLACE OF building, at	eath but not r  ER/Outpatient 3  NJURY (Year)  INJURY — At hoc. (Specify)  Ty knowledge, de mination and/or	DOA  28b. TIME INJU  28b. Time, farm, st eath occurred investigation	26. OTHER: 4 Nursing He OF 26c. If MY 1 reet, factory, off	PLACE OF DEATH (Come 5   Residence NJURY AT YORK?  YES 2   NO Tice  Ite end piece, end de death occured at the	28t. LOChy 28t. LOChy	PERFOI  1 YES :  1 YES :  1 (Specify)  SCRIBE HOW  CATION (Street or Town, State	end Number	URED  OF Rural Route  od.  a ceuse(e) en  SIGNED (Mc  3 / 7	MLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO  Number,

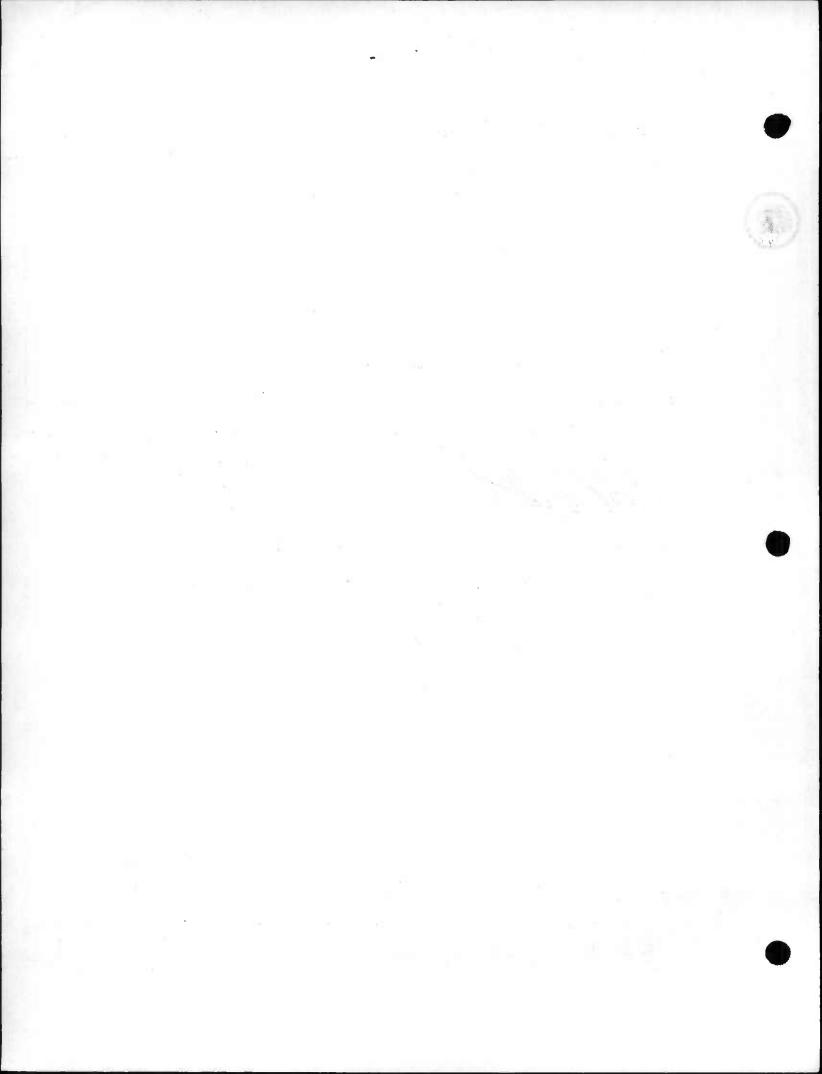


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit pe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			ENTAL HYGIENI REG. NO.	E	
1. DECEDENT'S NAME (First, Middle, L					2. DATE OF DEATH MONTH DAY	Y Y	3. TIME OF DEATN
Elmer L. PARI	KEII	XII			February 2	27, 19	91 7:45 P.
4. SOCIAL SECURITY NUMBER 215-10-9336	1 🖔 M 2 🗆 F		NTHS DAYS	IF UNDER 24 HRS. HOURII MIN.	7. DATE OF BIRTH (Month, Day, Year) August 22	1900	BIRTNPLACE (State or Foreign Country) Maryland
Sa. FACILITY NAME (If not institution, g Calvert Manor I	Nursing Home,			g Sun, MD		90. COUNTY	
RESIDENCE OF DECEDENT 10a. STATE 10b. CO		10c, CITY, T	OWN OR LOCA	TION			10d. INSIDE CITY
Maryland (	Cecil	Nort	h East				LIMITS?
10e. STREET AND NUMBER			10	I. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
64 Red Toad Rd	•			21901		U.S	.A.
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 ZNO	If yes, s	CENDENT OF NISPANIC hecify Cuban, Maxican, 3 2 NO Specify:	C ORIGIN? (Specify Yea , Puarto Rican, etc.)	or No— 14	. RACE — American Indian, Black, White, atc. Specify: White
15. DECEDENT'S (Specify only highest of	EDUCATION CONTRACTOR C	16a. DECEDENT'S US			16b. KIND OF BUS	INESS/INDUS	TRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of world life. Do NOT use n	t done dunng m stired.)	ost or working			
12	N/A	Stone m	ason		Mason	nry	
17. FATNER'S NAME (First, Middle, Last					E (First, Middle, Malden	Sumame)	
Fdward Parret					known		
Charles Parret					oute Number, City or Town		
20g. METNOD OF DISPOSITION	20	b. PLACE OF DISPOSITI			East, MD		or Town, Stata
1 Burial 2 Cremation 3 4 Donation 8 QHar (Specify)	Ramoval from State	offer place)	t Met	hodist (	emetery	Nort	h East, MD
21. SIGNATURE OF THE PLANSETY IC	SyCophises //	or cir bab	22. NAME A	ND ADDRESS OF FACE	LITY	HOLE	n Base, no
1/1/9	11/1/1		Crou	ch Funer	cal Home		
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	b. Due to for as	A CONSEQUENCE OF):  A CONSEQUENCE OF):	Juse				
	a. Company						
PART II. Other algnificant cond	itiona contributing to death	but not reaulting in	the underlying	g cause given in F	Part i. 24e. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC/ EXAMINER?	HOSPITAL:		26. F	LACE OF DEATN (Che	ck only one)		
1 YES 2 NO	1 Inpatient 2 ER/Out	tpatient 3 DOA 4		ne 8 Residence 8		N III DV OCCU	nen .
1 Natural 8 Pending 2 Accident Investigat	(Month, Day, Year)	INJUF	M 1 🗆	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE NOW II		
3 Suicide S Could no	of be building, etc. (Sp.	IY — At home, farm, stre ec/fy)	et, factory, offi	ce	26f. LOCATION (Street a City or Town, State)		Aural Route Number,
		Andre Area a	at the time, dat	e and place, and due t	to the cause(a) and mar	nner as stated.	
29a. CERTIFIER (Check only	PNYSICIAN: To the best of my know			death occured at the t	ime, data and place, an	d dua to the d	
29a. CERTIFIER (Check only one) 2 MEDICAL EXA 29b. SIGNATURE AND TITLE OF CERT	AMINER: On the beels of examination	on and/or investigation,	In my opinion,	29c, LICENSE NUM			seuse(a) and manner as stated.
29a. CERTIFIER 1 CHOCK only one) 2 MEDICAL EXA	AMINER: On the beels of examination of the control	on and/or investigation,	in my opinion,	29c, LICENSE NUM	BER -307 —	29d. DATE S	cause(s) and manner as stated.





TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CERTIFICATE	OF DEAT	ГН		REG. NO.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.						
1. DECEDENT'S NAME (First, Middle, Last)	ROBERT S. P	ARKER	Part	ev	2. DATE OF DEATH DAY	-91 YE	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	8.1	BIRTNPLACE (State or Foreign
249-44-1113	1 X M 2 D F	56 YRS.	MONTHS DAYS	HOURS MIN.	JUNE 27,19		OUTH CAROLINA
9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY	OF DEATN
2801 MUNSON STRE	ET		WH	EATON		MONT	GOMERY
10a. STATE 10b. COUNTY	1	10c. CIT	, TOWN OR LOCATE	ON			10d. INSIDE CITY
MARYLAND MO	NTGOMERY		WHEATO	N			LIMITS?
10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
2801 MUNSON STREE	Т			20902		T	JSA
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, spe	ENDENT OF NISPAN	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUPATIO	N et of working	16b. KIND OF BUS	INESS/INDUST	RY
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	e retired.)	N WOTHING			
	4+	ATTORNE	Υ		STATE F	ARM IN	ISURANCE
17. FATNER'S NAME (First, Middle, Last)				16. MOTNER'S NA	ME (First, Middle, Maiden S		
JOHN PARKER				MARY R	UTH 5	tour	K
19a. INFORMANT'S NAME (Type/Print)	(*******				Route Number, City or Town		
NANCY L. PARKER	(WIFE)				EATON, MAR		
20a. METNOD OF DISPOSITION  1  Burial 2  Cremation 3  Remided   4  Donation 5  Other (Specify)	oval from Stata	other place)					or Town, State
21. SIGNATURE OF FUNERAL SERVICE LIC		OODLAWN		D ADDRESS OF FA		NVILLE	,S. CAROLINA
· m. 1	1123	7.	FRANCI	S J. COL	LINS FUNER		E, INC. PR.,MD.20901
Sequentielly list conditione, if eny, iseding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS a DUE TO (OR AS a c	A CONSEQUENCE O	F): F):	Alter	DE 130	€68(I	12,
PART II. Other significant condition  Chromic	es mal	out not resulting	•	g cause given in	Part I. 24e. WAS AN. PERFOR 1   YES 2	MED?	24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATN (Ch	eck only one)		
EXAMINER?  YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Out	patient 3 DOA	OTHER:	5 Sesidence	6 Other (Specify)		
27. MANNER OP OEATN  1 Netural 5 Pending Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIN	E OF 28c. thJ		28d. OESCRIBE NOW IF	NJURY OCCUR	ED
3 Suicide 6 Could not be 4 Hemicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, rolly)	street, factory, offic		28f. LOCATION (Street a City or Town, State)	nd Number or	Rural Route Number,
CONSTRUCTION OF THE PROPERTY O					time, data and place, an	d due to the c	GNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WE	10 COMPLETED CAUSE OF D		Print) 218 Co	1180	077	010	Parks and
31. DATE FILED (Month, Day, Year)	32. RIGISTRARIS SIG	NATURE Production	2 812	1266	12111	200	100 hand
MAK U 4 91	Janu David	STATE OF THE STATE OF					

, it is a post of the same of the contract of

## TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requir TO THE FUNERAL DIRECTOR: After this certificate has been s be filed within 72 hours after death with the State Dept. of P IMPORTANT: If tiem 28 is marked, or Nem 23 short IMPORTANT: If tiem 28 is marked, or Nem 23 short IMPORTANT: If them 28 is marked, or Nem 23 short IMPORTANT: If them 28 is marked, or Nem 23 short IMPORTANT: If them 28 is marked, or Nem 28 short IMPORTANT: IN INFORMATION IN

ľ	96	E	J
BALTIMORE, MARYLAND 21203-3146	requires that the death certificate be executed within 2x cours after death. Page 6 may be retained by the hospital or attending physician.	signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, a support to Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
RECORDS, P.O. BOX 13146,	requires that the death certificate be executed within 2-	peen signed by the attending physician and completely filled in by the fu. of Health and Mental Hygiene prior to burlal, cremation, or removal.	shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF	MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	OF DEAT	ГН		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTAL HYGI			
}	1. DECEDENT'S NAME (First, Middle, Last)	erine				2. DATE OF DEAT MONTH February	Н	1991	3. TIME OF DEATH 2:15 P M
		SEX 6. AGE (#	,	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea NOV - 22,		6. BIRTH Count	IPLACE (State or Foreign ry) V YORK
œ	9a. FACILITY NAME (If not institution, give street	and number)			DR LOCATION OF DI		9c. COL	INTY OF D	EATH
DIRECTOR	Shady Grove Adventist Hospital Rockville  RESIDENCE OF DECEDENT  10c. STATE  10c. CITY. TOWN OR LOCATION							ntgon	10d. INSIDE CITY
	Massachusetts Barr	nstable	Ch	atham	. ZIP CODE		LIMITS?  1 ⚠ YES 2 ☐ NO  10g. CITIZEN OF WHAT COUNTRY?		
ERA	69 Countryside Driv	7 <b>e</b>				States			
BY FUNERAL	11. MARITAL STATUS 12.  1 Never Married 2 Married 3 Wildowed 4 Divorced	MAS DECEDENT EVER IN U.S. ARMED **ORCES?** 1  YES 2 NO  F YES, GIVE WAR OR DATES  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes)  If yes, specify Cuben, Maxican, Puerto Rican, etc.)  1 YES 2 NO Specify:						14. RACI Blac Spec	E — American Indian, k, White, etc. in: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com Elementary/Secondary (0-12)  C.		16a. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during me	ON est of working		BUSINESS/IN		
MP	-	4	Corporat	e Exec	,		Lectro	nics	
8	17. FATHER'S NAME (First, Middle, Last) Harry Perine				Mary	AME (First, Middle, Ma Y Ans	stett		
TO BE	19a. INFORMANT'S NAME (Type/Print)		The second second			Route Number, City o			
-	John H. Perine	Len			_		esda,		land 20817
	1 Burial 2 Commation 3 Removal 4 Donation 5 Other (Specify)	from State	other place) ntgomery						aryland
	21. SIGNATURE OF FUNERAL SERVICE LICENS	/ /\	M00689	Home/I	Bethesda-	-Chevy Cl	nase,	Inc.	rey Funeral 7557 and 20814
rion	23. PAHT Little the diseases, or combined. Dr heart fallure. List IMMEDIATE CAUSE (Finel disease or condition reaulting in death) a  Sequentially list conditions, if env. leading to immediate	Severe  DUE TO (OR AS A	och line.	te P			eapiratory a	nest,	Approximete Interval Between Onset and Death Sudden
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST d		CONSEQUENCE OF						
PHYSICIAN: MEDICAL	PART II. Other algolificent conditions c	ontributing to death b	ut not resulting is	the underlyin	g ceuse given in	PE	AS AN AUTOPS' REFORMED? ES 2 NO	24	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
CIA		OSPITAL:		26. P OTHER:	LACE OF DEATH (C	heck only one)			
	1	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 26c. IN	JURY AT DRK? YES 2 NO	6 Other (Specify 28d. DESCRIBE I		CCURED	
тер ву	2 Accident Investigation 3 Suicide S Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, st			261. LOCATION (S City or Town,		er or Rural	Route Number,
COMPLETED	one)	N: To the best of my knowl							(s) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF GERTIFIER  ROLL OF A. O.L.	whim			29c. LICENSE NU	MBER 9	29d. D/	Q -	0 (Month, Day, Year) 27-91
	LOZETO S. A	COMPLETED CAUSE OF DE	8218	WISCO.	NSINX	trelos	BETH	ES	DA MD
	MAR 01 '91	32. REGISTRAR'S SIGN	2. REGISTAR'S SIGNATURE Julia Davidson-Randall						



W 122

e LONA

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRE

1. OECEDENT'S NAME (First, Middle, L	Mary Lou	ise P	urcel.				2. DATE OF DEATH MONTH FED 28	199		5:40A.
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is		IF UNDER 1 YE		R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	19	6. BIRTHPI	ACE (State or Foreign
220-62-7493	1 M 2 X F	79	YRS.	MONTHS DA	HOURS	MIN.	Feb. 6, 1	1912 Kansas		
a. FACILITY NAME (If not institution,	give street and number)			9b. CITY, TO	WN OR LOCAT	ION OF D		9c. COUNT	TY OF DEA	TH
Collingswoo		Cente	er	Roc	kvill	е		Mon.	tgom	nery
Da. STATE 10b. CO			10c, CITY	r. TOWN OR L	OCATION				1	Od. INSIDE CITY
	nce George'	S	0xc	n Hil	1					LIMITS?
e. STREET AND NUMBER					10f. ZIP COL	_				AT COUNTRY?
7907 Indian He	ad Highway,	#503				20	745	Uni	ted	States
. MARITAL STATUS  Never Married 2 Married  Wildowed 4 Divorced	12. WAS DECEDEN' FORCES? 1 IF YES, GIVE W	YES 2X	RMED NO	If yo		en, Mexic	NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) fy:	or No-	14. RACE - Black, Specify:	- American Indian, white, etc. White
15. DECEDENT'S (Specify only highest				USUAL OCCU	PATION ng most of work	ina	16b. KIND OF BU	SINESS/INDU	JSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +	- 4	n. Do NOT us	e retired.)	ny most or work	n'ny				
12			Homema	aker			Own H	ome		
FATHER'S NAME (First, Middle, Las					16. MO	THER'S N	AME (First, Middle, Malden	Surname)		
Alexander Ham	ilton Jones				1	lary	Louise Ker	nedy		
a. INFORMANT'S NAME (Type/Print)							Route Number, City or Tow			717
ouise P. Kyank	0		6702	McCahi	.11 Ter	r.,	Laurel, MC	2070	)7	
a. METHOD OF DISPOSITION  Buriel 2 (A Cremation 3   Donation 5 Other (Specify)	Removal from State	other	place)	Crema	atory	matory or		cation – c		n, Stata  , Maryla
SIGNATURE OF FUNERAL SERVICE	SE LICENSEE  YJ, R	epp		Rap		eral	Services, nue, Silve			MD 20910
Sequentially list conditions, I any, leading to immediate cause. Enter UNDERLYING SAUSE (Disease or injury hat initiated events esulting in death) LAST	b. Str	OR AS A CONS	EOUENCE O	F):						
ART II. Other algnificent cond	d.  ditiona contributing to the conyelit		t resulting (	In the unde	rlying ceuse	given ir	Pert I. 24s. WAS AN PERFOI	RMED?		WERE AUTOPSY FINDI MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
. WAS CASE REFERRED TO MEDIC	AL C	2			26. PLACE OF	DEATH (C	heck only one)			
EXAMINER?	HOSPITAL:	ER/Outpatiens	3 🗆 DOA	QTHER:			6 Cher (Specify)			
MANNER OF DEATH  Natural 5 Pending	28a. DATE OF (Month, D	INJURY	26b. TIM	IE OF 26	c. INJURY AT WORK?		28d. DESCRIBE HOW	INJURY OCC	URED	
2 Accident 3 Suicide 6 Could not determine	28e. PLACE C building,	F INJURY — At etc. (Specify)	home, farm,	street, factory	, office		281. LOCATION (Street City or Town, State		or Rural Ro	ute Number,
forece only	PHYSICIAN: To the best of a									and manner as state
B. SIGNATURE AND TITLE OF GER	1111		Den.		29c. U	CENSE NI	MBER 138			Month, Day, Year) Y 28, 19
1	ller, M.D.				s Dri	ve,	Germanto	wn, I	MD 2	0874
DATE FILED (MONTO DER. YEAR)	32. REGISTRA	AR'S SIGNATURE	Pandell	2.						

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED

-	d	•	
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 - nours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1.1	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

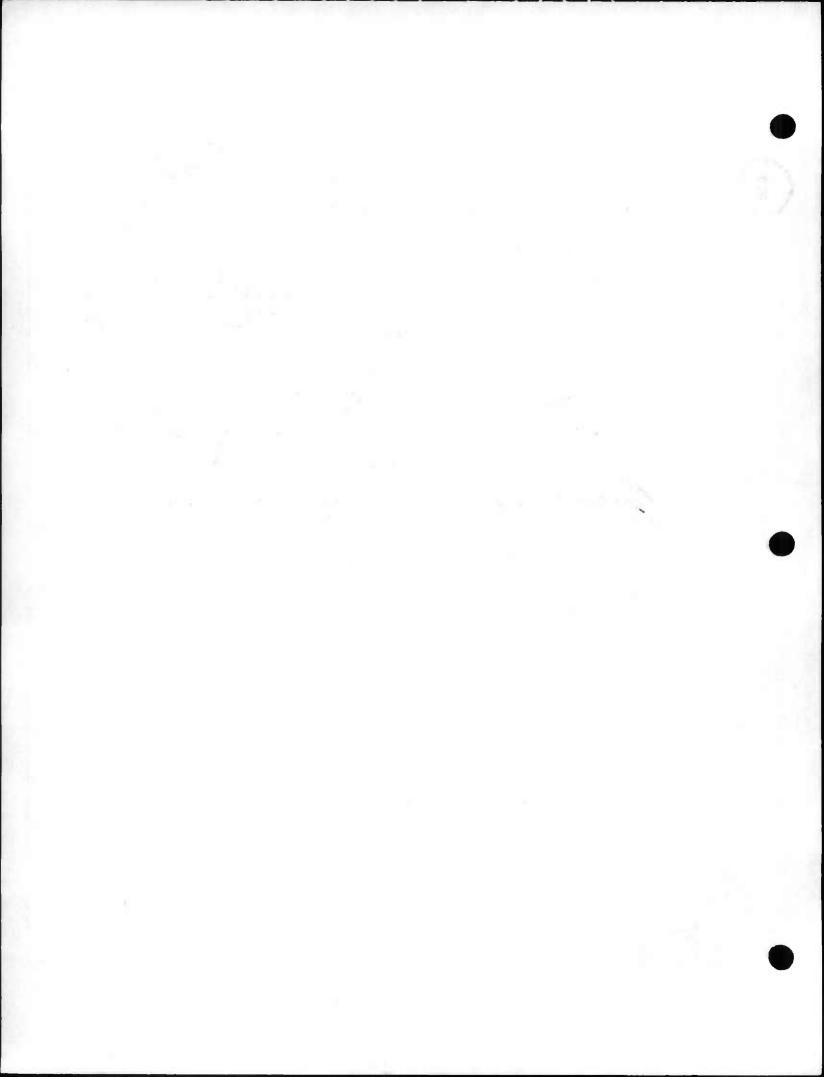
	FOR 1 - STATE	STATE OF	MARYLAND /		TMENT								7108	
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Lest)		CI	ENTIF	ICATE	. OF	DEA	n	2. DATE OF	EG. NO.		3	TIME OF DEATH	
						MONT				DA		YEAR		
	FRANK PRINCE 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birther									/91		A BURTHPLA	CE (State or Foreign	
1 3		1 M 2 F				DAYS HOURS MIN.		(Month, De	ly, Ybar)		Country)			
	579-10-3972	69 YHS.		96. CITY, TOWN OR LOCATION OF DEATH			May	<u> 29 1</u>			io			
or	9e. FACILITY NAME (If not institution, give								"					
DIRECTOR	GLADYS N. SPELLMAN NURS CARE CTR					CHEVERLY					PRINC	E GEC	RCE	
EC					CITY, TOWN OR LOCATION							104	INSIDE CITY	
HO	Maryland Pr.	e	Bladensburg									YES 2 NO		
	10e. STREET AND NUMBER	3	101. ZIP CODE							10g. CITIZ	EN OF WHA	T COUNTRY?		
R/	5999 Emerson St. #806					20710					II.S.A.			
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IP			MED	13. WAS DECENDENT OF HISPANIC ORIG			NIC ORIGIN? (S	GIN? (Specify Yes or No-			American Indien, hite, etc.		
BY FI	1 Never Merried 2 Merried FORCES? 1 YES IF YES, GIVE WAR OR DA			2\times apecity Cuben, Mexical TES 1 \( \times \) YES 2 \( \times \) NO Specify						,				
ETED	(Specify only highest grade completed) (Give kind				T'S USUAL OCCUPATION of work done during most of working ruse retired.)				16b. KJ	Bb. KIND OF BUSINESS/INDUSTRY				
PLE	Elementary/Secondary (0-12)	College (1-4 or 5		Truck Driver						Super Concrete Co.				
COMPL	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Meiden Surreme)													
EC	Frank C. Prince Mintie L. Hall													
00	19a. INFORMANT'S NAME (Type/Print)													
2	Dorothy E. Forsyth 5999 Emerson St. #806 Bladensburg, MD 2071													
	20s. METHOD OF DISPOSITION  1 N Buriel 2 Cremation 3 Removal from State  20b. PLACE OF DISPOSITION (Name of cametery, crematory or other place)								20c. LOCATION — City or Town, State					
	4 Doneston & Other (Specify) Fort Lincoln Cemetery Brentwood, MD													
	22. NAME AND ADDRESS OF FACILITY Rendon/Hale Funeral Home													
	Meland	9013 Annapolis Rd. Lanham, MD 20706												
	23. PART / Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or haert fellure. List only one cause on each line.													
	resulting in death)  e. Due To (OR AS A CONSEQUENCE OF):												10.0	
	PARIMONE OF:											Ink		
O	Sequentially list conditions,  OUE TO (OR AS A CONSEQUENCE OF):													
¥	If any, leading to immediate cause. Enter UNDERLYING													
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST.														
토	resulting in death) LAST	d		_									<u> </u>	
O	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS													
MEDICAL	A Remain Andrews again and conditions contributing to destribut not resulting in this underlying couse given in Part i.									PERFORMED? AWAILABLE PRIOR TO COMPLETION OF CAUSE			MILABLE PRIOR TO OMPLETION OF CAUSE	
G	Old corebrovamla Acuelant								—   '	[] TES 4	K W NO		F DEATH?	
	A Leavy Digging											'	_ 100 6	
AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)													
SIC	EXAMINER?	EXAMINER? HOSPITAL: OTHER:												
PHYSICIAN:	27. MANNER OF DEATH 286. DATE OF INJURY (Month, Day, Year) 286. TIME OF INJURY AT WORK? 286. OESCRIBE HOW INJURY OCCURED													
B	2 Accident Investigation									or Port O	to Mumber			
ED	3 Suicide 6 Could not be determined 28e, PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e, PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)									or murai Hou	ee rearribles,			

Greenbelt HIOI rectrook no Ld 10000

ABLONOWITZ

JON H. Y/ 31. DATE FILED (Month, Day, Year) FEB 28 '91

32. REGISTRAR'S SIGNATURE
Julia Savidson-Randall



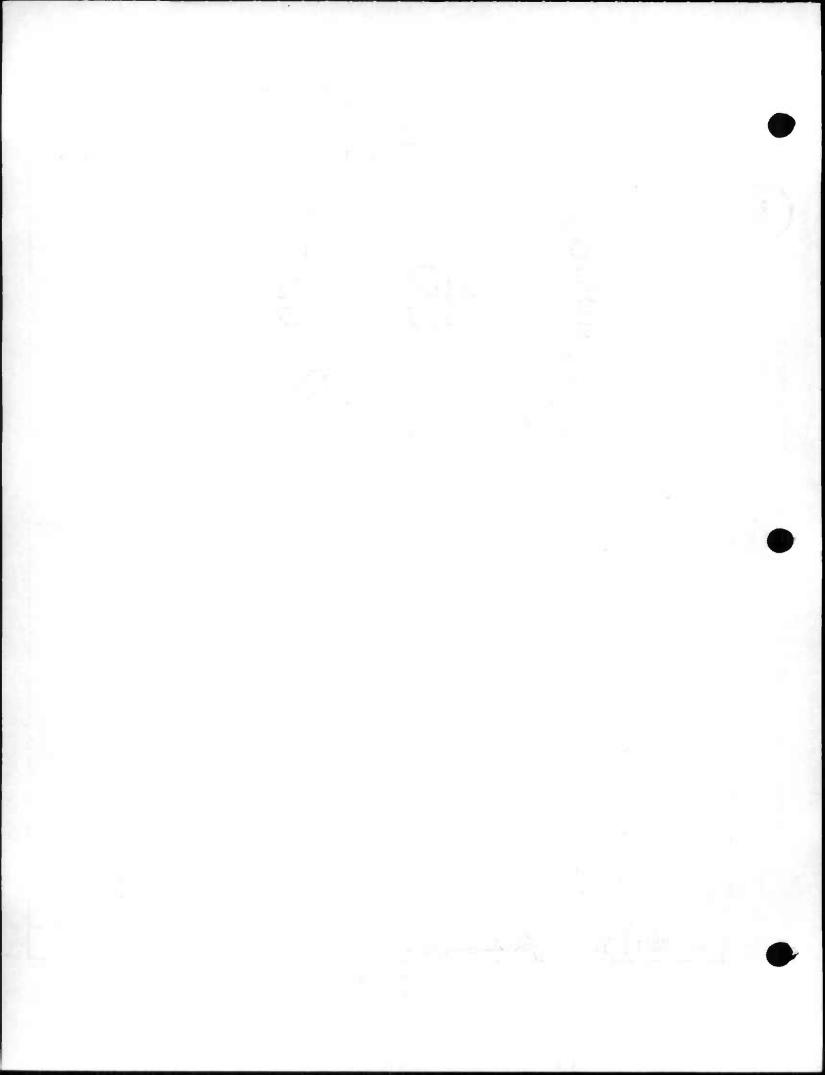
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.5 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the hineral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

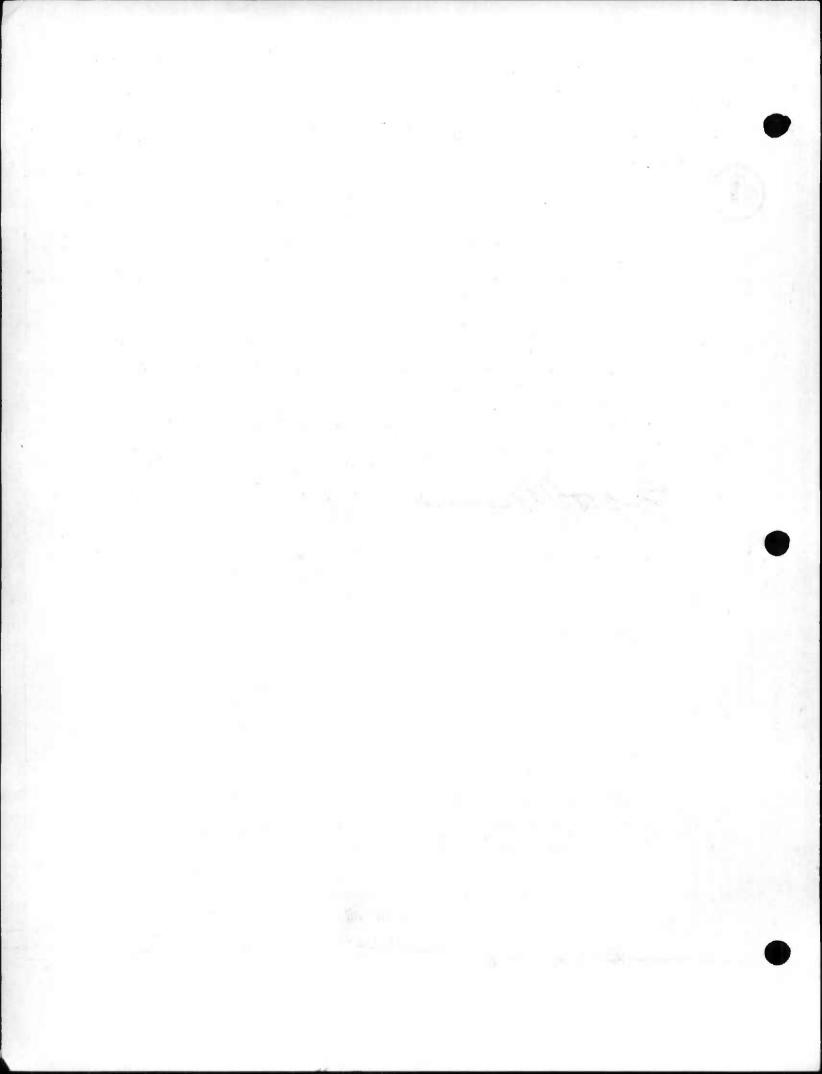
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumette event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR		STATE OF MAI	RYLAND /	DEPAR	TMENT	OF H	EALTH DEAT	AND F	MENTAL	REG. NO.		•	
1. DECEDENT'S NAME (First,	Middle, Lest)									OF DEATH		SAR 3.	TIME OF DEATH
DORIS M	IAE P	ARADISE							Marc		199	227	8:40 A.M.
4. SOCIAL SECURITY NUMBER			AGE (In yrs. last	birthday)	IF UNDER		IF UNDER		7. DATE	OF BIRTH , Day, Year)		BIRTHPL/ Country)	ACE (State or Foreign
533-16-8341	1	□ M 2 ØF	67	YRS.	MONTHS	DAYS	HOURS	MIN.		26 <b>-</b> 1923			esota
9a. FACILITY NAME (If not ins		t and number)	- 0 /		9b. CITY	, TOWN O	R LOCATION	ON OF DE		7	9c. COUNTY		
Washington C		Hospital			Ha	gers	town				Was	shing	ton
10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION					10	d. INSIDE CITY LIMITS?
Maryland	Wash:	ington		Во	onsb	oro						1	☐ YES 2 🙀 NO
10a. STREET AND NUMBER							ZIP COD	E			10g. CITIZEI	OF WHA	T COUNTRY?
19825 To	ms Road	£					2	1713				Ţ	J.S.A.
11. MARITAL STATUS 1 Never Married 2 🔀 0 3 Wildowed 4 Divor	Merried	2. WAS DECEDENT F FORCES? 1 1 IF YES, GIVE WAN 1945 to	YES 2 NO NO NO NO NO NO NO NO NO NO NO NO NO	MED D		If yes, spe		m, Mexica	n, Puerto F	? (Specify Yee Rican, etc.)	or No— 14	RACE — Black, W Specify:	American Indian, India, atc. White
	DENT'S EDUCAT		18a. DEG	EDENT'9	USUAL O	CCUPATIO	N		16b.	KIND OF BUS	INESS/INDUS	TRY	
Elementary/Secondary (0-	highest grade co	College (1-4 or 5 +)	itte.	Do NOT u	work done se retired.)	aunng mo	St OF WORK!	ng					
		3 yrs.		N	urse					Priva	te Dut	y	
17. FATHER'S NAME (First, Mi	ddle, Last)						18. MOT	HER'S NA	ME (First, A	Middle, Malden	Surname)		
Floyd		5.1		Mc	Nama	r	Ma	bel					Olsen
19a. INFORMANT'S NAME (7)	rpe/Print)		19b	MAJLING	ADDRES	S (Street a	nd Numbe	r or Rural	Route Numi	ber, City or Town	, State, Zip Co	ode)	7.0
Leon M. Par	adise	3.	1	9825	Tom	s Ro	ad	Boon	sbor	o, Mar	vland	21	713
20e. METHOD OF DISPOSITI		el from State	20b. PLACE other pie	ce)				natory or	12-40-52	20c. LO	CATION — CIT	y or Town	State
4 Donation 5 DOther			Smith	sbur	g Cr	emat	ory			Smi	thsbu	rg, I	Maryland
21. SIGNATURE OF FUNERAL	SERVICE LICE!	NSEE /			22.	NAME A	ND ADDRE	SS OF FA	CILITY	760	6 Boor	ehor	o Pike
Douglas	A. Fier	cy / hour	100 B.	Tin	B	ast	Filne	ral	Home				ryland
23. PART I. Enter the di			eused the de	eth. Do			_						Approximate
		at only one ceuse	on each line			-	,	7	,				Oneet and Death
IMMEDIATE CAUSE (Findisease or condition	<u> </u>	then	PRELIT	160	alli	17	BE	AUT	1				10uin
resulting in death)	•.	DUE TO (OI	R AS A CONSEC	MENCE C			U.	2000					
		_											
Sequentielly list conditi		DUE TO (OI	AS A CONSEC	WENCE C	DF):								
cause. Enter UNDERLYI CAUSE (Disease or Inju		-											
that initiated events		DUE TO (OI	R AS A CONSEC	QUENCE C	OF):								
resulting in death) LAS	d.												
PART II. Other significa	nt conditions	contributing to de	eth but not r	esuiting	In the u	nderlyin	g cause	given in	Part I.	24a. WAS AN		24b. W	ERE AUTOPSY FINDINGS
1/	ne									PERFOR		C	WAILABLE PRIOR TO OMPLETION OF CAUSE
										1 1 163 2	(Carro	1	F DEATH?
												1 '	. 123 2
25. WAS CASE REFERRED TO	O MEDICAL					26. P	LACE OF	DEATH (C	heck only o	ne)			
EXAMINER?		HOSPITAL:	R/Outpetient 3	□ DOA	OTHE		ne 5∏ F	Residence	6 🗆 Othe	er (Specify)			
27. MANNED OF DEATH		28a. DATE OF IN	JURY	26b. TI	ME OF	28c. IN.	JURY AT		_	SCRIBE HOW I	NJURY OCCU	RED	
	Pending	(Month, Day,	Year)	1	NJURY M		YES 2	□ NO					
2 D Addition	Investigation Could not be	28e. PLACE OF I	NJURY — At ho	me, farm.	, street, fe	ctory, offic	:0		28f. LO	CATION (Street	and Number o	Rural Ro	ite Number,
	determined	building, et	c. (Specify)						City	or Town, State)			
29a. CERTIFIER	LIEVING BHYSIC	AN: To the best of m	y knowledge de	eth occur	read at the	time det	and plac	n and du	e to the co	use(s) and me	nner en etete	1	
(Check only													and manner as stated.
29b. SIGNATURE-AND TITLE	OF CONTIFIER	11 1	^				29c. LH	CENSE NU	JMBER		29d. DATE	SIGNED (	forth, Day, Year)
SAMU	rel C	HAW, MI					D.	361	655		3/	9/9/	
30. NAME AND ADDRESS O	F PERSON WHO	COMPLETED CAUSE	OF DEATH (ITE	M 27) (Typ	oe, Print)		_				7	1	
DR SAMM	UEL CF	IAN M.D.	1182	MH	AE	TNI	9 R	UAU	HA	ER STO	NHU	10.	21740
MAR 11 9	Ybar)	Julia Day	S SIGNATURE	delle									



	1. DECEDENT'S NAME (First, Middle, Last)	C 0.1	LEOT	FICATE O	POI EN	2. DATE OF DEATH		3. TIME OF DEAT			
	LEDTI 4. SOCIAL SECURITY NUMBER					3	- 1-9	1 2:15			
	265-82-9710	1 Dua De	(In yrs. last birthday  YRS.	MONTHS DA	AR IF UNDER 24 HRS.  HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year	)	BIRTHPLACE (State or Fo			
1	9e. FACILITY NAME (If not institution, give	Λ	94	9b. CITY, TO	WN OR LOCATION OF E	April 25	9c. COUNTY	est Virgin			
B	Clearview Nursi	ng Home		H.	agerstown		Was	hington			
5	RESIDENCE OF DECEDENT  100. STATE  10b. COUNT		400.0	CITY, TOWN OR L			, was				
DIRE			100.0					10d, INSIDE CITY			
	MD 10e. STREET AND NUMBER	Washington		на	gerstown 101. ZIP CODE		10g. CITIZER	1 VES 2 X			
ER/	2511 Pennsylva	nia Ave			2174	10		USA			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER			DECENDENT OF HISPA	NIC ORIGIN? (Specify		RACE - American India Black, White, etc.			
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES			s, specify Cuban, Mexic YES 2 NO Spec			Specify:			
0	15. DECEDENT'S EDU	ICATION	18e DECEDENT	r's usual occu	PATION	185 KIND OF	BUSINESS/INDUS	White			
ETE	(Specify only highest grade Elementary/Secondery (0-12)		(Give kind o	of work done durin use retired.)	ng most of working	TOOL KIND OF	DOSINESS/INDOS				
APL	12	3	N	Nurse		Stat	State Government				
COMPL	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Ma					
BE (		rge C. Lawso									
0	19a. INFORMANT'S NAME (Type/Print) Eileene Horin	e					City or Town, State, Zip Code) erstown, Md 21740				
	20g. METHOD OF DISPOSITION						gerstown, Md 21/40				
	1 Burial 2 Cremation 3 Ren	noval from State	other place)	none transfer and the second							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Minnich Funeral H										
	FIC 1846	mi	. 1	415	E. Wilson			wn, Md 217			
RTIFICATION	disease or condition resulting in death)  a. Activity (and and consequence of):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
FH	a.										
CE	PART II Other elapiticant condition	no contribution to death	hut not recultie	on in the timeler	dulas sausa alues I	n Don't Dr. Mills	AALALEMONAL				
S	PART II. Other eignificant condition		1	In the Under	rlying cause given I	PER	AN AUTOPSY	24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF			
EDICAL CE	Chunic Bran	is hundored	well	Several	riying cause given i	PER		AWAILABLE PRIOR COMPLETION OF OF DEATH?			
MEDICAL CE	(/)	is Syndone	well	Secretary	rlying cause given i	PER	FORMED?	AVAILABLE PRIOR COMPLETION OF			
MEDICAL CE	Myssic Beggs Meneral Types  25. WAS CASE REFERRED TO MEDICAL	a hyphond	well	Senen	rlying cause given I	PEF 1 🗍 YE	FORMED?	AWAILABLE PRIOR COMPLETION OF OF DEATH?			
SICIAN: MEDICAL CE	Henri Bean Leveralizas	is hundored	Marie	Sever OTHER	<b>8</b> 2	PEF 1 NE	FORMED?	AWAILABLE PRIOR COMPLETION OF OF DEATH?			
MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH	HOSPITAL:	estation 3 DOA	OTHER	26. PLACE OF DEATH (C) Home 5   Realdence C, INJURY AT	PEF 1 NE	FORMED?	AMALABLE PRIOR COMPLETION OF OF DEATH?  1  YES 2			
BY PHYSICIAN: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 8 Pending Investigation	HOSPITAL: 1   Inpetient 2   ER/Ou  28a. OATE OF INJURY (Month, Day, Year)	swell	OTHER:  OTHER:  WARDEN  TIME OF  INJURY  M  1	26. PLACE OF DEATH (C) Home 5   Realdence C. INJURY AT WORK? VES 2   NO	Check only one)  8 Other (Specify)  28d. DESCRIBE No.	S 2 NO	AMALABLE PRIOR COMPLETION OF OF DEATH?  1  Yes 2			
ED BY PHYSICIAN: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 8 Pending	HOSPITAL: 1   Inpetient 2   ER/Ou  28a. OATE OF INJURY (Month, Day, Year)	sirettent 3 DOA	OTHER:  OTHER:  WARDEN  TIME OF  INJURY  M  1	26. PLACE OF DEATH (C) Home 5   Realdence C. INJURY AT WORK? VES 2   NO	Check only one)  8 Other (Specify)  28d. DESCRIBE No.	DW INJURY OCCUP	AMALABLE PRIOR COMPLETION OF OF DEATH?  1  YES 2			
ED BY PHYSICIAN: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Natural   8   Pending Investigation   9   9   9   9   9   9   9   9   9	HOSPITAL: 1   Inpetient 2   ER/Ou  28e. OATE OF INJURY (Month, Day, Year)	sychia de la post de l	OTHER DE NUMBER OF 28 INJURY M 1	26. PLACE OF DEATH (C) Home 5 Residence C. INJURY AT WORK? I YES 2 NO office	Check only one)  8 Other (Specify)  28d. DESCRIBE NO  28f. LOCATION (Sir. City or Town, Sir. Location)	DW INJURY OCCUPATION OF TATES	AMAILABLE PRIOR COMPLETION OF OF DEATH?  1  YES 2			
COMPLETED BY PHYSICIAN: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Natural   8   Pending Investigation   9   9   9   9   9   9   9   9   9	HOSPITAL: 1   Inpatient 2   ER/Ou  28a. OATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJUR building, etc. (Sp	sychia de la post de l	OTHER DE NUMBER OF 28 INJURY M 1	26. PLACE OF DEATH (C) Home 5 Residence C. INJURY AT WORK? I YES 2 NO office	Check only one)  8 Other (Specify)  28d. DESCRIBE Ho  28f. LOCATION (St City or Town, S	DW INJURY OCCUR  Test and Number or take)  manner se stated a, and due to the desired to the des	AMAILABLE PRIOR COMPLETION OF OF DEATH?  1  YES 2			
BE COMPLETED BY PHYSICIAN: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1   Inpatient 2   ER/Ou  28a. OATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJUR building, etc. (Sp	sychia de la post de l	OTHER DE NUMBER OF 28 INJURY M 1	26. PLACE OF DEATH (C. INJUSTY AT WORK?  YES 2 NO office  , date end place, end de lon, death occured at the	Check only one)  8 Other (Specify)  28d. DESCRIBE Ho  28f. LOCATION (St City or Town, S	DW INJURY OCCUI	AMALABLE PRIOR COMPLETION OF OP DEATH?  1  YES 2    RED  Rural Route Number,			
E COMPLETED BY PHYSICIAN: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Actural 8 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON W	HOSPITAL:  1   Inpetient 2   ER/Ou  28a. OATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Sp  SICIAN: To the best of my kno IER: On the basie of examinate  ER  HO COMPLETEO CAUSE OF D  MO OD Y  M	attent 3 DOA  28b. 1  27 At home, farm  wiedge, death occiton end/or investige  DEATH (ITEM 27) (7)	OTHER AUTHORITIES OF 28 INJURY M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	26. PLACE OF DEATH (C) Home 5 Realdence C. INJURY AT WORK? I YES 2 NO office  29c. LICENSE N DO 75	Check only one)  8  Other (Specify)  28d. DESCRIBE No.  28f. LOCATION (St. City or Town, S.  use to the cause(e) end- ne time, date end piec.	DW INJURY OCCUR meet and Number or tate)  manner se stated a, and due to the d  29d, DATE 8	AMALABLE PRIOR COMPLETION OF OP DEATH?  1  YES 2    RED  Rural Route Number,			
BE COMPLETED BY PHYSICIAN: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:  1   Inpatient 2   ER/Ou  28a. OATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJUR building, etc. (Sp  SICIAN: To the best of my know  IER: On the basic of examination  ER  HO COMPLETEO CAUSE OF D  MO OD Y  M	attent 3 DOA  28b. 1  27 At home, farm  wiedge, death occiton end/or investige  DEATH (ITEM 27) (7)	OTHER AUTHOR NUMBER 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	26. PLACE OF DEATH (C) Home 5 Realdence C. INJURY AT WORK? I YES 2 NO office  29c. LICENSE N DO 75	Check only one)  8  Other (Specify)  28d. DESCRIBE No.  28f. LOCATION (St. City or Town, S.  use to the cause(e) end- ne time, date end piec.	DW INJURY OCCUR meet and Number or tate)  manner se stated a, and due to the d  29d, DATE 8	AMAILABLE PR COMPLETION OF BEATH? 1  YES 2  RED  Rural Route Number,  cause(e) and menner			



IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGI REG.		
1. DECEDENT'S NAME (First, Middle, Last) RICHARD A.					2. DATE OF DEATH	DAY Y	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 216-12-2584	1 ⊠ M 2 □ F 7	(In yrs. last birthday) F U	THE DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Yea sept. 1	, 1918	D9:35 AM  BIRTHPLACE (State or Foreign Country)  Maryland
9a. FACILITY NAME (If not institution, give  NORTH ARUNDEL HO  RESIDENCE OF DECEDENT  10a. STATE  10b. COUN	SPITAL ASSOC	TATTON	GLEN B		ATH	9c. COUNTY	A COUNTY  10d. INSIDE CITY
	Arundel	Pasad	dena	ZIP CODE		100 CITIZEI	LIMITS?  1 YES 2 NO  NOF WHAT COUNTRY?
219 Meadow Rd.				21122		Unite	d States
11, MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2.K.NO	If yes, spec		IIC ORIGIN? (Specify n, Puerto Rican, atc. :		. RACE — American Indian, Black, Whita, etc. Specify: White
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION de completed) Coltege (1-4 or 5 +)	16e. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti	done during most ired.)	of working	1,420	Business/indus Estate	TRY
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Ma	iden Surname)	
Richard M. Reine	cke			Eleano	myers		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	DRESS (Street and	d Number or Rural F	Route Number, City or	Town, State, Zip Co	ode)
Richard L. Reine	cke	219 Mead	dow Rd.	, Pasade	ena, Mary	land 211	22
20a. METHOD OF DISPOSITION 1 & Burlel 2 Cremetion 3 Ra 4 Donation 5 Other (Specify) 21. SIGNATURE	movel from State		orial Pa 22, NAME AND Kirkley	rk ADDRESS OF FA Funeral H	3/2/91 G GIUTY OME		e, A.A., MD
disease Dr condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that Initiated events	C. DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	CARPIC	OVASCU	17102 M	SPASE	20 45AV
PART II. Other aignificent conditions of the second	ons contributing to death	but not resulting in th	ne underlying	cause given in	PEI	S AN AUTOPSY PRORMED? ES 2/2/NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	T		26 PL	CE OF DEATH (Ch	eck only one)		
EXAMINER?	HOSPITAL:		THER:	0-3-3-	vi and a surre		
27. MANNER OF DEATH	28a. DATE OF INJURY				6 Other (Specify, 28d. DESCRIBE H	OW INJURY OCCU	RED
1 Naturat 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WOR	IK?			
3 Suicide 6 Could not b detarmined	building, atc. (Sp	Y — At home, farm, stree acify)	rt, factory, offica		281. LOCATION (S) City or Town,		Rural Route Number,
CONSCIN CHAP	STCIAN: To the best of my kno						cause(s) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIF	TIER			29c. LICENSE NUI	MBER 2/	29d. DATE	BIGNED (Ming) Day, Year)
30. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CAUSE OF IT	EATH (ITEM 27) (Time Prin	nt)	1) 22	-410	4	0/11
NEIL E. PADGETT,				GLEN BUI	RNIE. MAI	RYLAND 2	1061
31. DATE FILED (Month, Day, Year)  MAR 0 5 1	32. REGISTRAR'S SIG	NATURE					

MAR II E #81 Sept. Visite - Sept.

FOR STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	TEUISTRAN				OLITIFIE	CAIL	OI.	DEATH		REG. NO.			
1. DE	SEANNE (First		5	R	oser	1			2. DATE O	F DEATH	3	977	3. TIME OF DEATH
1.50	18-03-	2119	5. SEX	-	yrs. last birthday)  YRS.	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O	Dey, Year)	-17	8. BIRT Coun	HPLACE (State or Foreign try)
A	MILE A	netitution, give a	el Me	dical	Center 10c. CIT	96. CITY, T	nno	A LOCATION OF I	DEATH S		9c. COU	NE	Arundel 10d. INSIDE CITY
_	MD		ne Aru	ndel	Anna	apoli	_	ZIP CODE			L 40 - 0/2	W7511 05	LIMITS?  YES 2 NO
	50 Schle		ad					21401				SA	WHAT COUNTRY?
10	ARITAL STATUS Never Married 2 🔀 Widowed 4 🗌 Dive	-	FORCES?	DENT EVER IN U 1 TYES 'E WAR OR DAT	2 NO	Hy	yes, spe	ENDENT OF HISP city Cuben, Mexic NO Spec	can, Puerto Ri		or No-	Blac	E - American Indian, ok, White, atc.
E	(Specify on ementary/Secondary (	DEDENT'S EDU ly highest grade 0-12)			6e. DECEDENT'S (Give kind of a life. Do NOT us Scho(	work done du se retired.)	ring mos	t of working	-	ducat		DUSTRY	
17. FA	THER'S NAME (First, A	Aiddle, Last)			Dono			16. MOTHER'S N					
	Aaron Ro		tein		Sadie Kasakow  19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code								
	nformant's name ( ebbie Ro	The state of the s	McKerr	OW									MD 21209
1 🛛	METHOD OF DISPOSIT Burial 2 Cremati Donatton 5 Othe	on 3 🗆 Rem	noval from State		PLACE AND DATE	E OF DISPOS	SITION	(Name	DATE	20c. LO	CATION -	- City or 1	own, State
21. 5	MATURE OF EUGERA	AL SETIVICE LA	CENSEE	00				sty Fu					21401
If sr csus CAU that	uentially list condi ny, leading to imme se. Enter UNDERLY SE (Disease or Inj- initiated events litting in deeth) LAS	ediate rING ury	b. Due	CULLE TO (OR AS A C	CONSEQUENCE O	lioi ni ni v	ne	di	liki	au	7 -		
	TII. Other signific CON NUM S. P. C	-	d.  ns contributing  flery	to deeth but distribution of the second of t	ue -			csuse given		24a. WAS AN PERFOI 1 - YES 2	RMED?	24	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
E	AS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL 1 X Inpatient	: 2	tient 3 🗆 DOA	OTHER:	:	ACE OF DEATH					
27. 1	ANNER OF DEATH  Natural 5	Pending	28a. DATI (Mon	th, Day, Year)	28b. TIN		28c. INJ WO		_	CRIBE HOW	INJURY O	CCURED	
	_ a	Could not be determined	28e. PLA bulk	CE OF INJURY - ling, etc. (Specif	At home, farm,	street, factor	ry, office		281. LOCA City o	TION (Street or Town, State	and Numb )	er or Rura	l Route Number,
	Check only				dge, death occur and/or investigation								(s) and manner as stated.
1	AME AND ADDRESS O	nhe	all.	240	THE STEEL OF THE	Colons		29c. LICENSE N		46	29d, D/	TE SIGNI	GG /
	ATE FILED (Mont )		1991 19		ton-Aand								_

Arter Street Street

MAR I B 1891 John March Spece

FOR STATE	S	TATE OF M	ARYLAND / DI		ENT OF H ATE OF							
REGISTRAR  1. DECEDENT'S NAME (First, Mic	rirllo I neti		CER	HIFIC	ATE OF	DEAT	n	2. DATE OF	EG. NO.			3. TIME OF DEATH
		n f at						MONTH	DAY		YEAR	
Marshall  4. SOCIAL SECURITY NUMBER	Reid	Rich	6. AGE (In yrs. lest bir	thday) IF	UNDER 1 YEAR	IF UNDER 2	4 HRS	7. DATE OF I	04	-	991	1PLACE (State or Foreign
220-82-7516		3/M 2   F	16	MOI	THE DAYS	HOURS	MIN.	(Month, De	y, Year)	- 1	Count	TY)
9a. FACILITY NAME (If not institu		**	10		CITY, TOWN	OR LOCATION	N OF DE	11-11	L /4	00 0011	Mar NTY OF D	yland
Rear yard o	f	and municory			. OITI, TOWN	on Econtion	N OF DE	AIII		sc. 000		
RESIDENCE OF DECEL	e Lane				rnold					Ann	e A	rundel
	b. COUNTY		1	Oc. CITY, TO	OWN OR LOCA	TION						10d. INSIDE CITY
MD	Anne A	runde1		Arno1	d							1 YES 2 NO
10e. STREET AND NUMBER					10	. ZIP CODE				10g. CIT	ZEN OF	WHAT COUNTRY?
417 W. Joyce	e Lane					21012	2			U.S	.A.	
11. MARITAL STATUS	12.		EVER IN U.S. ARMEI	D		ENDENT OF	HISPAN	IC ORIGIN? (S		or No-	14. RAC	E — American Indian, k, White, etc.
1 Never Married 2 Ma	Section 1	IF YES, GIVE WI	YES 2 NO			2 X NO	Specify	n, Puerto Ricei :	n, etc.)		Spec	tty:
3 Widowed 4 Divorce	ª											White
	ENT'S EDUCATION  ghest grade comp		16a. DECEL	DENT'S USL	JAL OCCUPATI done during me tired.)	ON ost of working		16b. KIP	ND OF BUS	INESS/IND	DUSTRY	
Elementary/Secondary (0-12)	Co	ollege (1-4 or 5+)			tired.)							
9			Stu	dent							igh	School School
17. FATHER'S NAME (First, Middl						100		ME (First, Midd		Sumame)		
Edward L.	Rich I	11						11 Re				
19a, INFORMANT'S NAME (Type								Route Number, (	City or Town	, State, Zij	p Code)	
Mr. Edward L.		111	_		Joyce		Ar		1 1 1 1	2101	_	
20a. METHOD OF DISPOSITION  1 Description 2 Cremetion	3 - Ramovel	from State	of cemetary, cre Druid					3/7			re,	own, State
4 Donation 5 Other (Sc		FF	Druid	Kluge		ND ADDRESS	S OF FA					
(10)	7 6	2										e Hwy.
You	1.1	Jan	45	_	Barrar	ico Fu	mer	al Hom	ne Se	vern	a Pa	rk MD 21146
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list condition if any, leading to immedia	s	OUE TO	OR AS A CONSEQUE	V	Jun	shi	Il.	Unin	l ej	1/2	kuo	Interval Between Onset and Death
ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST		DUE TO	OR AS A CONSEQUE	ENCE OF):								
PART II, Other significent	conditions co	ontributing to	death but not ree	ulting in t	hs underlylr	g cause gi	iven in	Part I. 24	a. WAS AN		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
								1	YES 2			COMPLETION OF CAUSE OF DEATH?
												1 YES 2 NO
25. WAS CASE REFERRED TO A EXAMINER?						LACE OF DE	ATH (Ch	eck only one)				
1 X YES 2 NO		OSPITAL:	ER/Outpatient 3		THER:	ne 5 🗆 Res	sidence	EXXIther (S	pecify)			
27. MANNER OF DEATH		28a. DATE OF (Month, Da	INJURY 2	86. TIME O	F 28c. IN	JURY AT ORK?		28d. DEŞCR			4	
1 Natural 5 Per 2 Accident	nding restigation	03 04		unk	M 1 🗆		NO	Appar	ent s	self	int	licted
a Contact to	uld not be	28e. PLACE OF	F INJURY — At home	, farm, atre	et, factory, offi	Ca		784 LOCATIO	ON (Street o	nd Numbe	or or Rural	Route Number,
4 Homicide dat	termined	At he						417 W	own, State)		r OI	- Arnold Md
29a. CERTIFIER 1 CERTIF	YING PHYSICIAN	: To the best of	my knowledge, death	occurred a	t the time, dat	and place,	and dua					, , , , , , , , , , , , , , , , , , , ,
anal												(s) and manner as stated.
29b. SIGNATURE AND TITLE OF	F PERTIFIER	) /	k	_		29c. LICE	NSE NUI	MBER		29d. DA	TE SIGNE	D (Month, Day, Year)
hel al	Ter	184	cm									
		P-11				1 (1 (*)	ML	i'		1	73	05 1001
30. NAME AND ADDRESS OF P	ERSON WHO CO	OMPLETED CAUS	SE OF DEATH (ITEM 2	17) (Type, Pri	int)	1 0.0	M.F				0.3	05 1991
30. NAME AND ADDITESS OF P	5 82	RET	BE OF DEATH (ITEM 2						ore,			05 1991 1 21201

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 me. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

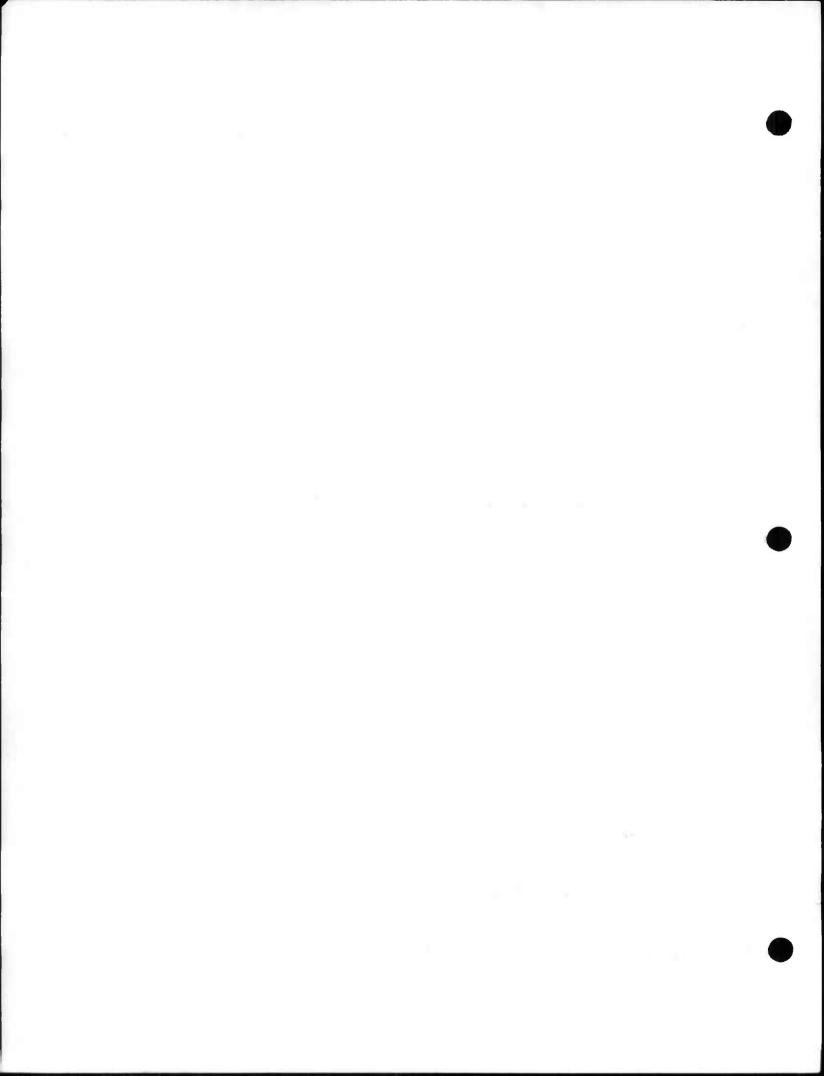
IMPORTANT: If Nem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

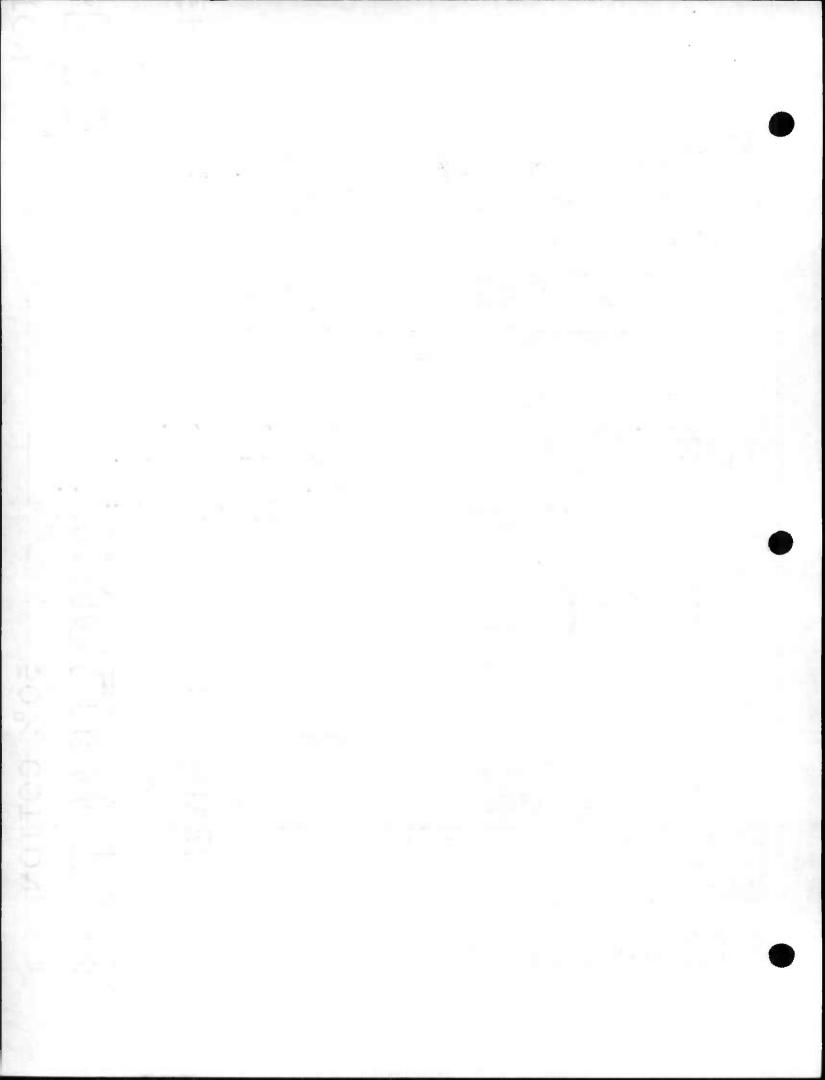
1887 CO State

			1. DECEDENT'S NAME (First	t, Middle, Last)									TE OF DEATH	AY		. TIME OF DEATH
	1			Ma	urice Ca	rl Ri	iesbe	rg				Feb		26 199	YEAR	9:00 P.M. m
	D	1	4. SOCIAL SECURITY NUM	BEA	5. SEX		in yrs. lest b		NOER 1 Y		IF UNDER 24 HRS	. 7. DAT	E OF BIRTH onth, Day, Year)		B. BIRTHPL Country)	ACE (State or Foreign
	(.	/	186-12-0760		1 📉 M 2 🗆 F	67	7	YRS.	HS CV	YS H	HOURS MIN		y 4 192	23		sylvania
. 1	1		90. FACILITY NAME (If not is					9b.	CITY, TO	WN OR	LOCATION OF	DEATH			TY OF DEA	
	2, 3	СТОВ	11 Philadel	phia A	venue, A	pt.3		00	cean	Ci	ty			Word	este	r
	8	<u> </u>	100. STATE	10b. COUNT	Y			10c. CITY, TO	WN OR L	OCATIO	N				10	Dd. INSIDE CITY
	Pag.	DIRE	Maryland	Worce	ster			0cear	ı Ci	tv					1	LIMITS?
	Sermit	AL	10e. BTREET AND NUMBER					Jour	- 0-	_	IP CODE			10g. CITIZ	EN OF WH	AT COUNTRY?
	nsit g	ER	11 Philadel	phia A	ve., Apt	.3				21	842				USA	
	siciar ial-tra	FUNER	11. MARITAL STATUS	Selleren	12. WAS DECEDER						DENT OF HIS		GIN? (Specify Ye	a or No—	14. RACE Black, \	- American Indian, White, atc.
21203-3146	r attending physician. use as the burial-transit permit. Pages	ВУ	1 Never Merried 2 XX 3 Wildowed 4 Div		Career	WAR OR DA	ATES				NO Sp		, , , , , , , , , , , , , , , , , , , ,		Specify:	White
3-3	as th			CEDENT'S EDU	-	AIMY	16e. DECE	EDENT'S USU/	N. OCCU	PATION		13	ISb. KIND OF BU	ISINESS/INDL	ISTRY	WIIIC
5	0 -			ly highest grade		4)	(Give	kind of work of NOT use reti	ione durii	ig most o	of working					
	the hospital detached fo once.	COMPLETED	UNKNOWN	V-12,	Someyor (1-4 cm S	"	Car	eer An	my				Miltar	СУ		
N	by the hospita the detached if at once.	Š	17. FATHER'S NAME (First, A						1	16. MOTHER'S	NAME (Firs	t, Middle, Maider	Sumame)			
Y	<b>3</b> & &	ш	William Her		esberg						Regina	Dou	gherty			
MARYLAND	5 should	TO B	19a, INFORMANT'S NAME (	**									umber, City or Tox			
10	y be nage 5	-	Therese Ries			1								shing		D.C. 20008
BALTIMORE	ser death. Page 6 may be the funeral director, page wal.		1 N Burlel 2 Cremeti	on 3 🗆 Rem	noval from State	Ar	other place	ICE OF DISPOSITION (Name of cometery, cremetory or ry place) Ington National Cemetery				orw				
M	Page a direc		21. SIGNATURE AF SUMERA		ENSEE 22. NAME AND ADDRESS OF					FACILITY	FACILITY					
Ę	death. Pag e funeral di l. examiner		///					_		ral Hom						
BA	rs after d t by the t removal.	-i	23. PART I. Enter the o	a w	Hust	30	4 65 - 4- 6	th Do					elaware			1. American and
-	3 = - 21				List only one ca			ui. Do not e	ilea en	i inoue	o or dying, i	OCH MS C	ardiec or real	matory arre	101,	Approximate interval Between
	E 5 2		IMMEDIATE CAUSE (Final disease or condition Arteriosclerotic Heart Disease										Onset and Death			
	ed within 2 ompletely fille il, cremation, event, the		a. Arteriosclerotic Heart Disease													
13146,	요 우극 의	_			A CONSCIOLAGE OF J.											
	ertificate be executing physician and circles prior to build other traumatic	CERTIFICATION	Sequentially list condi if any, leading to imme	edleta	DUE TO	O (OR AS A	(OR AS A CONSEQUENCE OF):									
8	ficate be physician ne prior t	S	cause. Enter UNDERLY CAUSE (Disease or inj		C	0 (OB 48 4	COMPECI	JENCE OF):				_				+
Ö	n certific anding pl Hygiene or othe	Ë	that initiated events resulting in death) LAS	<b>ST</b>	OUE IC	O (OR AS A	CONSEGU	JENCE OF J:								
σ.	E E - 0	CE		-	d											+
DS,	quires that the dear a signed by the att f Health and Menta ows any Injury,	DICAL	PART II. Other algoritic									In Part I	. 24s. WAS A PERFO	N AUTOPSY RMED?		WERE AUTOPSY FINDINGS
ECORDS	uires tha signed   Health a	ם	CHIOHIC	ODSLI	Luctive	ruı	IIIOIII	ary D	ISE	ase	=		1 - YES	2 🙀 NO		COMPLETION OF CAUSE OF DEATH?
EC	een signe of Health	ME													1 1	YES 2 NO
- B	V: The law re- cate has been State Dept. o	AN	25. WAS CASE REFERRED	TO MEDICAL	1					28 PL **	CE OF DEATH	Mhack a	1			
VITAL	PHYSICIAN: The law requiris certificate has been with the State Dept. of with the State Dept. of Item 23 sho	PHYSICIAN:	EXAMINER?	. J MEDICAL	HOSPITAL:	□ Ep/Out-	netlant 9 F	TO OT	HER:		CE OF DEATH					
>	SICIAN certifi the	HYS	27. MANNER OF DEATH		28e. DATE O	F INJURY		26b. TIME OF		c. INJUI	RY AT	_	THE (Specify) DESCRIBE HOW	INJURY OCC	URED	
OF	this with		37	Pending Investigation	(Month,	Day, Year)		INJURY		WOR	K? S 2 NO					
ON	NOING IS After death	D BY	2 Accident 3 Suicide 6	Could not be		OF INJURY		ne, farm, stree	t, factory	office			OCATION (Street)		or Rural Ro	ute Number,
DIVISION	28 afte	ш	4 Homicide	datermined	Donaing	y, are. Jopec	Giry)						any or nown, stee	-)		
2		COMPLET	29a. CERTIFIER	TIFYING PHYS	SICIAN: To the best of	of my know	vledge, deat	th occurred at	the time	, date a	nd place, end	due to the	cause(e) and m	anner se state	ed.	
	HOSPITAL FUNERAL WITHIN 72 P	No.	anal	OICAL EXAMIN	ER: On the basie of	axaminatio	on and/or in	westigation, in	my opin	ion, des	ath occured at	the time, o	date and plece, o	end due to th	e ceuse(e)	end manner ea stated.
	E FUN d with		296. SUMMATURE AND VITE	E OF CERTIFIE	ER , A						29c. LICENSE	NUMBER			,	Month, Day, Year)
	TO THE HOSPITAL TO THE FUNERAL DE filed within 72 IMPORTANT: If	O BE	Viter S	1400	UST MI						D306	19		▶2/	28/9	91
		임	30. NAME AND ADDRESS (		HO COMPLETED CA	USE OF DE	•	, , , , .	,					4.2	-	
			Peter S.					0cea	n c	ity	y Blv	d. B	erlin	, Mar	ylaı	nd 21811
	1+	5	31. DATE FILED (Month, De)	y, Year)	32. REGISTE			0.								
	1		MAR 0 1 '91		Ashia Davi	dson-1	Janaes	Lid.								DHMH-18 Bay 1/80



1	1. DECEDENT'S NAME (First, Middle, Last)	Joseph Ha	yden Rec	edv		REG. NO.		3. TIME OF DEATH			
	Joseph	Hayden	Reco	/		MONTH DAY	9	AR 527 A			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	C	SIRTHPLACE (State or Foreign country)			
1	218-34-1364  9e. FACILITY NAME (If not institution, give		6% YAS.	9b. CITY, TOWN	OR LOCATION OF DE	Aug. 15,19	22 V	irginia			
늄		eneral Hosp	rtal		liston			told			
FECT	RESIDENCE OF DECEDENT  10e, STATE  10b, COUNT	TY	10c. Cl	TY, TOWN OR LOC	ATION			10d. INSIDE CITY			
5		arford	Be	el Air				LIMITS?			
RAL	925 Moores Mill	Road		1	21014		10g. CITIZEN	OF WHAT COUNTRY?			
BY FUNERA	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes,	ECENDENT OF HISPAN specify Cuben, Mexican ES 2 X NO Specify			RACE — American Indian, Black, White, atc. Specify:			
	15. DECEDENT'S ED (Specify only highest grad			S USUAL OCCUPA work done during i		16b, KIND OF BUSI					
PLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Farmer	use retired.)	Took of Working	Agri	cultur	e			
COMPL	17. FATHER'S NAME (First, Middle, Last) Orley Gordon	Reedy		18. MOTHER'S NAME (First, Middle, Maiden Surneme) Dora Belle Comer							
TO BE	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)  Mary V. Reedy  19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)  925 Moores Mill Road, Bel Air, Md. 210										
	206. METHOD OF DISPOSITION  **Order of Description**  4 Donation 5 Other (Specify)  206. PLACE AND DATE of DISPOSITION (Name DATE of DISPOSITION (Name DATE OF DISPOSITION (NAME DATE OF DISPOSITION (NAME DATE OF DISPOSITION (NAME DATE OF DISPOSITION (NAME DATE OF DISPOSITION (NAME DATE OF DISPOSITION (NAME DATE OF DISPOSITION (NAME DATE OF DISPOSITION (NAME DATE OF DISPOSITION (NAME DATE OF DISPOSITION (NAME DATE OF DISPOSITION (NAME DATE OF DISPOSITION (NAME DATE OF DISPOSITION (NAME DATE OF DISPOSITION (NAME DATE OF DISPOSITION (NAME DATE OF DISPOSITION (NAME DATE OF DATE OF DISPOSITION (NAME DATE OF DISPOSITION (NAME DATE OF DAT										
	23. PART I. Enter the diseases, or shock, or haert fellure	complications that cause on	ed the death. Do	1317	Cokesbury	Road, Abi	ngdon,	Home, P.A.  Md. 21009  Approximate interval Between			
	disease or condition resulting in death)	S. M 2551	S A CONSEQUENCE	A AHZ	ok (Myazza	aprefut lind	Phlmon	Opent and Day			
IFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b DUE TO (OR A	S A CONSEQUENCE (	OF):	dk (Myacer	ahrefat lind	2 Phlma Em	Const and Da			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b DUE TO (OR A	S A CONSEQUENCE (	OF):	dk (Myazer	distribut lind	Phlma Em	Open t and Da			
: MEDICAL CERTIFI	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR A. DUE TO (OR A. d	S A CONSEQUENCE (	OF): OF):		Part I. 24a. WAS AN / PERFOR	AUTOPSY MED?	Const and Da			
MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II., Other significant conditions of the conditio	DUE TO (OR A)  DUE TO (OR A)  DUE TO (OR A)  Due TO (OR A)	S A CONSEQUENCE	OF):  OF):  OF):  OTHER:	Ing cause given in	Part I. 24a. WAS AN PERFORI	AUTOPSY MED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?			
SICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II., Other significant conditions.	DUE TO (OR A.  DUE TO (OR A.  d.  DOS CONTRIBUTING TO death  HOSPITAL:  Proprieted 2 = ERVO  28e. DATE OF INJUR	S A CONSEQUENCE OF Dut not resulting	OF):  OF):  OF):  OF):  OTHER: 4   Nursing H	PLACE OF DEATH (Che	Part I. 24a. WAS AN PERFORI	AUTOPSY MED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH?  1 YES 2 NO			
PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II., Other significant conditions of the conditio	DUE TO (OR A.  DUE TO (OR A.  DOE TO	S A CONSEQUENCE (  Description of the second	OF):  OF):  OF):  26.  OTHER: 4   Nursing H  NURY M 1	PLACE OF DEATH (Che	Part I. 24a. WAS AN / PERFORI  YES 2  Other (Specify)  28d. DESCRIBE HOW IN	AUTOPSY MED?	24b. WERE AUTOPSY FINDIN ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
ED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II., Other significant conditions are sufficiently in the initiated events resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  Material 5 Pending	DUE TO (OR A.  DUE TO	S A CONSEQUENCE (  In but not resulting  Putpatient 3 DOA  TY  28b. Ti	OF):  OF):  OF):  26.  OTHER: 4   Nursing H  NURY M 1	PLACE OF DEATH (Che	Part I. 24a. WAS AN PERFORI YES 2  ock only one) 6  Other (Specify)	AUTOPSY MED?	24b. WERE AUTOPSY FINDIN ANALABLE PRIOR TO COMPLETION OF CAUSO OF DEATH?  1 YES 2 NO			
ETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II., Other significant conditions are sufficiently in the conditions of the condition	DUE TO (OR A.  DUE TO	S A CONSEQUENCE OF The Property of the Propert	OF):  26. OTHER: 4   Nursing H  NJURY M  1   0, street, factory, of	PLACE OF DEATH (Che DIAGNATION OF THE THE THE THE THE THE THE THE THE THE	Pert I. 24a. WAS AN / PERFORI  VES 2  Other (Specify)  28d. DESCRIBE HOW IN  28f. LOCATION (Street e City or Town, Street)  to the cause(e) end man	AUTOPSY MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	24b. WERE AUTOPSY FINDIN ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
ED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II., Other significant conditions are sufficiently in the conditions of the condition	DUE TO (OR A.  DUE TO	S A CONSEQUENCE OF The Property of the Propert	OF):  26. OTHER: 4   Nursing H  NJURY M  1   0, street, factory, of	PLACE OF DEATH (Che DIAGNATION OF THE THE THE THE THE THE THE THE THE THE	Part I. 24a, WAS AN / PERFORI PERFORI YES 2  Inck only one) 6 Other (Specify) 28d. DESCRIBE HOW IN 28f. LOCATION (Street e City or Town, State) to the cause(e) end man	AUTOPSY MED?  NO  NO  NUMBER OF F	Onset and Da  Whith Will  24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1  YES 2 NO  Rural Route Number			

32. REGISTRAR'S SIGNATURE

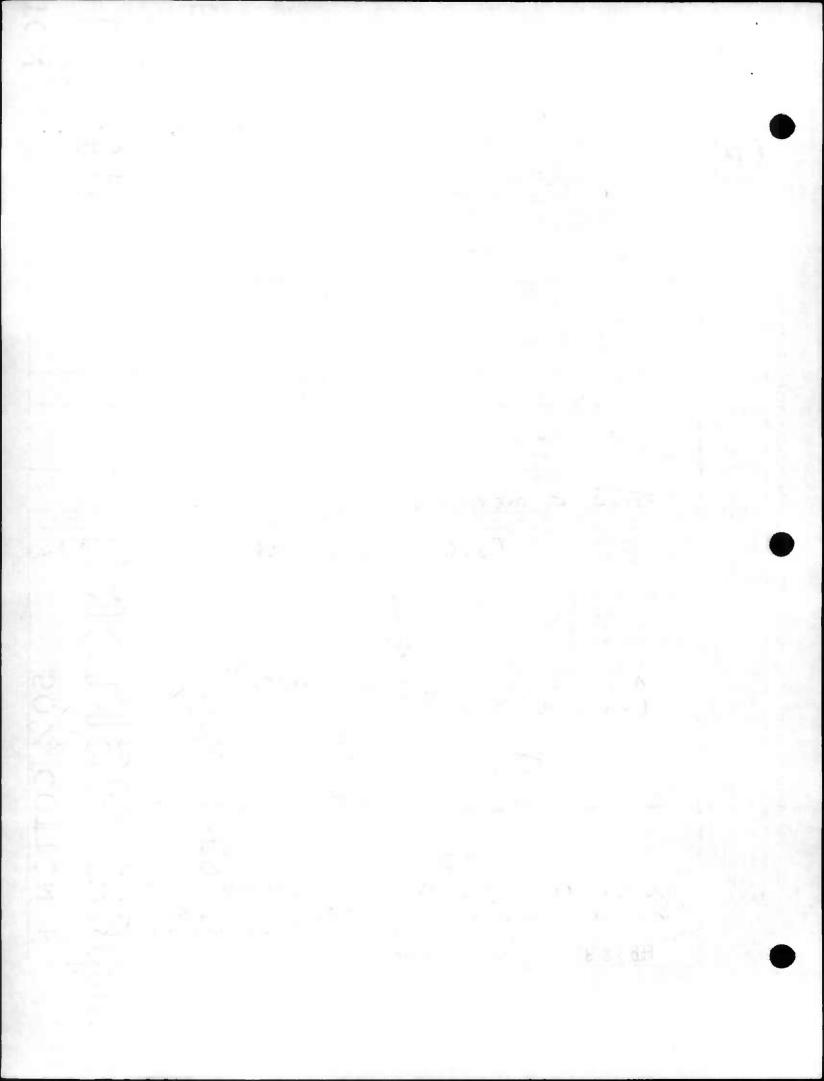


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31. DATE FILED (Month, Day, Year)
FEB 2 8 '91

Grovia Trivideon

1. DECEDENT'S NAME (First, Middle, List) Stanley	Carl			ROE	2. DATE OF DEATH	<b>27,</b> 19	91 3.5	5:52 A.M.
219-70-9131	<b>™</b> 2 □ F	33	YRS. MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2/26/58		Country) MD	CE (State or Foreign
9a. FACILITY NAME (If not institution, give stree Doctors * Commun		al		town or location of the Lanham	DEATH	9c. COUNTY Prin		eorges
MD  RESIDENCE OF DECEDENT  100. STATE  10b. COUNTY		1	10c. CITY, TOWN O	R LOCATION Apolis				INSIDE CITY LIMITS? YES 2 NO
100. STREET AND NUMBER  1262 Washington	n Drive			101. ZIP CODE 21403		10g. CITIZEI	N OF WHAT	COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 X Divorced	2. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	5 2 X NO		MAS DECENDENT OF HISPA f yee, specify Cuben, Mexic PYES 2 NO Spec	en, Puerto Rican, etc.)		Black, Wh Specify:	Americen Indien, lite, etc.
15, DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12) 12		(Give :	DENT'S USUAL OF kind of work done of NOT use retired.)	during most of working	186. KIND OF BU	SINESS/INDUS	STRY	
17. FATHER'S NAME (First, Middle, Last) Stanley H. Roe	e				Atricia S		hter	
19a. INFORMANT'S NAME (Type/Print)  Beth A. Wagne:	r			(Street and Number or Rura ashington				ID 2140
20a. METHOD OF DISPOSITION 1 Disposition 2 Cremetton 3 Remove 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN	at from State	ob. PLACE ANd cometary, credit.		osition (Name lace) 5 Cemetery NAME AND ADDRESS OF F EWNAM Fune	3/2 Co	rdova		
TOHN Z.	MERC			Switchin I dile	THAT HOME			
				00 S. Hari	rison St.	Eas		MD 21
23. PAH1 I. Enter the dissesse, or cor shock, pr heart failure. List IMMEDIATE CAUSE (Finel disease Dr condition resulting in death)	mplications that cause on CG L	ed the deetl eech line.	h. Do not enter	100 S. Hari	cison St.	Eas		Approximate Interval Betwee Onset and Det
shock, or heart failure. Lie IMMEDIATE CAUSE (Fine) disease or condition	mplications that cause on	ed the deeth eech line.  O // G A CONSEQUE	ENCE OF:	the mode of dying, su	cison St.	Eas		Approximate Interval Betwe
shock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events	DUE TO (OR AS	ed the deeth eech line.  O NO S A CONSEQUE S A CONSEQUE S A CONSEQUE	ENCE OF:	the mode of dying, su	rison St.	Eas	24b. WEI AMM COIL	Approximate Interval Betwee Onset and Dei
shock, or heart failure. List IMMEDIATE CAUSE (Finel disease Dr condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in deeth) LAST  PART II. Other algnificent conditione  CAUCUMO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUE  BA CONSEQUE  BA CONSEQUE  BA CONSEQUE  BUT NOT rea	ENCE OF:	the mode of dying, su  COLORD	n Pert I. 24a. WAS AN PERFO	Eas	24b. WEI AMM COIL	Approximate Interval Betwee Onset and Dei Deservation of Cause Death?
shock, or heart failure. List IMMEDIATE CAUSE (Finel disease Dr condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST  PART II. Other aignificent conditione  CAUCUMO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	ed the deeth eech line.  O W  A CONSEQUE  A CONSEQUE  but not rea  utpatient 3 □	ENCE OF:	the mode of dying, su  ( ) NO M  deriying couse given to	n Pert I. 24a. WAS AN PERFO	Eas	24b. WE AMACOLOF	Approximate Interval Betwee Onset and Dei Deservation of Cause Death?
shock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST  PART II. Other algnificent conditione  CAUSE (Disease or injury that initisted events resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 5  27. MANNER OF DEATH  1 Netural 5 Pending	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	ed the deeth eech line.  O	ENCE OF:  ENCE OF:  ENCE OF:  DOA OTHER  DOA TIME OF  INJUSTY  M	the mode of dying, su  C ( ) NO M  derlying couse given by E   HY O NA  28. PLACE OF DEATH (C  32. Selng Home 5   Residence  28c. INJURY AT WORK? 1   YES 2   NO	n Part I. 24a. WAS AN PERFO 1 YES :	Eas fratory arres	24b. WEI AMA COOP 1	Approximate Interval Betwee Onset and De 1



1 -	FOR STATE REGISTRAF
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BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	SIAIE UF MANTLA	CERTIFIC	CATE OF		MENIAL HYGIEN		
1. DECEDENT'S NAME (First, Middle, Last)	LEROY RIDE	OUT			2. DATE OF DEATH MONTH DA	Y YEA	3. TIME OF DEATH
Levey	•	KIO	leout		February	24 199	1 0613 M
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. Bi	RTHPLACE (State or Foreign
213-24-1522	1 M 2 D F 6	A YRS.	IONTHS DAYS	HOURS MIN.	Y 18 2	8	Md
90. FACILITY NAME (If not institution, give st	reet and number)		96. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY O	F DEATH
PENINSULA GENERA	L HOSPITAL		SALI	SBURY		WICO	MICO
10e. STATE 10b. COUNTY	1	10c. CITY,	TOWN OR LOCA	TION		<del></del>	10d. INSIDE CITY LIMITS?
Md. Don	chas/er	15	hosde	sdale	•		1 TES 2 NO
10e. STREET AND NUMBER	. 0		10	. ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?
RT. F. D 3	E 150x 2	.3/		2/65	/	U, 5	An An
11. MARITAL STATUS	12. WAS DECEDENT EVER IN				NIC ORIGIN? (Specify Yes	or No- 14. R	ACE — American Indien, Black, White, atc.
1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 TYES  IF YES, GIVE WAR OR DAT			2 NO Specif	n, Puerto Ricen, etc.)		Specify: Black
15. DECEDENT'S EDUC		16e. DECEDENT'S U	SUAL OCCUPATI	ON	16b. KIND OF BUS	INESS/INDUSTR	N D (AC)
(Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5+)	(Give kind of wo life. Do NOT use	ork done during me retired.)	ost of working			
Emiliantally Secondary (0-12)	College (I-4 Of 5 +)						
17. FATHER'S NAME (First, Middle, Last)				18 MOTHER'S NA	ME (First, Middle, Meideo	Sumama)	
i i	ise Rio	leogT		1	1	ena	118
19e. INFORMANT'S NAME (Type/Print)	30 9710		OORESS (Street	and Number or Burni	Route Number, City or Town		
laxce C.	Faresho	RF.D	Box )	. 01	desdale	Md,	21651
20e. METHOD OF DISPOSITION 1 Description 2 Cremetion 3 Removed	20b.	PLACE OF DISPOSIT	TION (Name of ce			CATION — City o	w Town, State
4 Donation 5 Other (Specify)	Svar from State	/e	Tevar	V Cem	2 4	auloc	k Md,
21. SIGNATURE OF FUNERAL SERVICE LIC			22, NAME A	ND ADDRESS OF FA	CILITY		10
Danelle C	· Hay Bu	ick	Ae.	NNY F	-unera	Hom	e Cambo My
23. PART. Enter the diseases, or o			t antar the me	oda of dying, suc	h as cardiac or reapi	ratory arrest,	Approximate
shock, or heart fellure.  IMMEDIATE CAUSE (Final	List only one cause on ee	ch ilna.					interval Batween Onset and Death
disease or condition	( no 1	2 . 0	Alle	- 3	and for		Min
reaulting in deeth)	S. DUE TO (OR AS A	CONSEQUENCE OF	X Z		June		11/100
_	(0-	1 1:		0-	De		Mari
Sequentielly liet conditions,	b. DUE TO (OR AS A	CONSEQUENCE OF	gen		U		1700
If any, leading to immediate cause. Enter UNDERLYING	06	20.		- 6	.0 N		6
CAUSE (Disease or injury	C. DUE TO (OR AS A	CONSEQUENCE OF	Jean			~	1
that initiated events resulting in deeth) LAST	ooz to tott no n	0011020021102 01 /	•				9
	d	<u> </u>					
PART II. Other significant condition	a contributing to death bu	t not resulting in	tha underlyir	ig cause given in			24b. WERE AUTOPSY FINDINGS
					PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
					1 TYES 2	□ NO	OF GEATH?
					_		1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C/	neck only one)		
1 UYES 2 NO	1 Inpatient 2 ER/Outpo	ntient 3 DOA	4 - Nursing Ho		8 Other (Specify)		
27. MANNER OF DEATH	(Month, Day, Year)	28b. TIME INJU	RY W	JURY AT ORK?	28d. DESCRIBE HOW	NJURY OCCURE	D
1 Pending 2 Accident S Pending			M 1 🗆	YES 2 NO			
3 Suicide 6 Could not be	28e. PLACE OF INJURY building, atc. (Speci	— At home, farm, st	reet, factory, offi	CO	28f. LOCATION (Street City or Town, State)	and Number or Re	ural Route Number,
4 Homicide determined	The state of the s						
284. CENTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my knowle	edge death occurre	d at the time dat	a and place, and du	to the cause(s) and me	oner ee stated	
CONSTRUCTION -	ER: On the basis of examination						use(e) end manner ea stated.
296. SIGNATORE AND TITLE OF CERTIFIE		1.01	1	29c. LICENSE NU		29d. DATE SIG	GNED (Month, Day, Year)
1	coen	MI		D0303	10	4/	2419
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type,	Print)			7	, , , ,
Dr.gveen - 0	wincy + Lo	icust St	veet.	Salisbur	4 Md. 21	Por	
31. DATE FILES (Month, Day, Year)	10 COMPLETED CAUSE OF DEA	ATURE	1.00				
MAR - 4'91	Sulardi	undson-Han	معاقد				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mouns after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. For the permit of the physician of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the permit of the physician of the permit of the permit of the permit of the permit of the permit of the physician of the permit of the permit of the permit of the permit of the permit of the permit of the physician of the permit of the permit of the permit of the physician of the permit of the permit of the permit of the permit of the permit of the physician of the physician of the permit of the physician of the permit of the physician of the permit of the permit of the permit of the physician of the ph

DHMH-16 Rev 1/89



### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

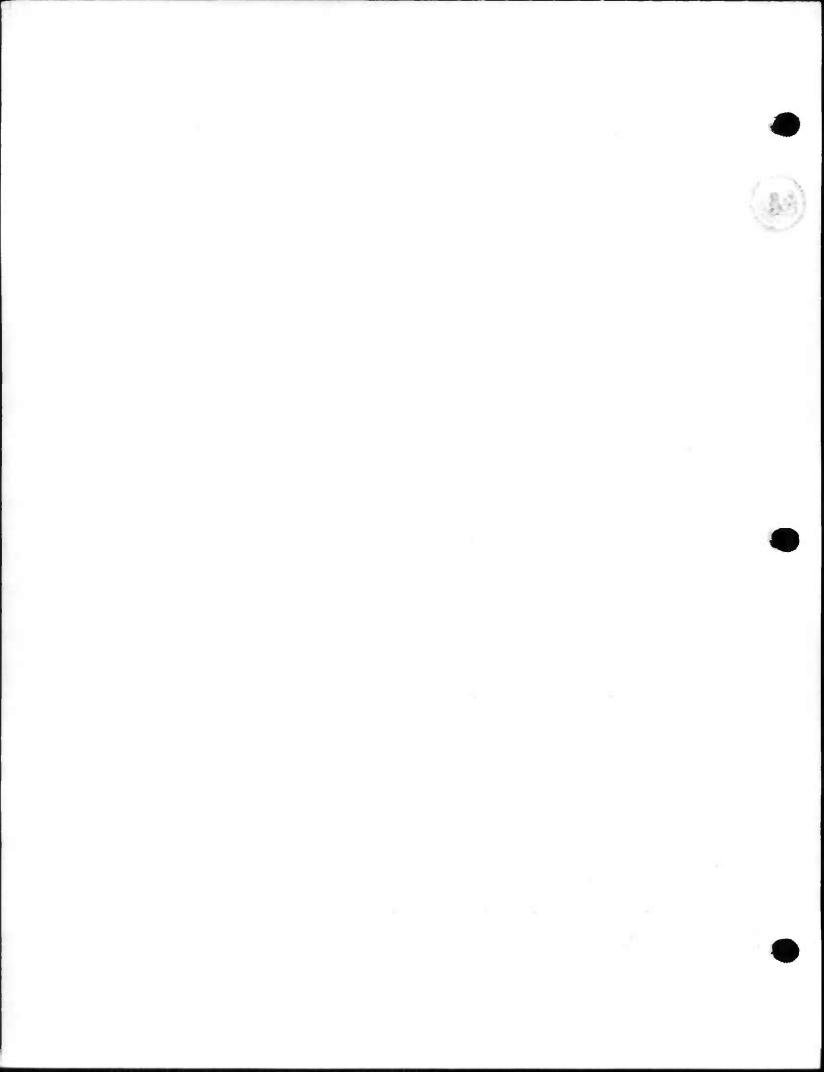
REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO		
1. DECEDENT'S NAME (First, Middle, Last)	-			2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH
Owen W. Ross				10121/13/9°		02:58 A <sub>M</sub>
	5. SEX 8. AGE (In:		UNDER 1 YEAR IF UNDER 24 HI	MARINE Day Mari		TTHPLACE (State or Foreign untry)
49-01-0111	- 10			11111	7	1701
9a. FACILITY NAME (If not institution, give stre	net and number)	96	CITY, TOWN OR LOCATION O	F DEATH	Do no	1 +
RESIDENCE OF DECEDENT			-47. VD h	7	1 = 0 . 0,	
10a. STATE 10b. COLINTY	inches Ten	10c. CITY, TO	Mh mid se			10d. INSIDE CITY LIMITS?  1 27ES 2 NO
10e. STREET AND NUMBER	a+	-	10f. ZIP CODE	9	10g. CITIZEN O	F WHAT COUNTRY?
309 Duras	<u></u>		2161	3	4,2,	H.
11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN U	2 2 NO	If yes, specify Cuban, Me	SPANIC ORIGIN? (Specify Yearican, Puerto Rican, etc.)	a or No 14. R/	ACE — American Indian, lack, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATI	ES	1 TYES 2 DING S	pecify:	St	Black
15. DECEDENT'S EDUCA (Specify only highest grade of	ATION 1	8e. DECEDENT'S USE	AL OCCUPATION done during most of working	18b. KIND OF BU	SINESS/INDUSTRY	1
Elementary/Secondary (0-12)	College (1-4 or 5+)	iile. Do NOT use re	ired.)			
17. FATHER'S NAME (First, Middle, Lest)	2		18. MOTHER	S NAME (First, Migdle, Maider	Surname)	
David li	3055		Dai	SEV Pa	SMR	
19a. INFORMANT'S NAME (Type/Print)	/ .	19b. MAILING AD	ORESS (Street and Number or R	ural Paute Number, City of Tox	vn, State, Zip Code)	1 2 1
Valenie flai	voker	IRFL	14 BOX	355 (91	nonia	(ges / )d1
20a METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remov	val from State	PLACE OF DISPOSITION	ON (Name of cametery, crametor)	or 20c. L	CATION — City or	Town, State
4 Donation 5 Other (Specify)	INSEE	se/he/	22. NAME AND ADDRESS O	F FACILITY	MONI	dear
* Ganelle C		0	6	11/	2 6	) m /
23. PART L Enter the diseases, or co	- Jour	the death Do not	enter the mode of duide	auch as cardiac or rear	d who was	Approximate
ahock, or heart fallure. L	ist only one cause on eac	h line.			maiory arrest,	Interval Between
IMMEDIATE CAUSE (Final disease or condition	Myoca Myoca	rdial Ini	aretion	1		Onset and Death
reaulting in deeth)	DUE TO COR AS A	CONSEQUENCE OF:	intarc	413		3 water
	50E 10 (011 A3 A 0	onscovence ory.				į
Sequentially liet conditions, if any, leading to immediate	DUE TO (OR AS A C	ONSEQUENCE OF):				
cause. Enter UNDERLYING CAUSE (Disease or injury						
thet initieted events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):				
d.						
PART II. Other eignificent conditions	contributing to death but	not resulting in t	he underlying cause give			24b. WERE AUTOPSY FINDINGS
Gartroint	extinal H.	homera	Pa	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	inal hemorrh	age			2   100	OF DEATH?  1  YES 2 NO
		-8-			1	1 123 2 10
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATI	1 (Check only one)		
	HOSPITAL:		THER:  Nursing Home 5 Realde			
27. MANNER OF DEATH	28e, DATE OF INJURY	28b. TIME O	F 28c, INJURY AT	28d. DESCRIBE HOW	INJURY OCCURED	)
1 Netural 5 Pending	(Month, Day, Year)	INJUR	WORK?  M 1 YES 2 NO			
2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY -	- At home, term, stre-	et, factory, office	281. LOCATION (Street		ral Route Number,
4 Homicide determined	building, atc. (Specif)	"		City or Town, State	"	
29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowled	dge, death occurred a	t the time, data and place, and	I due to the cause(a) and m	enner as stated.	
America .	t: On the basis of examination	end/or investigation, i	n my opinion, death occured a	t the time, data and place, a	nd due to the cau	se(a) and menner as stated.
29b. SIGNATURE AND THE OF CERTIFIER			29c. LICENSE		29d. DATE SIGN	NEO (Morith, Day, Year)
ANTA	N			SIP	1 2/	14177
30. HAME AND ADDRESS OF PASSON WHO	COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, Pri	tsr-Cambrid	m'skette	ul	
MAR - 4 91	32. REGISTIAR'S SIGNAT	rune 4 doon-Rando	02.			

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

BALTIMORE, MARYLAND 21203-3146



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a solver of the control

TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

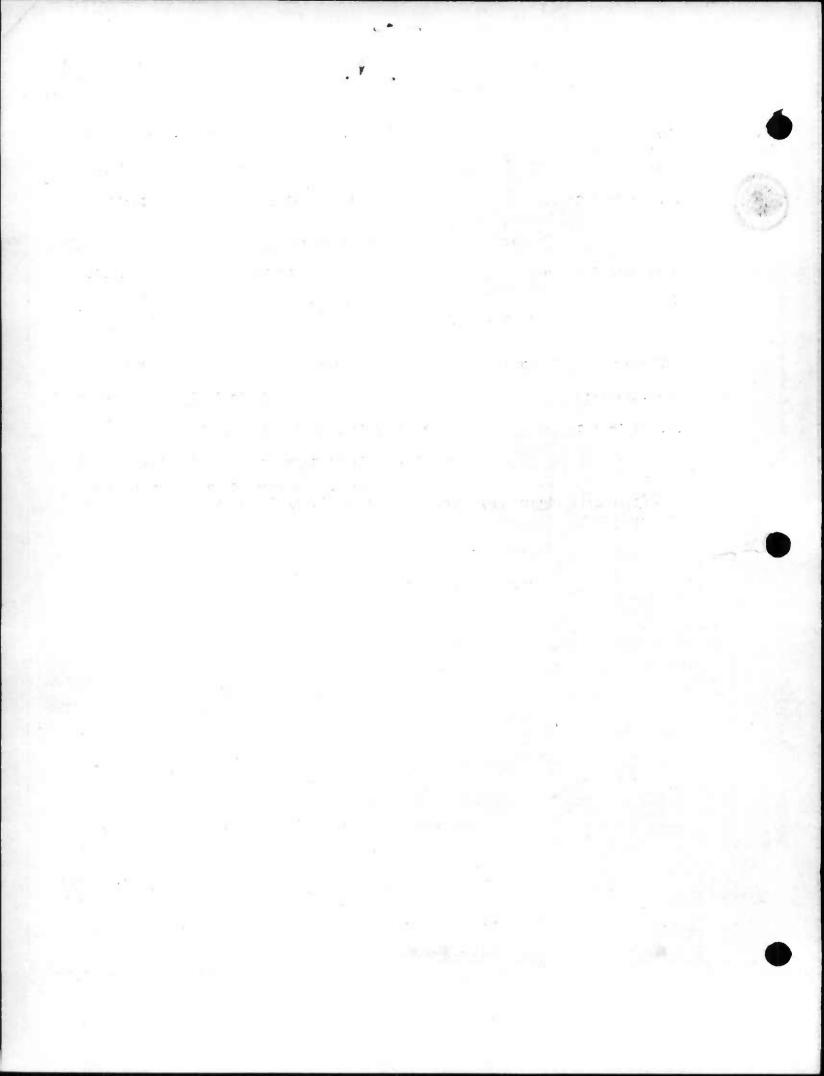
BALTIMORE, MARYLAND 21203-3146

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	011112 01		CERTIF	ICATE	OF DEATH			REG. NO.			
1. DECEDENT'S NAME (First, Middle	e, Last)						2. DATE	OF DEATN		V=10	3. TIME OF DEATN
VERNON	R			ROBER	RTS		Febru	ıary Ž	5, 1	991	1:30A M
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yr	s. last birthday)							S. BIRTN	PLACE (State or Foreign
234 10 1412	1 🔀 M 2 🗆	F 87	YRS.	MONTHS D	AYS HOURS A	AIN.					
9a. FACILITY NAME (If not institution	n, give street and number)			9b. CITY, TO	WN OR LOCATION	OF DE	EATH	11 104	9c. COU		-
				F	erry Poi	nt				Cec	i1
			10c. CIT	Y, TOWN OR I	OCATION						10d, INSIDE CITY
Maryland	TECHTIFICATE OF DEATH  ROBERTS  ROBERT  ROBERTS  ROBERTS  ROBERTS  ROBERTS  ROBERTS  ROBERTS  ROBERTS										
100. STREET AND NUMBER Webster-Lapid	um Road				A. 1	210	78		10g, CIT		
11. MARITAL STATUS	12. WAS DECE								or No-	14. RACE	- American Indian,
1 Never Married 2 Marrie 3 Widowed 4 Divorced	IF YES, GIV	E WAR OR DATES						lican, atc.)		1000000	fy:
15. DECEDENT	T'S EDUCATION		. DECEDENT'S	USUAL OCCL	IPATION		16b.	KIND OF BUS	INESS/IN	DUSTRY	,,,,,,
			(Give kind of	work done duri	ng most of working		- 1				1
		34)		Unk	nown				Unk	nown	
				01177		'S NA	ME (First, M	liddle. Maiden		10011	
John Robert	S									Namo	Unknown
19a, INFORMANT'S NAME (Type/Pri			19b. MAILING	ADDRESS (S	treet and Number or						Olikilowii)
V.A. Medical	Center		Perr	y Poin	t. Marul	and	d 2	1902			
20a. METNOD OF DISPOSITION		20b. PL	ACE OF DISPO			- 65			CATION -	City or To	wn, State
4 Donation 5 Other (Speci				Natio	nal Ceme	te	ry	Tri	angle	e. Vi	irginia
21. SIGNATURE OF FUNERAL SER	VICE LICENSEE			22. NA	ME AND ADDRESS	OF FA	CILITY				
1 April 1	M Dun	55							Fune	ral H	lome
23. PART I. Enter the disease			e death Do						retory or	real	1 Approvimete
ahock, or heart f	allure. Liet only one	cause on each	lins.	not onto th	s mode of dying	,	11 35 0510	iac or respi	retory en	TOUL,	Interval Between
IMMEDIATE CAUSE (Finel	Comod	of	1								Onset and Daath
resulting in death)	6			ND.							
		2 N 1			100						
Sequentially list conditions,	124K_A				156						
osuse. Enter UNDERLYING											
CAUSE (Disease or Injury that initiated events	DUE.	TO (OR AS A CO	NSEQUENCE O	F):							
resulting in death) LAST											
PART II. Other eignificant co	enditions contributing	to death but	not reaulting	in the unde	riying cause giv	en in	Part I.			24b	AVAILABLE PRIOR TO
								XXYES 2	□ NO		
											1 TES 2XXHO
EXAMINER?					26. PLACE OF DEA	TH (Ch	eck only on	0)			
	1X Ninpatient	2 ER/Outpatie		4 - Nursin		lence					
1 Natural 5 Pendi	ng (Mon			JURY	WORK?	10	28d. DE\$	CRIBE NOW I	NJURY OC	CCURED	
A D Autota	28a, PLA	E OF INJURY	At home, farm,				281, LOC	ATION (Street	nd Numbe	or or Runal I	Soute Number
- O COUNT	not build	Ing, etc. (Specify)									
29a. CERTIFIER	C DNVCICIAN: To the be	ot all my broughout	a death assur	and at the time	dete and alone a	ad days	to the same			4-4	
CONDON ONLY											a) and manner as stated.
0/	-//	0			29c. LICENS	SE NUI	MBER		29d, DA		- A
I Pre	MALTHY MANE for instruction, pie where cannoted in the minimary pie where cannoted in the minimary pie where cannoted in the minimary pie where cannoted in the minimary pie where cannoted in the minimary pie where cannoted in the minimary pie where cannoted in the minimary pie where cannoted in the minimary pie where cannoted in the minimary pie where cannoted in the minimary pie where t										
The second secon					Point 1	MD	219	02			
31. DATE FILED (Month, Day, Year)				- CILY				- 4			
MAR 01 '91	Lehia.	Saviden-1	Bindell.								

~ Bondell

DHMN-18 Rev 1/89



ITEM: 23,28d,28e per ME G-674 4/25/91 cm ITEMS: 2,3,28e,28f per ME

ITEMS: 27,28d per ME G-676 6/7/91 cm

Dindo Rabot Ravatta Savatta Sa	9	-674 4/12/91
A SOCIAL SECURITY NUMBER  4. SOCIAL SECURITY NUMBER  5. SEX  5. AGE (in yet, last chirally)  5. PROCHITY NAME (if not establicit), give street and number)  5. PROCHITY NAME (if not establicit), give street and number)  5. PROCHITY NAME (if not establicit), give street and number)  5. PROCHITY NAME (if not establicit), give street and number)  5. PROCHITY NAME (if not establicit), give street and number)  5. PROCHITY NAME (if not establicit), give street and number)  5. PROCHITY NAME (if not establicit), give street and number)  5. PROCHITY NAME (if not establicit), give street and number)  5. PROCHITY NAME (if not establicit), give street and number)  5. PROCHITY NAME (if not establicit), give street and number)  5. PROCHITY NAME (if not establicit), give street and number)  5. PROCHITY NAME (if not establicit), give street and number)  5. PROCHITY NAME (if not establicit), give street and number)  5. PROCHITY NAME (if not establicit), give street and number)  5. PROCHITY NAME (if not establicit), give street and number)  5. PROCHITY NAME (if not establicit), give street and number)  5. PROCHITY NAME (if not establicit), give street and number)  5. PROCHITY NAME (if not establicit), give street and number)  5. PROCHITY NAME (if not establicit), give street and number (if not establicit), give street and number (if not establicit), give street and number (if not establicit), give street (if not es	STATE OF MAI	STATE
547-93-2702  1  N 2  P 20  YB. BOOTTS DOES DOUBLE MAN. MAN. DOES DOUBLE MAN. PARCEL IN SOCIETY OF COUNTY OF COUNTY OF COUNTY OF CATT OF COUNTY OF CATT OF CATT OF COUNTY OF CATT OF CA		
SAPERING THAME (for a femiliary is a plant and number)  SINDITY AND E (for a femiliary is a plant and number)  SINDITY AND E (for a femiliary is a plant and number)  SINDITY AND E (for a femiliary is a plant and number)  SINDITY AND E (for a femiliary is a plant and number)  SINDITY AND E (for a femiliary is a plant and number)  SINDITY AND E (for a femiliary is a plant and number)  SINDITY AND E (for a femiliary is a plant and number)  SINDITY AND E (for a femiliary is a plant and number)  SINDITY AND E (for a femiliary is a	5. SEX 6.	SOCIAL SECURITY NUMBER
Suburban Hospital  Wheaton  Suburban Hospital  Wheaton  Suburban Hospital  Wheaton  Montgomery  Note State  Note of the County of Death Montgomery  Note State  Note of the County of Death Montgomery  Note State  Note of the County of Death Montgomery  Note of the County of the Coun	1 № M 2 □ F	547-93-2702
NESTRIET OF DECEDENT  169. STATE  169. COUNTY  169. STATE  169. COUNTY  169. STATE  169. COUNTY  179. COUNTY	street and number)	. FACILITY NAME (If not instituti
THE SIDENCE OF DECEDENT  WAS STATE  WAS COUNTY  MARYLAND  MONTGOMERY  100. CITY TOWN OR LOCATION  SILVER SPRING  101. ZIP CODE  2003  RANDOLPH ROAD, #T—1  11. MARTAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  12. WAS DECEDENT FUFFER IN U.S. ARMED  13. WAS DECEDENT OF HISPANC ORIGINT (Specify Yise or No—  14. RACE — America  15. WAS DECEDENT OF HISPANC ORIGINT (Specify Yise or No—  16. Was percent for the percent of the p	al	Suburban Hos
MARYLAND MONTGOMERY  SILVER SPRING  101 ZIP CODE  102 CITIZEN OF WHAT COUNTY  2003 RANDOLPH ROAD, #T—1  11. WAS DECEDENT FOR IN U.S. ARMED 11. WAS DECEDENT FOR IN U.S. ARMED 12. WAS DECEDENT FOR IN U.S. ARMED 13. WAS DECEDENT FOR IN U.S. ARMED 14. WAS DECEDENT FOR IN U.S. ARMED 15. WAS DECEDENT FOR IN U.S. ARMED 16. WHOVE Married 17. WAS DECEDENT FOR IN U.S. ARMED 18. WAS DECEDENT OF HISPANIC CHIGHEN FORCER 18. WAS DECEDENT FOR IN PARK CONTROL 18. WAS	_	
10. STREET AND NUMBER  2003 RANDOLPH ROAD, #T-1  11. MARTILL STATUS  11. MARTILL STATU		
2003 RANDOLPH ROAD, #T-1  1. MARTIAL STATUS   New Merried   Comment   Name   Na	MONIGOMERY	
11. MARTAL STATUS   12. Macrised   13. Macrised   13. Macrised   14. Macrised	DOAD #E 1	
New Marriad     Marriad   Process		
(Specify only highest grade completed) Elementary/Secondary (0-12) 122 College (1-4 or 5+) 12	FORCES? 1	Never Merried 2 Merr
Elementary/Secondary (0-12) 12 FLOOR WORKER  FLOOR WORKER  PIZZA HUT  TRATHER'S NAME (First, Middin, Last)  MARIANO  RAVARRA  MARCELINA  GOMEZ  19b. MALLING ADDRESS (Street and Number or Rural Pouts Number, City or Sown, State, Zip Code)  FATIMA BAEZ  (SISTER)  2003 RANDOLPH ROAD, #T-1, SILVER SPRING, MAR  [Buildi 2] Cremation 3 XI Removal from State  [Committer) August Pouts Number (TyperPrint)  To Donation 5 Other (Specify)  THIS SIGNATURE OF FUNERAL STRINGE ULTERIEE  PRANCES J. COLLINS FUNERAL HOME, INC  500 UNIVERSITY BLVD., W., SIL.SP., M.  22. PART I. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, links indicated events resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  25. PLACE OF DEATH (Check only one)  26. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  26. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  26. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  26. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  26. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  26. WAS ARE AND ADDRESS OF PEATH (Check only one)  26. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  27. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  26. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  27. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  26. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  27. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  28. PLACE OF DEATH (Check only one)		
MARIANO RAVARRA  190. MARIANO RAVARRA 190. MARIANO RAVARR	College (1-4 or 5+)	
MARIANO RAVARRA  MARCELINA COMEZ  198. INFORMANT'S NAME (Type/Print) 198. MALLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2003 RANDOLPH ROAD, #T-1, SILVER SPRING, MAR 100. METHOD OF DISPOSITION 101 Donation of 101 Other (Specify) 102. PLACE AND DATE OF DISPOSITION (Name of Community, crematory) or other place) 102. PLACE AND DATE OF COMMUNITY OF TOWN, State 103. PART I. Enter the disposes, or complicatione that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  103. PART I. Enter the disposes, or complicatione that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  104. DUE TO (DR AS A CONSEQUENCE OF): 105. DUE TO (DR AS A CONSEQUENCE OF): 106. DUE TO (DR AS A CONSEQUENCE OF): 107. DUE TO (DR AS A		
98. INFORMANT'S NAME (Rype/Print)  199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zp Code)  FATIMA BAEZ (SISTER)  2003 RANDOLPH ROAD, #T-1, SILVER SPRING, MAR  190. METHOD OF DISPOSITION  190. Burlat 2   Cremation 3 Xi Removal from State  190. PLACE AND DATE OF DISPOSITION (Name of Complete Vision Place)  190. PLACE AND DATE OF DISPOSITION (Name of Complete Vision Place)  190. PLACE AND DATE OF DISPOSITION (Name of Complete Vision Place)  190. PLACE AND DATE OF DISPOSITION (Name of Complete Vision Place)  190. PLACE AND DATE OF DISPOSITION (Name of Complete Vision Place)  190. PLACE AND DATE OF DISPOSITION (Name of Complete Vision Place)  190. PLACE AND DATE OF DISPOSITION (Name of Complete Vision Place)  190. PLACE AND DATE OF DISPOSITION (Name of Complete Vision Place)  190. PLACE AND DATE OF DISPOSITION (Name of Complete Vision Place)  190. PLACE AND DATE OF DISPOSITION (Name of Complete Vision Place)  190. PLACE AND DATE OF DATE (Name of Complete Vision Place)  190. PLACE OF DEATH (Check only one)	DATTAD	
FATIMA BAEZ (SISTER)  2003 RANDOLPH ROAD, #T-1, SILVER SPRING, MAR  1006 METHOD OF DISPOSITION 1015 Denation 3 Xi Removal from State 1015 Denation 5 10 Other (Specify)  1015 Denation 5 10 Other (Specify)  1015 Denation 5 10 Other (Specify)  1015 Denation 5 10 Other (Specify)  1015 Denation 5 10 Other (Specify)  1015 Denation 5 10 Other (Specify)  1015 Denation 5 10 Other (Specify)  1016 Denation 5 10 Other (Specify)  1016 Denation 5 10 Other (Specify)  1017 Denation 5 10 Other (Specify)  1018 Denation 5 10 Other (Specify)  1018 Denation 5 10 Other (Specify)  1019 Denation 5 10 Other (Specify)  1020 Denation 5 10 Other (Specify)  1020 Denation 5 10 Other (Specify)  1021 Denation 5 10 Other (Specify)  1022 NAME AND ADDRESS OF FACILITY  1023 FRANCIS J. COLLINS FUNERAL HOME, INC.  1023 NAME AND ADDRESS OF FACILITY  1024 FRANCIS J. COLLINS FUNERAL HOME, INC.  1024 SOULTIVE SUPPLY BLVD., W., SIL.SP., M.  1025 NAME CAUSE (Final diseases or conditions, it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  1025 Due TO (OR AS A CONSEQUENCE OF):  1026 Due TO (OR AS A CONSEQUENCE OF):  1027 Due TO (OR AS A CONSEQUENCE OF):  1028 Due TO (OR AS A CONSEQUENCE OF):  1029 Due TO (OR AS A CONSEQUENCE OF):  1029 Due TO (OR AS A CONSEQUENCE OF):  1020 Due TO (OR AS A CONSEQUENCE OF):  1020 Due TO (OR AS A CONSEQUENCE OF):  1020 Due TO (OR AS A CONSEQUENCE OF):  1020 Due TO (OR AS A CONSEQUENCE OF):  1020 Due TO (OR AS A CONSEQUENCE OF):  1020 Due TO (OR AS A CONSEQUENCE OF):  1020 Due TO (OR AS A CONSEQUENCE OF):  1020 Due TO (OR AS A CONSEQUENCE OF):  1224 Due TO (OR AS A CONSEQUENCE OF):  1225 Due TO (OR AS A CONSEQUENCE OF):  1226 Due TO (OR AS A CONSEQUENCE OF):  1226 Due TO (OR AS A CONSEQUENCE OF):  1226 Due TO (OR AS A CONSEQUENCE OF):  1227 Due TO (OR AS A CONSEQUENCE OF):  1228 Due TO (OR AS A CONSEQUENCE OF):  1229 Due TO (OR AS A CONSEQUENCE OF):  1220 Due TO (OR AS A CONSEQUENCE OF):  1220 Due TO (OR AS A CONSEQUENCE OF):  1224 Due TO (OR AS A CONSEQUEN	KAVARI	
20b. PLACE AND DATE OF DISPOSITION (Name of Business) and the property of Commentary com	(OTOMPR)	
a □ Donation 5 □ Other (Specifity)  See Donation 5 □ Other (Specifity)  ARI. SIGNATURE OF FUNERAL SERVICE LICENSEE    CAMINO   MEMORIAL PARK	(SISIER)	
22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC 500 UNIVERSITY BLVD., W., SIL.SP., M. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, interpretation into the cause of the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, interpretation into the cause of condition and the cause of condition into the cause of conditions.  DUE TO (OR AS A CONSEQUENCE OF):	noval from State	☐ Buriel 2 ☐ Cremetion 3
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CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  d.  PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  PERFORMED?  1 PES 2 NO  24a. WAS AN AUTOPSY PERFORMED?  1 PES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	b. DUE TO (OF	f any, leeding to immediate
PERFORMED?  AMALABLE COMPLETI OF DEATH  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:	DUE TO (OF	CAUSE (Disease or injury hat initiated events
EXAMINER? HOSPITAL: OTHER	ns contributing to de	PART II. Other significant o
EXAMINER? HOSPITAL: OTHER:		
	HOSPITAL:	EXAMINER?
CERTIFICATE OF DEATH  REO. NO.  REDITION R. RAVARRA RAVATRA  RAVATRA R	7. MANNER OF DEATH	
Feb. 26, 1991 10:30p 1 VES 2 ND BY AUTO		
28e, PLACE OF INJURY — At home, farm street factory office 28f LOCATION (Street and Number or Burel Boute Number	28e. PLACE OF It building, etc	3 Suicide 6 Coul

1 CERTIFYING PHYSICIAN: To the best of my knowle

29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER

O.C.M.E.

▶ Feb.27,1991

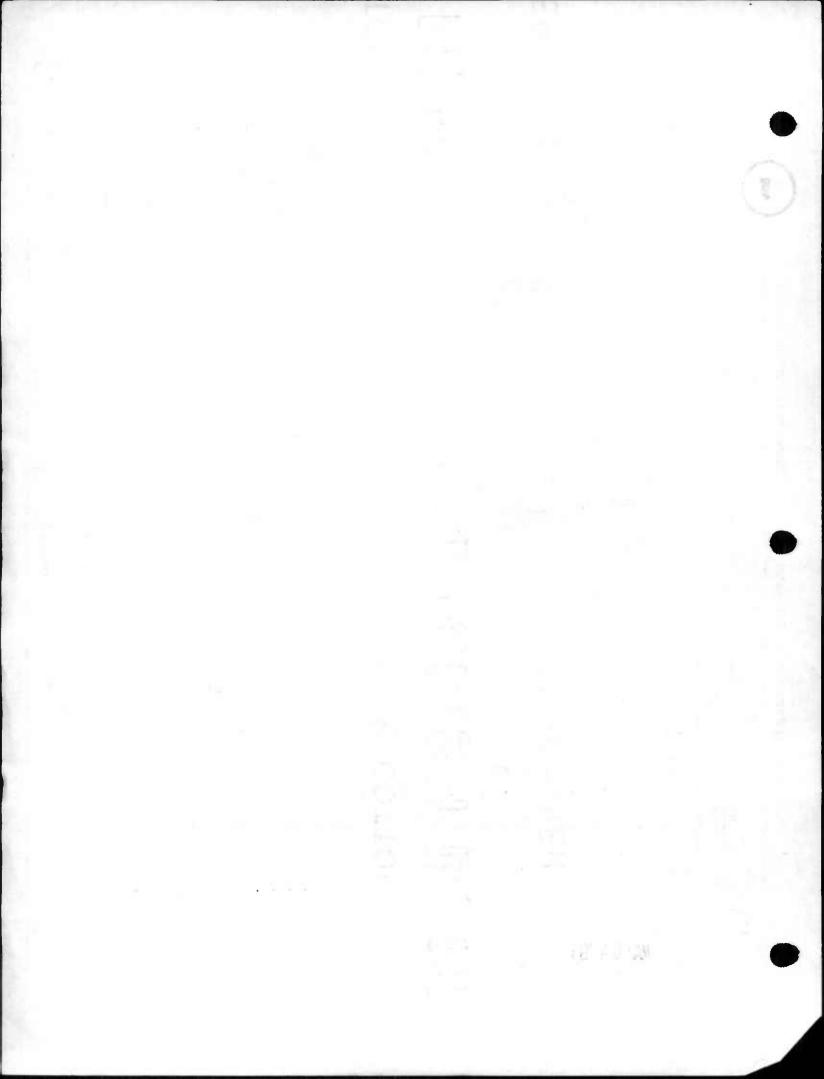
MD 2120

CAUSE OF DEATH (ITEM 27) (Typo, Print)
REAC III PENV ST BOUTHORE

31. DATE FILED (Month, Day, Year)
MAR 0 4 '91

IMPORTANT: II item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	fled within 7	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Last)		0=11111	TOATE	PEAIN			1.	TIME OF DEATH
Anne A	Roberta:	ANNE A.	ROBER	RTA	MONTH O2-	DAY	YEAR	12:35 A
4. SOCIAL SECURITY NUMBER		CERTIFICATE OF DEATH  ANNE A. ROBERTA  2. DATE OF DEATH  ANNE A. ROBERTA  3. TIME OF DIACHTORY  AND AND AND AND AND AND AND AND AND AND		CE (State or Foreign				
171-07-6800	1 🗆 M 2 🔀 F	CERTIFICATE OF DEATH  ANNE A. ROBERTA  2. DATE OF BRITH  2. DATE OF BRITH  76 YRS.  100. CITY. TOWN OR LOCATION OF DEATH  BETHESDA  100. CITY, TOWN OR LOCATION  SILVER SPRING  100. CITY, TOWN OR LOCATION  SILVER SPRING  100. CITY, TOWN OR LOCATION  SILVER SPRING  100. CITY, TOWN OR LOCATION  101. WAS DECEMBET OF HISPANIC ORIGIN? (Specify We or No—I) (Specify Wes)  102. CITY, TOWN OR LOCATION  103. WAS DECEMBET OF HISPANIC ORIGIN? (Specify We or No—I) (Specify Wes)  104. EVER IN U.S., ATRIBED  105. LINE OF HISPANIC ORIGIN? (Specify We or No—I) (Specify Wes)  106. LINE SPRING  107. WAS DECEMBET OF HISPANIC ORIGIN? (Specify We or No—I) (Specify Wes)  108. LINE OF WAS DECEMBED OF HISPANIC ORIGIN? (Specify Wes)  109. LINE OF WAS DECEMBED OF HISPANIC ORIGIN? (Specify Wes)  109. LINE OF WAS DECEMBED OF HISPANIC ORIGIN? (Specify Wes)  109. LINE OF WAS DECEMBED OF HISPANIC ORIGIN? (Specify Wes)  109. LINE OF WAS DECEMBED OF HISPANIC ORIGIN? (Specify Wes)  109. LINE OF WAS DECEMBED OF HISPANIC ORIGIN? (Specify Wes)  109. LINE OF WAS DECEMBED OF HISPANIC ORIGIN? (Specify Wes)  109. LINE OF WAS DECEMBED OF HISPANIC ORIGIN? (Specify Wes)  109. LINE OF WAS DECEMBED OF HISPANIC ORIGIN? (Specify Wes)  109. LINE OF WAS DECEMBED OF HISPANIC ORIGIN? (Specify Wes)  109. LINE OF WAS DECEMBED OF HISPANIC ORIGIN? (Specify Wes)  109. LINE OF WAS DECEMBED OF HISPANIC ORIGIN? (Specify)  100. LINE OF WAS DECEMBED OF HISPANIC ORIGIN? (Specify)  100. LINE OF WAS DECEMBED OF HISPANIC ORIGIN? (Specify)  100. LINE OF WAS DECEMBED OF HISPANIC ORIGIN? (Specify)  100. LINE OF WAS DECEMBED OF HISPANIC ORIGIN? (Specify)  100. LINE OF WAS DECEMBED OF HISPANIC ORIGIN? (Specify)  100. LINE OF WAS DECEMBED OF HISPANIC ORIGIN? (Specify)  100. LINE OF WAS DECEMBED OF HISPANIC ORIGIN? (Specify)  100. LINE OF WAS DECEMBED OF HISPANIC ORIGIN? (Specify)  100. LINE OF WAS DECEMBED OF HISPANIC ORIGIN? (Specify)  100. LINE OF WAS DECEMBED OF HISPANIC ORIGIN? (Specify)  100. LINE OF WAS DECEMBED OR HISPANIC ORIGIN? (Specify)  100. LINE OF WAS DECEMBED OR HISPAN						
99. FACILITY NAME (If not institution, give a SUBURBAN HOS.	PITAL				EATH			
RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY	Y	10c, Cl	TY. TOWN OR LO	CATION				
MARYLAND MO	NTGOMERY						(0.0)	LIMITS?
0e. STREET AND NUMBER		CERTIFICATE OF DEATH  ANNE A. ROBERTA  C. AND (In yrs. last britiday)  C. CHURCH  C. CITY, TOWN OR LOCATION  C. CITY, TOWN OR L						
13012 BLUHILL	ROAD			20	906		US	A
MARITAL STATUS   Never Married 2   Married     Wildowed 4   Divorced	FORCES? 1 YES	2 NO	If yes,	, specify Cuban, Mexic	an, Puerto Rican, e	elfy Yee or No — 1	Black, Wi	hite, atc.
15. DECEDENT'S EDU	CATION	16a. DECEDENT	S USUAL OCCUP	ATION	16b, KIND	OF BUSINESS/INOU	STRY	WHITE
(Specify only highest grade Elementary/Secondary (0-12)		(Give kind or	f work done during					
12		SECRET	CARY		CHU	RCH		
7. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, i	Welden Surneme)		
ANTONIO	STEFAN					_		S
De. INFORMANT'S NAME (Type/Print)	(DATIGUED)							
JAMIE R. LENOCI								
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23. PART I. Enter the diseases, or	complications that cause	od the death. Do	500	UNIVERSIT	Y BLVD.	, W., SI	L.SP.	,MD 20901
shock, or heart fallure.	List only one cause on	each lina.	500 not enter the	UNIVERSIT	Y BLVD.	, W., SI reaplratory arre	L.SP.	MD 20901 Approximate Interval Betwee
shock, or heart fallure.	List only one cause on	each lina.	500 not enter the	UNIVERSIT	Y BLVD.	, W., SI reaplratory arre	L.SP.	MD 20901 Approximate Interval Betwee
shock, or heart fallure.	List only one cause on	each lina.	500 not enter the	UNIVERSIT	Y BLVD.	, W., SI reaplratory arre	L.SP.	MD 20901 Approximate Interval Betwee
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shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition presulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infliated events resulting in death) LAST  PART II. Other algnificant conditions  SMAIL BOOK  28. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation 3 Suicide 8 Could not be determined	BLIST ONLY ON CRUSE OF INJURY (Month, Day, Year)  LEST ONLY ON AS  A. TO BACLO  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	B S T R U A CONSEQUENCE  VS E' (GA A CONSEQUENCE  A CONSEQUENCE  but not reaulting  ty — At home, farm sofly)	J 500 not enter the  LT   V E  OF):  RETTEK  OF):  G   In the underline  20  OTHER: 4   Nursing.  IME OF NJURY M   1  In, street, factory, in the control of	UNIVERSIT mode of dying, sur PULMONA  THAN  ying cause given in  B. PLACE OF DEATH (C)  Home 5   Residence  NJURY AT WORK?   YES 2   NO  office	PATI. 24a. 1  Pert I. 24a. 1  heck only one)  6  Other (Spec 28d. DESCRIBE	MAS AN AUTOPSY PERFORMED? YES 2 NO	L.SP.  at,  STAGE  STAGE  AM  CO  OF  1 [	Approximate interval Betwee Onset and Deat > 5 4 vs
shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions with the condition of the c	BICIAN: To the best of my knows	B S TRU A CONSEQUENCE VS E' G A CONSEQUENCE A CONSEQUENCE but not reaulting UC TO  tepatient 3 DDA  28b. T Y — At home, farm	500 not enter the  LTIVE OF):  RETTER OF):  GIN the underline  20 OTHER: 4 Nursing. IME OF 1, street, factory, street, stree	UNIVERSIT mode of dying, sur PULMONA  2 THAN  ying cause given in  8. PLACE OF DEATH (6) Home 5 Residence INJURY AT WORK?  YES 2 NO  office	PATI. 24a. 1 1 DO PAC  Part I. 24a. 1 1 DO PAC  Deck only one)  6 Describe  281. LOCATION City or fown  18 to the cause(e) of	AMS AN AUTOPSY PERFORMED? YES 2 W NO  (Street and Number of A, State)	L.SP.  at,  END  STAGE  STAGE  AM  CO  OF  1 [	Approximate Interval Betwee Onset and Deat State Onset and Deat State Onset and Deat State Onset and Deat State Onset On
shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART III. Other algnificant condition  Small Potential Pote	List only one cause on a  a. CHRONIC  DUE TO (OR AS  b. TO BACCO  DUE TO (OR AS  c. OUE TO (OR AS  d. OUE TO (OR AS	B S TRU A CONSEQUENCE VS E' G A CONSEQUENCE A CONSEQUENCE but not reaulting UC TO  tepatient 3 DDA  28b. T Y — At home, farm	500 not enter the  LTIVE OF):  RETTER OF):  GIN the underline  20 OTHER: 4 Nursing. IME OF 1, street, factory, street, stree	UNIVERSIT mode of dying, sur PULMONA  2 THAN  ying cause given in  8. PLACE OF DEATH (6) Home 5 Residence INJURY AT WORK?  YES 2 NO  office	Part I. 24a. 1  Pert I. 24a. 1  Peck only one)  6  Other (Special City or Town)  10 to the cause(e) of the time, date end p	NAS AN AUTOPSY PERFORMED? YES 2 MNO  (Street and Number of State)  In the state of	24b. WE AM COF	Approximate Interval Betwee Onset and Deat State Prior To MPLETION OF CAUSE DEATH?  YES 2 NO

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) THOMA OR 31. DATE FILED (Month, Day, Ye MAR 0 4

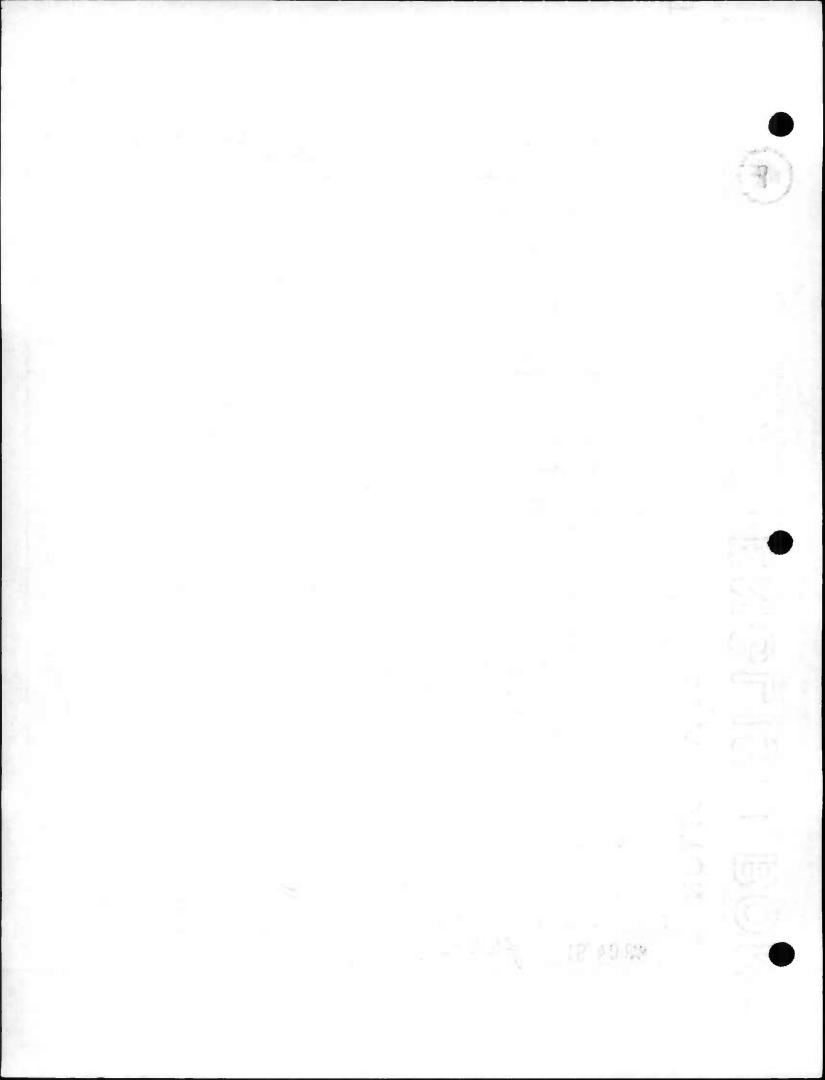
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1	17	,
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BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

REGISTRAR		CE	RHE	ICATE OF	DEATH		REG. NO			
1. OECEDENT'S NAME (First, Middle, Les	Rose			Ruzek		2. DATE	of DEATH D	<b>1</b> 991	YEAR	3. TIME OF CEATH 3 13 6 A N
4. SOCIAL SECURITY NUMBER 323-09-4667	5. SEX 1 M 2 X F	6. AGE (In yrs. lest i	VRS.	IF UNDER 1 YEAR MONTHS DAYS	#F UNDER 24 HRS. HOURS MIN.	(Month	Dey. Year)	1899	Count	PLACE (State or Foreign y) choslovakia
90. FACILITY NAME (If not institution, give Rockville Nursi				96. CITY, TOWN	ille	EATH			nty of c	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUR Maryland Monte				Y, TOWN OR LOCA	TION			-		10d. INSIDE CITY
100. STREET AND NUMBER	gomery		Be	ethesda	r. ZIP CODE		_	10g. CITI	ZEN OF V	1 TYES 2 NO
5910 Springfiel		IT EVER IN U.S. ARM	ED.			0816	2 (Paralle Ma	Unit	ed :	States
1 Never Merried 2 Married 3 N Widowed 4 Divorced	FORCES? 1	YES 2 NO		If yes, s	ecify Cuban, Mexico	an, Puerto F		G 1.0-	Spec	E — American Indian, k, White, etc. #/y: 7110'
15. OECEDENT'S El (Specify only highest gra Elementary/Secondary (0-12)		(GM	e kind of v	USUAL OCCUPATI work done during m he retired.)	ON ost of working	16b.	KIND OF BU	SINESS/IND		1200
9	Conege (I-4 or 5		mema	aker			Own Ho	me		
17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA					
Josef Zobal					Marie	(Una	vailab	ole)		
19e. INFORMANT'S NAME (Type/Print)		100			and Number or Rural					03.0
Jeanne M. Marti	n				eld Driv		_			
20a. METHOO OF DISPOSITION 1   Burlel 2   Cremation 3   Re 4   Donation   Other (Specify)	***************************************	other plac	(60	Cremator	metery, cremetory or			cation —		g, Marylan
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			Карр	ND ADDRESS OF FA Funeral Sist Aver	Serv				. MD 20910
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events		OR AS A CONSEOU			gest	(04	Hara	ile	v-Q	
PART II. Other algorificant condit	d.	death but not re	sulting	In the underlyle	g cause given in	Part I.	24a. WAS AN		24	. WERE AUTOPSY FINDING AMAILABLE PRIOR TO
						_	1 TYES	МХ мо	ľ	OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	1		-	26. 5	LACE OF DEATH (C	hack only on	m)			
EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3 (	□ DOA	OTHER:	ne 5 🗆 Residence					
27. MANNER OF DEATH  1 X Netural 6 Pending	28a, DATE Of (Month, I	FINJURY	26b. TIN	IE OF 26c. IN	JURY AT DRK? YES 2 NO	_	CRIBE HOW	INJURY OC	CURED	
2 Accident Investigation 3 Suicide 6 Could not 6 4 Homicide determined	28e. PLACE (	OF INJURY — At hon, etc. (Specify)	ne, farm,	street, factory, offi	Ce .		ATION (Street or Town, State		r or Rural	Route Number,
ana)	YSICIAN: To the best of									e) end manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFICATION	Swe		~~		29c. LICENSE NU	IMBER	8			(Month, Day, Year)
John F. Tauber,					e, #414,	Beth	esda,	MD 2	20814	1
31. DATE FILED (Month, Day, Year) MAR 0 4 '91		Davidson A							-	

18 = 0.88

8. BIRTHPLACE (State or Foreign Country)

Lowell,

3:55 P

Mass

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N	1	Fred	
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TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

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BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

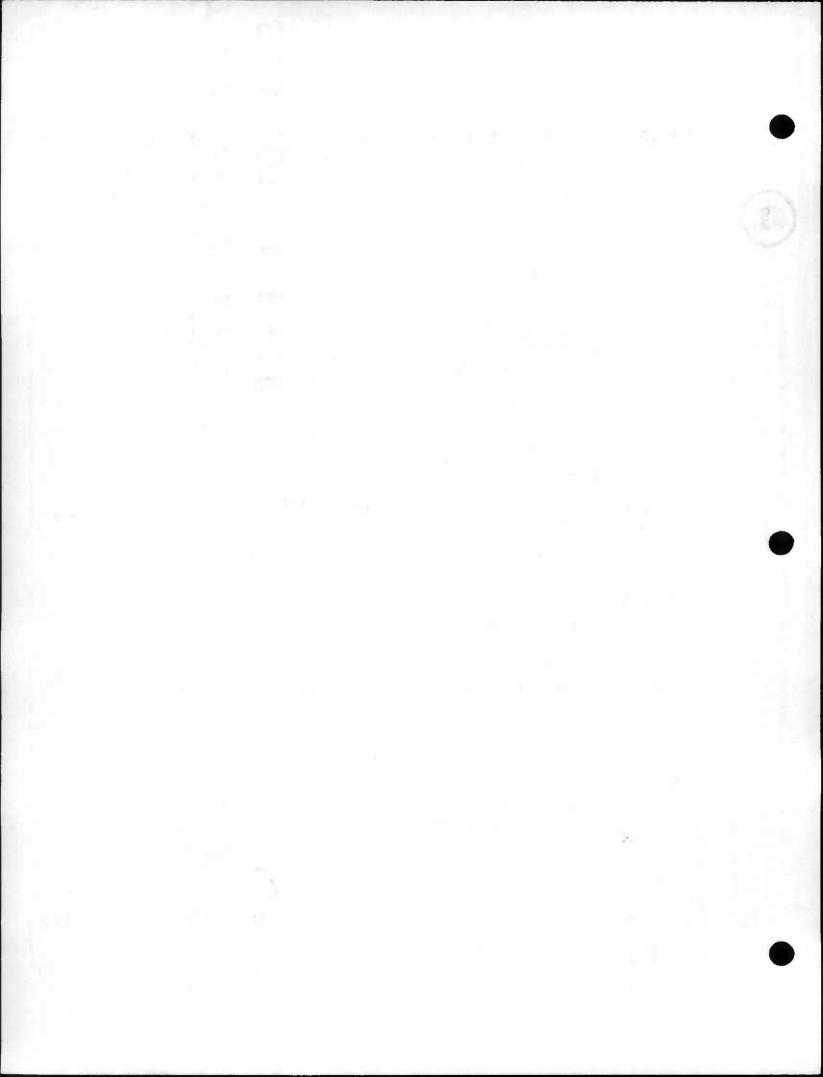
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who Davidson Randall.

FEB

10e. STATE				TOWN OR LOCA					1 VES 2XX ND	
Maryland		gomery	Gaith	nersbur						
10e. STREET AND NUMBI				1	M. ZIP CODE		10g. CIT	IZEN OF W	VHAT COUNTRY?	
427 Christ	opher	Ave. Apt.#23	3		20879		Unit	ted S	States	
11. MARITAL STATUS 1 Never Married 2   3 Widowed 4XX D	MONTGOMERY  Christopher Ave. Apt.#23  ITAL STATUS INVERTIGATION INVERTIG			If yes, a	ECENDENT OF HISPANIC ORIGIN? (Specify Yespecify Cuben, Mexican, Puerto Rican, etc.) ES 2/2/ND Specify:		14. RACE — American India Black, White, etc. Specify: White		k, White, etc.	
(Specify	only highest gred	le completed)	16e. DECEDENT'S U: (Give kind of woillife. Do NOT use	SUAL OCCUPAT rk done during n retired.)	ION lost of working	Health				
			Grant Man	nagemer	t Spec.	Federal	Gove	ernme	ent	
17. FATHER'S NAME (First	, Middle, Lest)				16. MOTHER'S NA	ME (First, Middle, Malden	Surname)			
Walter Mor	ill				Margar	et Clark				
9e. INFORMANT'S NAME	E (Type/Print)		19b. MAILING A	DDRESS (Street	and Number or Rural	Route Number, City or Tow	n, State, Zip	p Code)		
Martha Pur	tam Ra	yner	19567 H	Brassie	Place G	aithersbur	g. MI	208	379	
	ntion 3 X Mei	moval from State	other place) St. Patric	TON (Name of c	ametary crametory or	20c. LO	CATION	City or To	wn, State	
1. SIGNATURE OF FUNE	RAL SERVICEL	ICEMBEE		22. NAME /	AND ADDRESS OF FA	CILITY	77	7	**	
3.6	· Dool						thers	sburg	ноте g, MD 20877	
Sequentisity list con- if any, leading to im- cause. Enter UNDER CAUSE (Disease or in that initiated events resulting in death) L.	ditions, mediate LYING njury	b. DUE TO (OR A d.	S A CONSEQUENCE OF):					24h	/2 mos	
PRES	SACRI	AL DECU	BITUS, S			PERFO	RMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	LIGORITAL .			PLACE OF DEATH (C)	neck only one)				
1 TYES 2 NO			Outpatient 3 DOA	Nursing Ho	me 5 🗆 Residence	8 Other (Specify)				
27. MANNER OF DEATH  1 Netural 5  2 Accident		(Month, Day, Yea		FTY V	LJURY AT PORK?  YES 2 ND	28d. DESCRIBE HOW	INJURY OC	CURED		
3 Suicide 6		28e. PLACE OF INJU building, etc. (S	JRY At home, farm, str Specify)	reet, factory, off	ice	28f. LOCATION (Street City or Town, State		r or Rural f	Route Number,	
anal		SICIAN: To the best of my kr							a) and manner as stated.	
296. SIGNATURE AND TI	lere	J. Hayr	nen M	0	29c. LICENSE NU MD 3/	MBER 362	29d. DA	TE SIONED	(Month, Day, Year) 24-9/	
		HAYMAN,	, , , , , , ,	EDERIE	KAVE .	SAITHERS	BUR	G,1	ND. 2087:	

DHMH-16 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	be filed within 72 hours after death with the State Dept. of Health and Merdal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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						0.1	07124
1 - FOR STATE REGISTRAR	STATE OF MARYLA			OF HEALTH AND OF DEATH	MENTAL HYGIEN	IE .	01124
1. DECEDENT'S NAME (First, Middle, Last)	GUMERCINDA	MUNOZ	RODR	IGUEZ	2. DATE OF OEATH	AY Y	3. TIME OF CEATH
Gumer	cinda M	lunozk	200	2 ricket	7 -2	5-9	3:050
4. SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER 1	T	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign
577-64-5359	1 M 27 F	80 YRS.	MONTHS	DAYS HOURS MIN.	(Month, Day, Year) MAY 15,		Country) CHILE
9a. FACILITY NAME (If not institution, give :	41		AL OUT 7	OWN OR LOCATION OF		9c. COUNTY	
		0.2					
	OSPITAL		SI	LVER SPRI	NG	TOOM	rgomery
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	v	I too CITY	TOWN OR	LOCATION			10d. INSIDE CITY
	and the second	100.011					LIMITS?
	MONTGOMERY		SIL		G		1 YES 2 NO
10s. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?
12716 EPPING	TERRACE			209	06		USA
11. MARITAL STATUS	12. WAS DECEDENT EVER IN				PANIC ORIGIN? (Specify Ye	a or No- 14	. RACE — American Indian, Black, White, etc.
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 TYES IF YES, GIVE WAR OR OAT	2X NO		yes, specify Cuban, Max  YES 2 NO Spe	ican, Puarto Rican, etc.) city:		Specify: OUTH AMERICAN
15. OECEOENT'S EOL		16a. OECEDENT'S U	JSUAL OCC	CUPATION	16b. KIND OF BU	ISINESS/INDUS	TRY
(Specify only highest grade	completed)	(Give kind of w	ork done du	ring most of working			
Elementary/Secondary (0-12)	College (1-4 or 5+)		1 (74		DOM	COTO	
6		HOUSEKE	LEPER			ESTIC	
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S	NAME (First, Middle, Maide	Surname)	
	MUN	OZ		ADE	LINA		MUNOZ
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (	Street and Number or Rur	al Route Number, City or To	vn, State, Zip Co	ode)
HECTOR A. FUENTES	(GRANDSON)	12716	EPPT	NG TERRACE	. SILVER SI	PRING.	MARYLAND 209
1 M Burlel 2 Cremetion 3 Ren 4 Donetion 5 Dother (Specify)  21. SIGNATURE OF FUNERAL SERVICE LI	GA	emetary, crematory of TE OF HE	ZAVEN 22. N. FRA	CEMETERY  AME AND ADDRESS OF  NCIS J. CO	FACILITY LLINS FUNE	RAL HON	PRING, MARYLA ME, INC. SP., MD 20901
23. PART I, Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in desth) LAST	s	ch line.	): 		thurson terms	Kray Succession	Interval Betwee
PART II. Other significent condition		B Lee			In Part I. 24a. WAS A PERFC	RMED?	24b, WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	677	OTHER	26. PLACE OF OEATH	(Check only one)		
YES 2 NO	1 Inpetient 2 ER/Outpe	itient 3 DOA		ng Home 6 🗆 Rasiden	ce 6 Other (Specify)		
27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU		26c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	RED
3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Speci		treet, facto	ry, office	26f. LOCATION (Stree City or Town, Stat		Rural Route Number,
TOTAGE CITY	SICIAN: To the best of my knowle						
29b. SIGNATURE AND TITLE OF GERTIFI	ER	1	5	29c, LICENSE			SIGNED (Month, Day, Year)
30 NAME AND ADDRESS OF PERSON W	NO COMPLETED CAUSE OF ST	THE STEEL ST. C.	2-1-0			-	7 - 5 - 1

WISCONSIN

31. DATE FILED (Month, Day, FFB 28

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2. DATE OF DEATH MONTH

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BALTIMORE, MARYLAND 21203-3146

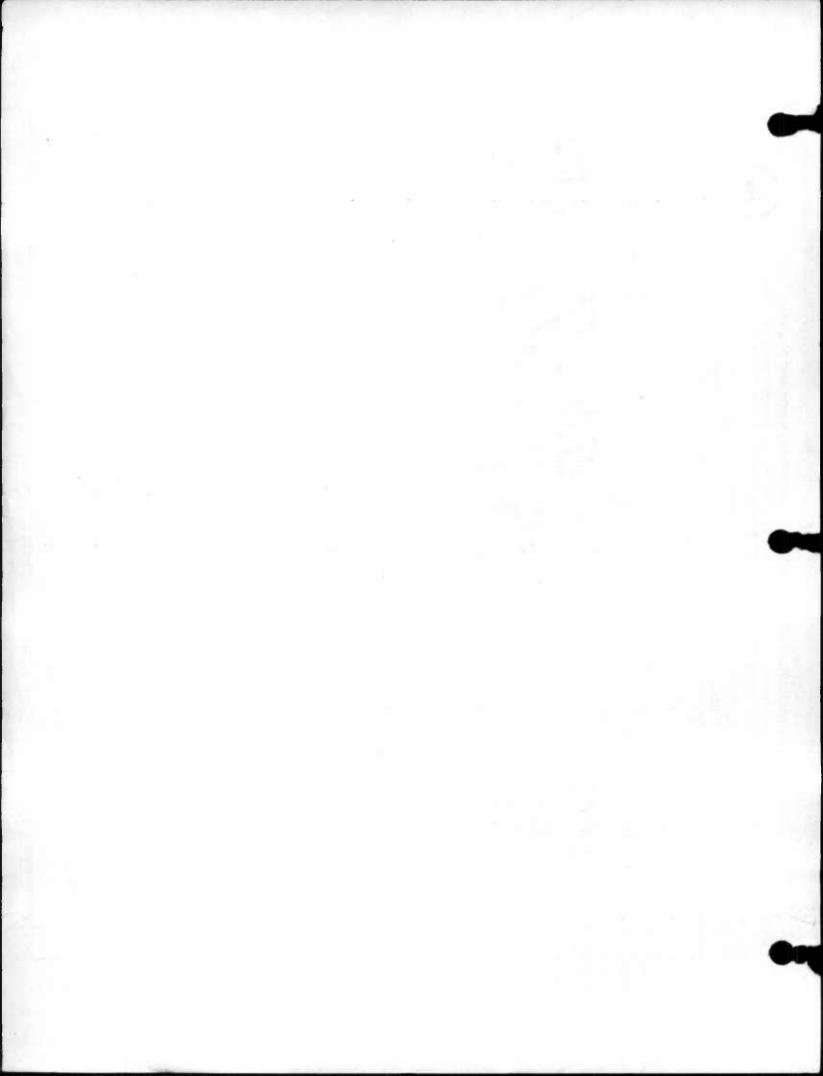
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

4. SOCIAL SECURITY NUMB		TOTA ATI	RGINIA	RAFF					MONTH 0.2		2.1	91	6:50 a.
		5. SEX	6. AGE (In yrs	. Inst birthday)	IF UNDE	1	IF UNDER		7. DATE O	F BIRTH		e BIOTUDI	ACE (State or Familia
577-01-878	7	1 M 2 X F	75	YRS.	MONTHS	DAYS	HOURS	MIN.	10	Day, Year)	15	Virg	inia
9e. FACILITY NAME (If not institution, give street and number)				9b. CITY, TOWN OR LOCATION OF								ITY OF DEATH	
Ft. Washington Rehabilitation				Ctr.	Ctr. Ft. Washington Pr						Pri	nce (	eorge's
10e. STATE	10b. COUNTY			10c. CIT	TY, TOWN	OR LOCAT	ION					Ti	od. INSIDE CITY
Maryland Prince George's				Ft. Washing			nata	gton			Ι,	LIMITS?	
10e. STREET AND NUMBER							ZIP CODI				10g. CITIZ		AT COUNTRY?
12021 Livingston Road							20744			U.S.A.			
11. MARITAL STATUS 12. WAS DECEDENT			YES 2	YES 2 AO If yes, a			ECENDENT OF HISPANIC ORIGIN? (Specify Yea specify Cuben, Mexican, Puarto Rican, etc.) S 2 NO Specify:				Black, White, atc. Specify:		
	EDENT'S EDUC		16a	DECEDENT'S	S USUAL O	CCUPATIO	ON .		18b.		SINESS/INDI		
(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)		,	(Give kind of work done during n life. Do NOT use retired.)			est of working		Stat	Statler Hilton				
7th N/A		R	Restaurant Man			ager			H	Hotel			
17. FATHER'S NAME (First, MI	iddle, Last)	MEG TE					16. MOT			iddle, Maider			
John W. Fones										Dud	The state of the s		
19e. INFORMANT'S NAME (Type/Print)											vn, State, Zip		
Carl Har									Alexa	_			22303
20a. METHOD QC DISPOSITION 1 Burlai 2 43 Cremation 3 Removal from State 4 Donatton 5 Other (Specify) 21. SIGNATURE OF FUNCIAL SERVICE LICENSEE			othe	NCE OF DISPO				-11.			CATION —	-	
			Lee Cr	remat	ory	10 A C = =	D ADDRESS OF FACILITY Lee Fund			linton, Maryland			
ZI. SIGNATURE OF PUMERA	1	2		-	22.	, NAME AN	ID ADDRE	55 OF F/	Le	e Fun	eral l	Home,	Inc.
al	2.	Nun.	2		66	33 C	)Id A	Деха	ander	Ferr	y Rd (	Clint	on, Md 20
resulting in death)	<b>→</b> .	DUE TO	STAGE OR AS A CON	REM.	al OF): L	nise	are L.		00 1				Onset and Dear
Sequentially list conditi if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or Injuithat Initiated events resulting in death) LAS	diate NG ry		OR AS A CON	IŠEOUENCE C	DF):	nise diss	are utis	Ma	el. L	~		-	
Sequentially list conditi if any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or inju- that initiated events	diate NG ry	DUE TO	(OR AS A COM	NSEQUENCE C	OF):					24a. WAS AI	RMED?		1 am th
Sequentially list condition of any, leading to immediate. Enter UNDERLY! CAUSE (Disease or injust that initiated events resulting in death) LAS' PART II. Other algnifice	ons, dilate NG ny T de de de de de de de de de de de de de	DUE TO DUE TO	(OR AS A COM	NSEQUENCE C	OF):	nderlying	g cause (	given in		24a. WAS AI PERFO 1 YES	RMED?		VERE AUTOPSY FINDING VALUE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditi if any, leading to immediate cause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in death) LAS'	ons, dilate NG ny T de de de de de de de de de de de de de	DUE TO	(OR AS A CON	NSEQUENCE O	OF):  In the u	nderlying 28. PL FR:	g cause of	given in	Part I.	24a. WAS AI PERFO	RMED?		VERE AUTOPSY FINDING VALUE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list condititif any, leading to immercause. Enter UNDERLY! CAUSE (Disease or injuit that initiated events resulting in death) LAS:  PART II. Other algnifice  25. WAS CASE REFERRED TO EXAMINER? 1   YES 2   NO  27. MANNER OF DEATH 1   Netural 5	ons, dilate NG ny T de de de de de de de de de de de de de	DUE TO DUE TO s. a contributing to	(OR AS A CON  (OR AS A CON  death but n  ER/Outpatien INJURY	ot resulting	OF):  OF):  OTHE 450.Nu	28. PL	g cause of D	given in	heck only one	24a. WAS AI PERFO	RMED?	,	VERE AUTOPSY FINDING VALUE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditi if any, leading to immediate cause. Enter UNDERLYI CAUSE (Disease or injust that initiated events resulting in death) LAS:  PART II. Other algnifice  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 1  2 Accident  3 Suicide 6	T dd dd dd dd dd dd dd dd dd dd dd dd dd	DUE TO  DUE TO  S.  B contributing to  HOSPITAL:  1   Inpetient 2    28a. DATE OF (Month, D.)  28a. PLACE O	(OR AS A CON  (OR AS A CON  death but n  ER/Outpetien  INJURY  sy, Year)	ot resulting	OF):  OF):  OTHE  OTHE  OTHE  OTHE  NUMBE OF  JURY  M	28. PL RE: Reing Hom 28c. INJ WO 1   1	ACE OF D  ACE OF D  OF TO THE STATE OF THE S	given in	heck only one 6 Other 28d. DES	24a. WAS AI PERFO 1 YES (Specify) (CRIBE HOW	RMED? 2 □ NO INJURY OCC	SURED	VERE AUTOPSY FINDING WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO
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91 07126 Catherine Rosa Lee Russ FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH March 4, 1991 3. TIME OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) Ather ne 7. DATE OF BIRTH BIRTHPLACE (State or Foreign A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. (Month, Day, Year) DAYS HOURS 213-40-2643 1 M 2 F YRS Feb. 1940 Maryland 9c, COUNTY OF DEATH 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH Washington County Hospital Washington Hagerstown DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Washington 1 K YES 2 | NO Maryland Hagerstown FUNERAL 10a, STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA 21740 Pennsylvania Avenue 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-FORCES? 1 YES 2 2 K NO If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced black 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) COMPLETED 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 years aircraft manufacturing bonding once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Eva Williams William McKinley Russ, Sr. 10 notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 675 Pennsylvania Avenue Hagerstown, Maryland 21740 Kevin W. Russ pe 20s. METHOD OF DISPOSITION
1X Burlal 2 Cremation 3 Removal from State
4 Department 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State must Rose Hill Cemetery Hagerstown, Maryland Gerald N. Minnich examiner 305 N. Potomac Street Funeral Home Hagerstown, Maryland the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one ceuse on each line. **Onset and Death** IMMEDIATE CAUSE (Final oughture Heart Prilere disease or condition resulting in death) event. Premienia traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING other t CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 any Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL MAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO OF DEATH? shows a 1 TYES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Them EXAMINER? HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT 28d, DESCRIBE NOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO TO THE FUNERAL DIRECTOR; After to the filed within 72 hours after death IMPORTANT; If Item 28 is mar BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281, LOCATION (Street and Number or Bural Route Number, City or Town, State) 3 Suicide 8 Could not be determined ETED. 4 Homicide 29a. CERTIFIER
(Check only one)

29a MEDICAL EXAMINED: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 02145 hypoly 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

WATHERED 31. DATE FILED (Month, Day, Year) MAR 'n 0

32. BEGISTRAR'S SIGNATURE June wardoon- Manualle

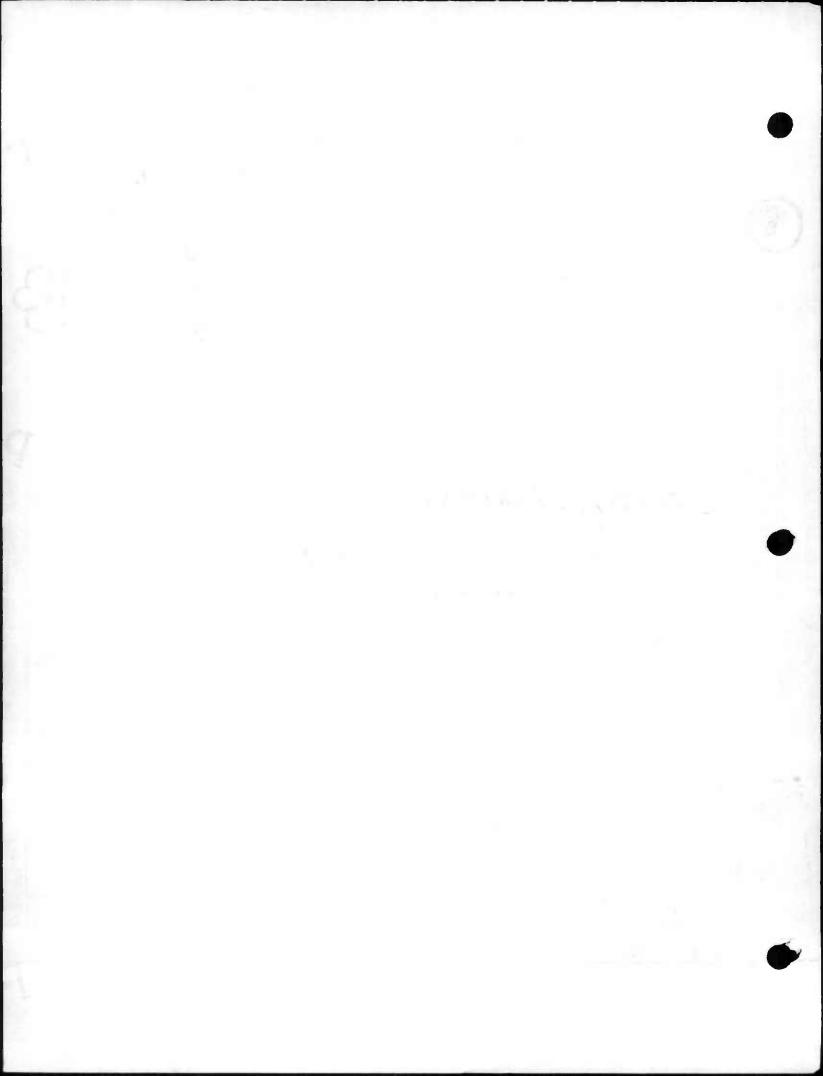
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached any many of hours after death with the Case have of Heath, and Mental Horiene prior to build, committed or removal	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, MAR 0 5

4 Homicide determined		nowledge, death occurred					euse(a) and manner as sta
4 Homicide determined						_	
a C autota	28e. PLACE OF INJ building, atc. (	URY — At home, farm, str Specify)	set, fectory, offica		Dity or Town, State)		Surel Route Number,
27. MANNER OF DEATH  1 Natural 6 Pending Investigation	(Month, Day, Ye	RY 26b. TIME ar) INJUI	OF 26c, INJURY A WORK?  M 1 TYES		DEŞCRIBE HOW I	NJURY OCCUR	ED
1 VES 2 NO	HOSPITAL:	Outpetient 3 DOA 4	OTHER:				
26. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOGDITA:			OF DEATH (Check onl	y one)		
200							1   YES 2   No
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resulting in death) s.	DUE TO (OR	AS A CONSEQUENCE OF):					
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23. PART i. Entar the diseases, or co shock, or heart failure. L	emplications that cause of the	sed the death. Do not n each line.	enter the mode of	dying, such as c	ardiac or respi	ratory arrest	interval Bat
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4 Donation 6 Other (Specify)		MD. NATIO	T	PARK TO	990  LAI 821 WI	JREL, EST SI	MARYLAND F, ANNAPO
20a. METHOD OF DISPOSITION	val from State	20b. PLACE AND DATE D of cemetary, crematory or MD • NATIO	F DISPOSITION (Name other place)		-5-	CATION — City	
LOUISE SEMBLY		16 PA	ROLE ST.	ANNAP (	LIS, 1	ID . 21	L401
JOHN SEMBLY  19a. INFORMANT'S NAME (Type/Print)		don than the a	DODECS (Owner and A)	MARY BA		Date 7- C	(a)
17. FATHER'S NAME (First, Middle, Last)			18. N	OTHER'S NAME (Fire		Surname)	
Elementary/Secondary (0-12)	College (1-4 or 8+)	ille. Do NOT use i	k done during most of we etired.)	and y	u o S	MINAXA	L ACADEM
15. DECEDENT'S EDUCA (Specify only highest grade of		16a. DECEDENT'S US	UAL OCCUPATION	orldna	16b. KIND OF BUS	INESS/INDUST	
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16 PAROLE STRE	12. WAS DECEDENT EVE			IT OF HISPANIC ORI		U.S.	RACE — American Indian
10e. STREET AND NUMBER			101. ZIP C			2.010	OF WHAT COUNTRY?
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9a. FACILITY NAME (If not institution, give atre		0 1 8	b. CITY, TOWN OR LOC			9c. COUNTY	OF DEATH
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Maryland	Calvert			Owi	ngs							YES 20 NO
10e. STREET AND NUMBER					1	of. ZIP COD	E			10g. CITIZ	EN OF W	IAT COUNTRY?
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17. FATHER'S NAME (First, Mi	iddle, Last)					16. MOT	HER'S NA	ME (First, Middle,	Malden :	Surname)		
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19a. INFORMANT'S NAME (7)		Walton	1	I9b. MAILING	ADDRESS (Street	and Numbe	r or Rural	Route Number, Cit	y or Town	, State, Zip	Code)	-
William Lee	Sears		1	P.O.	Box 1	Owing	s Ma	ryland	207	36		
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If any, leeding to immercause. Enter UNDERLY CAUSE (Disease or injuthat Initiated events resulting in deeth) LAS'  PART II. Other significa  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Natural 5   2   2   2   2   2   2   2   2   2	o MEDICAL  Pending investigation  Could not be detarmined	OSPITAL:   Inpetient 2   28e. DATE O (Month, i)	De injury — At a sec. (Specify)	3 DOA 28b. Till iN home, farm,	26. Nursing Helber 28c. I URY M 1 street, factory, of	PLACE OF Come 5 Representation of the community of the co	DEATH (C)	1   I   I   I   I   I   I   I   I   I	PERFOR YES 2  city) E HOW II  (Street s m, State)	MED?	UREO or Rural Ro	MANLABLE PRIOR TO COMPLETION OF CAUS OF DEATHY 1  YES 2 NO

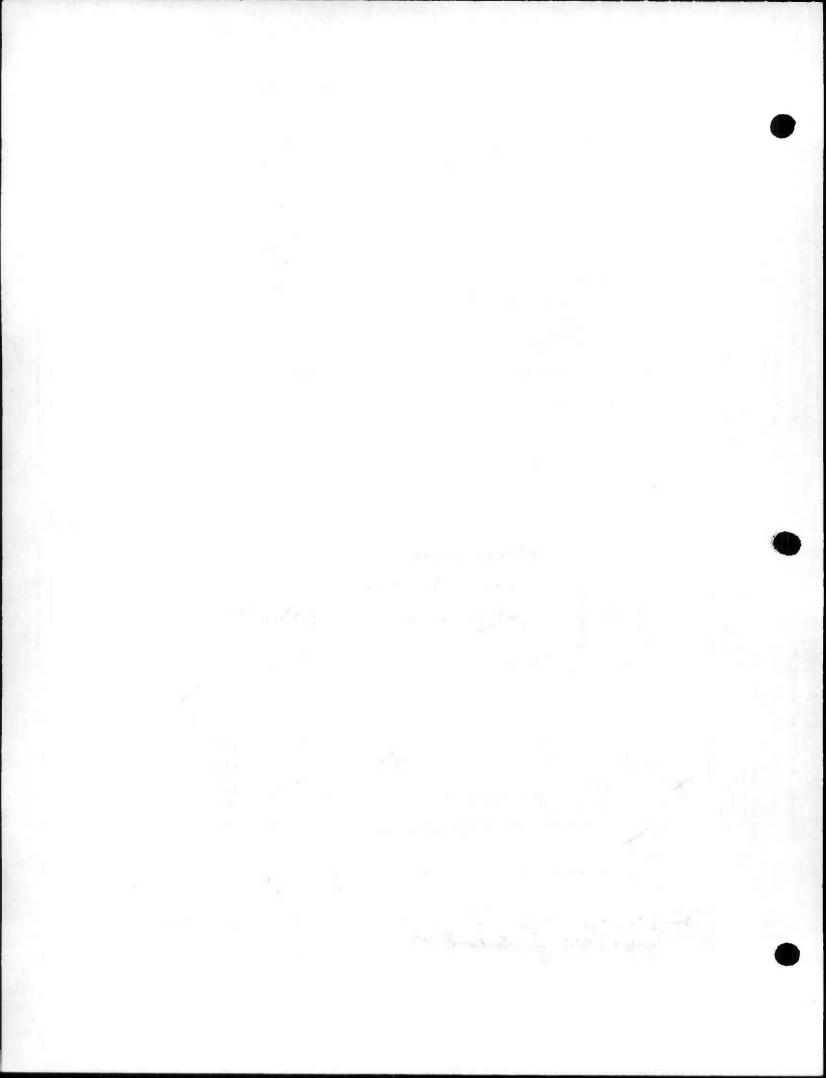
30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

RIPONO Printing

RIPONO PROBLEM COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, D

Year, 1991



R: A	ned by the hospital or attending physician.	ould be detached for use as the burial-transit permit. Pages 1, 2, 3		Ted at once.
	D THE HOSPITAL DR ATTENDING PHYSICIAN: The Law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	R: A	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notif

1. DECEDENT'S NAME (First, Middle, L.	ast)	CI	ERTIFICA	IL OF	DLAIN		REG. NO.			3. TIME OF DEATH
CLARENCE	V.		SOME	RVILLE		03 <sup>MONTH</sup>	02 DA	199	9 YEAR	12:38 A
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. les	st birthday) IF U	NOER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE C				IPLACE (State or Foreign
,	1 🔀 M 2 🗌 F	42	YRS.	DATE DATE	HOUNG WIN.	9 30	0 194	8	MAE	RYLAND
9a. FACILITY NAME (If not institution, g					OR LOCATION OF D	EATH			NTY OF D	
905 BALTIMORE		SOULEVAR		SEVERN	& PARK			ANNE	ARU	NDEL COUNTY
10a, STATE 10b. CO			10c. CITY, TO	WN OR LOCAT	TION					10d. INSIDE CITY
MARYLAND AN	NE ARUNDE	EL	SEVE	RNA P	ARK					LIMITS?
10e. STREET AND NUMBER					. ZIP CODE			10g. CITI	ZEN OF	WHAT COUNTRY?
910 RITCHIE H	IGHWAY			2	1146			υ.	. S . A	A .
11. MARITAL STATUS	12. WAS OECEOEN FORCES? 1	T EVER IN U.S. AF	RMEO		ENDENT OF HISPA ecity Cuben, Mexic			or No-	14. RACI	E — American indian, k, White, atc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W				XXNO Speci		realt, etc.)		Spec	ity:
15. DECEDENT'S	EDUCATION	160 06	CEDENT'S USU	I OCCUBATION	201	Lank	VIND OF BUILD	INCOCUNO	BLA	ACK
(Specify only highest g	grade completed)	(G	live kind of work of Do NOT use reti	lone durina ma		100.	KIND OF BUS	oness/INU	MIGU	
Elementary/Secondary (0-12)	College (1-4 or 5 +	,	LABOR							
17. FATHER'S NAME (First, Middle, Last	1)				16. MOTHER'S NA	AME (First, M	liddle, Maiden	Sumame)		
ELIJAH SOMER	VILLE				FR	ANCES	SDAY			
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING ADD	RESS (Street a	and Number or Rural				Code)	
FRANCES SOMER	VILLE	91	ORIT	CHIE	HIGHWA	Y SE	VERNA	PAF	RK.	MD. 2114
20a. METHOD OF DISPOSITION	1110 00,770		ANO OATE OF		(Name	DATE		CATION -	City or To	own, Stata
X Buriel 2 ☐ Cremetion 3 ☐	Removal from State	of cemetary		her place)						
		of cemetary CARP			CEMETE	R¥-5:	ROU	ND I	BAY.	MARYLAN
X M Burial 2 Cremation 3 4 Donation 5 Other (Specify).  21. SIGNATURE OF FUNERAL SERVICE				HILL	CEMETE ND ADORESS OF F	***				
4 Donation 5 Other (Specify)			ENTER	HILL 22. NAME AI	ND ADORESS OF F	ACILITY 8	21 WE	ST S	£740	MARYLAN ANNAPOLI:
4 Donation 5 Other (Specify).  21. SIGNATURE OF FUNERAL SERVICE  23. PART I. Enter the diseases,	E LICENSEE  A Report of the complications that	CARPT	ENTER	HILL 22. NAME A	& SON	ACILITY 8	21 WE	ST S Y. I	740 P.A.	ANNAPOLI
4 Donation 5 Other (Specify). 21. SIGNATURE OF FUNERAL SERVICE  23. PART I. Enter the diseases, shock, or heart falls	E LICENSEE  M. Re	CARPT	ENTER	HILL 22. NAME A	& SON	ACILITY 8	21 WE	ST S Y. I	740 P.A.	ANNAPOLI  Approximate interval Between
4 Donation 5 Other (Specify). 21. SIGNATURE OF FUNERAL SERVICE  23. PART I. Enter the diseases, shock, or heart falls  IMMEDIATE CAUSE (Final disease or condition	E LICENSEE  A Report of the complications that	CARP To the caused the de	ENTER	HILL 22. NAME A	ND ADORESS OF F	ACILITY 8	21 WE	ST S Y. I	740 P.A.	ANNAPOLI  Approximate interval Between
4 Donation 5 Other (Specify). 21. SIGNATURE OF FUNERAL SERVICE  23. PART I. Enter the diseases, shock, or heart falls  IMMEDIATE CAUSE (Final	or complications that ure. List only one cau	CARP To the caused the de	esth. Do not a	HILL 22. NAME AN REESE ntar tha mo	ND ADORESS OF F	ACILITY 8	21 WE	ST S Y. I	740 P.A.	ANNAPOLI  Approximate interval Between
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4 Donation 5 Other (Specify).  21. SIGNATURE OF FUNERAL SERVICE  23. PART I. Enter the diseases, shock, or heart fellistim the service of the	or complications the ure. List only one cau a	t caused the desire on each line (OR AS A CONSE	ENTER  Beath. Do not a  BOUENCE OF):  COUENCE OF):	HILL 22. NAME AI REESE nter the mo	NO ADDRESS OF F	S MOI	21 WERTUAR RTUAR lac or respi	ST ST ST ST ST ST ST ST ST ST ST ST ST S	T40	A N N A P O L I  Approximate Interval Betwee Onset and Daal  D. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
4 Donation 5 Other (Specify).  21. SIGNATURE OF FUNERAL SERVICE  23. PART I. Enter the diseases, shock, or heart falls  IMMEDIATE CAUSE (Final disease or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conductions.	or complications that ure. List only one cause to be t	t caused the desire on each line (OR AS A CONSE	ENTER  Bath. Do not a  COUENCE OF):  COUENCE OF):  COUENCE OF):	HILL 22. NAME AI REES E nter the mo	NO ADDRESS OF F	S MOI ch as card	21 WF MR TUAR lac or respirator r	ST ST ST ST ST ST ST ST ST ST ST ST ST S	T40	ANNAPOLI Approximats Interval Betwee Onset and Daal  D. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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4 Donation 5 Other (Specify).  21. SIGNATURE OF FUNERAL SERVICE  23. PART I. Enter the diseages, shock, or heart falling in the shock of the shock o	or complications that ure. List only one cau  a. Due to  b. Due to  c. Due to  d. Sitions contributing to	t caused the deseron aach line (OR AS A CONSE (OR AS A CONSE death but not	eath. Do not a a. OUENCE OF):	REESE nter the mo	S SON	S MOI ch as card	21 WF MRTUAR IBC OF respi	AUTOPSY HMED?	244	A N N A P O L I I I I I I I I I I I I I I I I I I
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4 Donation 5 Other (Specify).  21. SIGNATURE OF FUNERAL SERVICE  23. PART I. Enter the diseases, shock, or heart falls  IMMEDIATE CAUSE (Final disease or condition).  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant cond  25. WAS CASE REFERREO TO MEDICE EXAMINER?  TYPES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigate 3 Suicide a Could no	or complications that ure. List only one cause.  Due to b. Due to c. Due to d. Due to	t caused the deseron aach line (OR AS A CONSE (OR AS A CONSE death but not	SOURCE OF):  COURCE  22. NAME AI REES E nter the mo Close a underlyin a underlyin PHER: Nursing Hon Nursing Hon Nursing Hon Nursing Hon	S SON  S SON  Cause given in  LACE OF DEATH (Cone XX) Residence  SHAPE AT THE STATE OF THE STATE	S MOI ch as card	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	244  COURED  TA  FOR Flural	ANNAPOLI Approximate Interval Betwee Onset and Daar  D. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 TYES 2 NO  Route Number,	
4 Donation 5 Other (Specify).  21. SIGNATURE OF FUNERAL SERVICE  23. PART I. Enter the diseases, shock, or heart falls  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conductions or cause in the cause of the	or complications that ure. List only one cause.  Due to b. Due to c. Due to d. Due to	t caused the deseron asch line (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  death but not  ER/Outpatient:  INJURY 99: 1991	SOURCE OF):  COURCE  22. NAME AI REES E nter the mo Close a underlyin a underlyin PHER: Nursing Hon Nursing Hon Nursing Hon Nursing Hon	S SON  S SON  Cause given in  LACE OF DEATH (Cone XX) Residence  SHAPE AT THE STATE OF THE STATE	S MOI ch as card	24a. WAS AN PERFOR	AUTOPSY MAED?	244  COURED  TA  FOR Flural	ANNAPOLI Approximate Interval Betwee Onset and Daal  b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 PLYES 2 NO	
4 Donation 5 Other (Specify).  21. SIGNATURE OF FUNERAL SERVICE  23. PART I. Enter the diseases, shock, or heart falls  IMMEDIATE CAUSE (Final disease or condition, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  PART II. Other significant cond  25. WAS CASE REFERRED TO MEDIC EXAMINER?  **EXYES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation  2 Accident a Could no determine	or complications that ure. List only one cause.  Due to b. Due to c. Due to d. Due to	t caused the deseron aach line (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE death but not  ER/Outpatient:  ENJURY (OR AS A CONSE	BATER  BOUENCE OF):  COUENCE O	22. NAME AI  22. NAME AI  REESE  ntar the mo  28. PHER:  Nursing Hon  28c. IN.  M 1    1, factory, office	SON SON SON SON SON SON SON SON SON SON	S MOI ch as card	21 WF. RTUAR RTUAR RTUAR RTUAR PERFOR 1 YES 2  TOWN, State) TOWN, State)	AUTOPSY MED?	244  COURED  TO Fural	ANNAPOLI Approximate Interval Betwee Onset and Daw Onset and Daw Onset and Daw Onset and Daw Onset and Daw Onset and Daw Onset and Daw Onset and Daw Onset and Daw Onset and Daw Onset and Daw Onset and Daw Onset and Daw Onset and Daw Onset Annual Onset

111 PENN STREET

BALTIMORE, MARYLAND 21202

Mary 1881 TO SAY

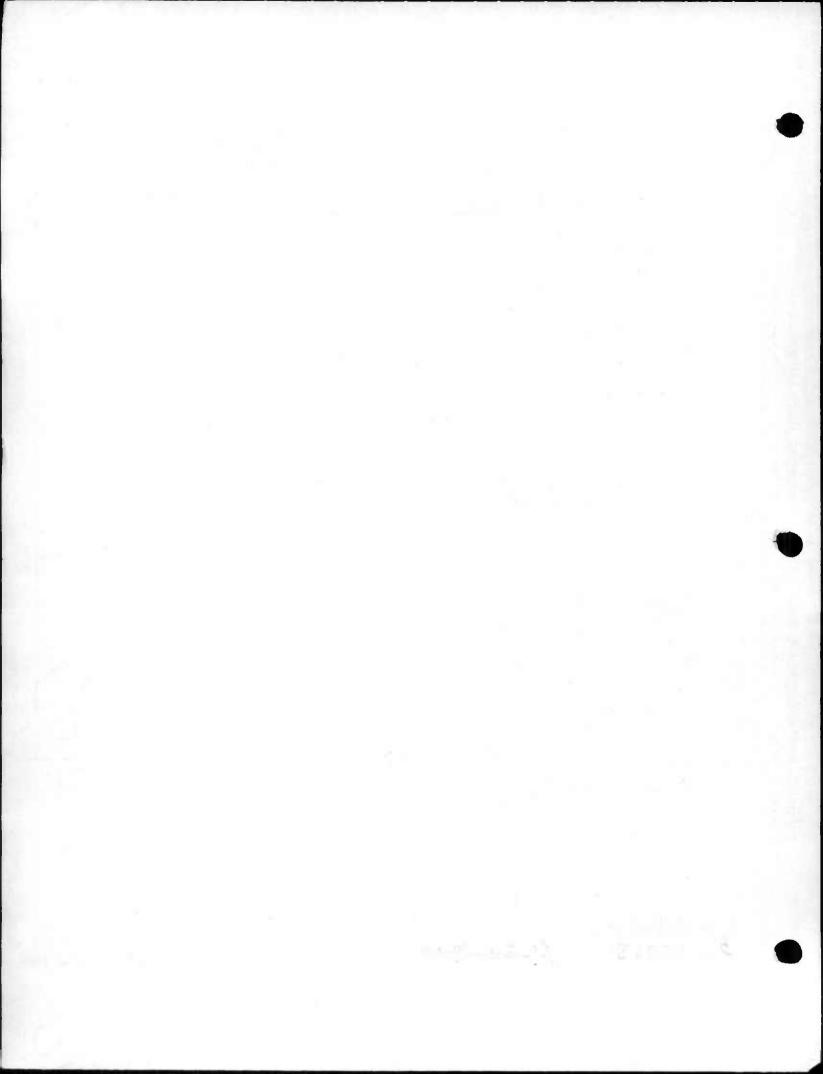
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE BEG. NO.
OLITICIONIE OF BEATTI	HEG. NO.
	2 DATE OF DEATH

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC			IENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Lest)  JOHN E,	Serv	155,	SR		2. DATE OF DEATH DA	5 9/	3. TIME OF DEATH  O G O CM
	4. SOCIAL SECURITY NUMBER 2 1 4 - 5 6 - 1 6 4 6	1 1 M 2 - F 4		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5/30/	8. BI	RTHPLACE (State or Foreign altimore, Md
OR		ntreet and number)	Rd.	b. CITY, TOWN O	N BU	VNI-e	9c. COUNTY O	F DEATH
DIRECTOR	residence of decedent 100. STATE 100. COUNT Delaware Sus			town on LOCAT	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
RALD	10e. STREET AND NUMBER	S		101	2IP CODE 9 9 7 3		0.00	OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	2 NO	13. WAS DEC If yes, spi	ENDENT OF HISPANI city Cuben, Mexican		or No— 14. R	IACE — American Indian, Ilack, White, atc.
D BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D VLETNAM ICATION	16a. DECEDENT'S US	SUAL OCCUPATION	2 NO Specify:	16b. KIND OF BUS		white
PLET	(Specify only highest grade	College (1-4 or 5+)	Carpen.	tk done during mo retired.) ten	st of working	Const	ructio	n
BE COMPLETED	17. FATHER'S NAME (First, Middle, Lest)  Robert L. Sen	viss, Sr.	*2.0			eth Box		
2	190. INFORMANT'S NAME (Type/Print) Tracey Serviss		The second secon			seaford,		, rare 19973
	20a. METHOD OF DISPOSITION 1V Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)		aryland			etery Bei	cation - city o	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEA						St., Md. deralsburg
		opmplications that cause List only one cause on e						Approximate Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	a. 65	A CONSEQUENCE OF):	H	-Ad	,		Onset situ Death
NO O	Sequentially list conditions,	b	A CONSEQUENCE OF):					
CERTIFICATION	If sny, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	CDUE TO (OR AS	A CONSEQUENCE OF):	•				
CERT	resulting in death) LAST	d						
DICAL	PART II. Other significant condition	ns contributing to death t	but not resulting in	the underlyin	g cause given in i	Part I. 24a. WAS AN PERFOF	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDI						_	•	1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 XYES 2 NO	HOSPITAL: 1 inpatient 2 ER/Out		26. PI OTHER: I  Nursing Horr	ACE OF DEATH (Che	ck only one)  6  Other (Specify)		
ву рну	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. YIME INJU	RY WC	URY AT PRK?	28d. DEŞCRIBE HOW I	NJURY OCCURE	D
	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJUR' building, etc. (Spe	Y At home, farm, str celly)	reet, factory, offic		281. LOCATION (Street and City or Town, State)		ural Route Number,
COMPLETED	COROCK OTHY	SICIAN: To the best of my know IER: On the basis of examination						use(a) and manner as stated.
8	296. SIGNATURE AND TITLE OF CERTIFIE	Don	D De	outy	29c, LICENSE NUM	BER 6054	29d. DATE SIG	NED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON W	P JON	EATH (ITEM 27) (Type, 1	D 4	6951	Americ	en c	21035
	31. DATE FILED (Month, Dey, Year) MAR 0 4 1991	32. REGISTRAR'S SIGN	NATURE					

DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Arous after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a month of the foath. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trant be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR	STATE OF MARYI		MENT OF H		MENTAL HYGIE		
1. DECEDENT'S NAME (First, Middle, La SALON		S	HAF	FER	2. DATE OF DEATH MONTH	DAY 1940	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 222-30-8840	THE RESERVE OF THE PARTY OF THE	(In yrs. last birthday) _ 96 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb. 19,		BIRTHPLACE (State or Foreign Country) Penna.
Waterview Nursi	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAM		96. CITY, TOWN O	R LOCATION OF DE	EATH	9c. COUNTY	OF DEATH OMICO
RESIDENCE OF DECEDENT  10a. STATE 10b. COU	NTY		, TOWN OR LOCAT	-			10d. INSIDE CITY LIMITS?
Delaware Su	ssex	La	urel 101	ZIP CODE		10g. CITIZEN	1 YES 2 M NO
RD #1 Box 267				19956		U. S	
11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 Tyes IF YES, GIVE WAR DR	2 NO	If yes, spe		NIC ORIGIN? (Specify in, Puerto Rican, atc.) y:	Yea or No— 14.	. RACE — American Indian, Black, Whita, etc. Specify: White
15. DECEDENT'S I (Specify only highest gi Elementary/Secondary (0-12)	College (1-4 or 5+)		ork done during mo retired.)	st of working		BUSINESS/INDUS	
17. FATHER'S NAME (First, Middle, Last) David T. Cartwr	5+	Teacher	& Princi		ME (First, Middle, Maid		ool District
190. INFORMANT'S NAME (Type/Print) William C. Graz				nd Number or Rural	Route Number, City or		,
20a. METHOD OF DISPOSITION  1XC Burlal 2 Cremation 3 F  4 Donation 5 Other (Specify)	lemoval from Stata	ob. PLACE OF DISPOS other place) dd Fellow:	ITIDN (Name of cer	netery cometony or	20c.	ure1, Di	y or Town, State
21. SIGNATURE OF FUNERAL SERVICE	M M	-1	Short-		Disharoon Laurel,		
immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	bDUE TO (OR AS	A CONSEQUENCE OF	7):				Interval Batween Onset and Death  48 Mg
that initiated events reaulting in desth) LAST	d	but not resulting i		o cause given in	Part I 24a WAS	AN ALITOPSY	24b, WERE AUTOPSY FINDINGS
PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  Seni   1							AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:		26. PI	ACE OF DEATH (C)	neck only one)		
1 VES 2 ND  27. MANNER DF DEATH	1 Inpatient 2 ER/Ou 28a. DATE OF INJURY	Y 28b. TIMI	4 Nursing Horn	URY AT	8 Other (Specify) 28d. DESCRIBE HO	W INJURY OCCU	REO
1 Natural 5 Pending 2 Accident Investigat	(Month, Day, Year,	inj		PRK? YES 2 NO			
3 Suicide 6 Could not 4 Homicide detarmine	be building, atc. (Sc	RY — At home, farm, a pecify)	street, factory, offic	•	281. LOCATION (Str. City or Town, St	eet and Number or ate)	Rural Route Number,
const only	HYSICIAN: To the best of my known with the basis of axeminate						
296. SIGNATURE AND TITLE OF CERT	Hell mmD	Medical	Director	29c, LICENSE NU	MBER 08008	≥ 03	BIGMED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON THOMAS C. 1	111 IR, 108	Pine B	Print) I Rd,	Salish	vry N	1d. Z.	1801
MAR O 4 '91	32. REGISTRAR'S SIG		p		1		

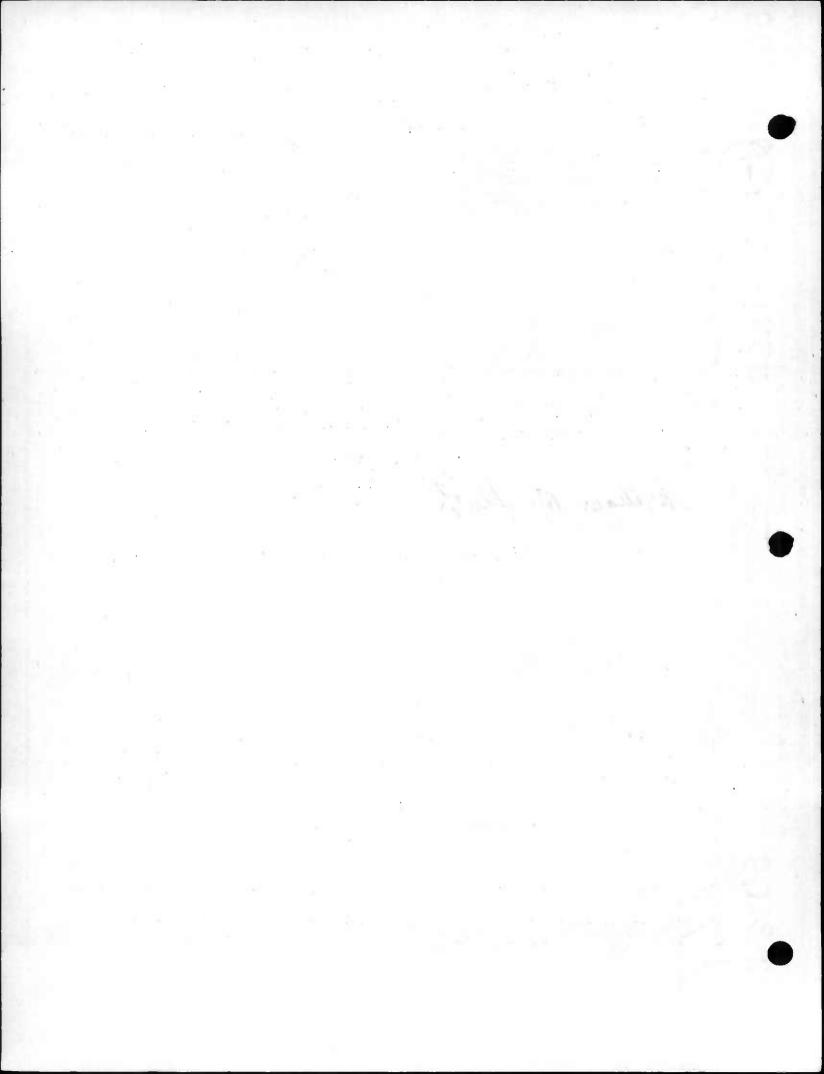


6,	within
1314	executed
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O. BC	certificate
٦.	death
S	he
8	that
SECO	requires
	AMP.
M	The
F VI	SICIAN:
0	PF
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
5	OR
-	-1

31. DATE FILEO (Month, Day, Year) FEB 2 8 '91

2. REGISTRAR'S SIGNATURE

	1 - FOR STATE OF MAIN REGISTRAR		ENT OF HEALTH AND	MENTAL HYGIENI REG. NO.	E 91	07132		
	1. DECEDENT'S NAME (First, Middle, Last)  ETHEL FLORA	SMITH	7	2. DATE OF DEATH MONTH DA		3. TIME OF DEATH ZZO7 M		
	218-20-6446 1□ м 2 🗓 ೯ 8	9 YRS. MONT		7. DATE OF BIRTH (Morth, Day, Year) 2-21-1902	мď			
TOR	Peninsula General Hospital RESIDENCE OF DECEDENT	96. (	Salisbury	EATH	96. COUNTY OF Wicomi			
DIRECTOR	Md. Wicomico	10c. CITY, TOW	YN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 \( \square\) NO		
BY FUNERAL	100 STREET AND NUMBER 101 E. Pine St.		10f. ZIP CODE 21875		10g. CITIZEN OF USA	WHAT COUNTRY?		
	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced  12. WAS DECEDENT EVEN FORCES? 1 IF YES, GIVE WAR	YES 2 X NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxico 1  YES 2 NO Specifi	an, Puerto Rican, etc.)	Spe Spe	CE — American Indian, lek, White, atc. Incity: hite		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  12  College (1-4 or 5+)	16e. DECEDENT'S USUA (Give kind of work of life. Do NOT use relin Homemaker	one during most of working	16b. KIND OF BUS				
BE CON	17. FATHER'S NAME (First, Middle, Lest) Robert H. Lowe		Emma Ca	AME (First, Middle, Maiden annon Lowe				
0	19a. INFORMANT'S NAME (Type/Print)  Edgar Earl Smith		RESS (Street and Number or Rural Pine St. Delma					
	20e. METHOD OF DISPOSITION  1 X Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	206. PLACE OF DISPOSITION other place) St. Stephen:	(Name of cametery, cremetory or S Cemetery		cation - City or lar, D			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  William M. Ak	186	22. NAME AND ADDRESS OF FA Short Funeral P.O. Box 204	Home, Inc. Delmar, De.	19940			
	23. PART I. Enter the diseases, or complications that constant in the constant	on sech line.	CARDIOVAS			Approximate Interval Between Onset and Desth		
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	AS A CONSEQUENCE OF):						
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST							
PHYSICIAN: MEDICAL CI	PART II. Other significant conditions contributing to dea	ath but not resulting in the	e underlying Cause given in	Pert I. 24e. WAS AN PERFOR	MED?	IND. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	Low	26. PLACE OF DEATH (C	heck only one)				
IXSI	1 ☐ YES 2 ☐ NO 1 ☐ Impetient 2 ☐ EF  27. MANNER OF DEATH 26s. DATE OF INJ	I/Outpetfent 3 □ DOA 4 □	Nursing Home 5 Residence		HIEV OCCUPED			
BY PI	1 Natural 5 Pending (Month, Day, 1) 2 Accident Investigation	(Sar) INJURY	WORK? 1 YES 2 NO					
	4 Homicide determined building, etc.	JURY — At home, farm, street, (Specify)	factory, offica	281. LOCATION (Street a City or Town, State)	and Number or Flura	I Route Number,		
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my 2 MEOICAL EXAMINER: On the basis of examiners.					e(a) and menner as stated.		
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  HOMES C Hill J. MD	Dep. Med Ex	Cominie DO O	8008	▶ 02	- / / /		
	THOMAS C, HILL IR 108	PING BLUFR	Rd. SALIS	BURY, M	1 218	01		



TO THE HOSPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within z=rouns after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunix be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HO TO THE FU be filed wit

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

	REGISTRAR	CERTIF	ICALE OF	DEATH	REG. NO	).			
	1. DECEDENT'S NAME (First, Middle, Last) FLORA EMMA	SHOO	CKLE	Y	2. DATE OF DEATH MONTH 0 Z 2 3	M 199	3. TIME OF DEATH 2345 M		
1	4. SOCIAL SECURITY NUMBER 6. SEX 6. AGE	(In yrs. lest birthday)  YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6. 1	DELAWARE		
P PO	Pac. FACILITY NAME (If not institution, give street end number)  R7.# 2,BOX 330		ON SBURG	EATH	9c. COUNTY				
FUNERAL DIRECTO	*RESIDENCE OF DECEDENT  *100. STATE  *10b. COUNTY  **WICOMICO		Y, TOWN OR LOCA		10d. INSIDE CITY LIMITS? 1 YES 2 NO				
BAL E	100. STREET AND NUMBER R7. # 2, BOX 330			2/849		TIZEN OF WHAT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEOENT EVER FORCES? 1 YES	2 NO	If yes, s		NIC ORIGIN? (Specify Year, Puerto Rican, atc.)	e or No- 14.	RACE — American Indian, Black, White, etc. Specify: WHITE		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementery/Secondery (0-12) College (1-4 or 5 +)	USUAL OCCUPAT work done during m se retired.)	TRY						
	17. FATHER'S NAME (First, Middle, Last) CHARLES HARRIS CORD	y GR. &	8 BUS DR. SELF EMPLOYED  16. MOTHER'S NAME (First, Middle, Meiden Sumeme)  LULU OLIPHANT						
TO BE	190. INFORMANT'S NAME (Type/Print)  MARGARET BRATTEN			Route Number, City or Ton		21849			
	1.X Buriel 2 Cremetion 3 Removal from State 4 Donetion 6 Other (Specify)	PARSONS	CEMET	emetery, cremetory or ERY	20c. La S1	OCATION — City ALISBU	or Town, State		
	21. SIGNATURE OF JUNERAL SERVICE LICENSEE	nel		NDS FUN		E, SALI	SBURY, MD.		
	23. PÁRT I. Enter the dieeesea, or complicatione that cause ahook, or heart failure. List only one cause on IMMEDIATE CAUSE (Final disease or condition resulting in death)  Output  Due To (OR AS)	eech fine.	THRO			piratory arrest	Approximate Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):								
EDICAL	PART II. Other algnificant conditions contributing to death  Senih ty	but not resulting	In the underlyle	ng cause given in	Part I. 24s. WAS A PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
SIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  26. PLACE OF DEATH (Check only one)								
PHYSICIAN:	1 Yes 2 No 1 Inperient 2 ER/Ou  27. MANNER OF DEATH  1 X Netural 5 Pending  28. DATE OF INJURY (Month, Dey, Year)	26b. TIN	RE OF 28c. IN	Me 5 Residence  JURY AT  ORK?  YES 2 NO	6 Other (Specify)  28d. DESCRIBE HOW	INJURY OCCUR	ED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 200. PLACE OF INJUR			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLET	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knd one)  2 MEDICAL EXAMINER: On the best of examinet						suse(e) and menner as stated.		
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER  HEMOS C. Hill J. De. 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF C	puty Me.	1 Examu		08008	► 0 Z	19 (Month, Day, Year)		
1	THOMAS C. HILLTR. 108 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIG	PINE !	BluFF	RL. SA.	LISBURY	. Md	21801		
	FEB 2 7 '91 Julia Davidson	~ Randelle							

FB27.81 Merchanism

TO BE COMPLETED BY FUNERAL DIRECTOR

5 5		100
age		e
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sl		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other fraumatic event, the medical examiner must be not
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funer		жаш
the	loval	Tes
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filled	n, 0	9
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12	8	=

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

91-1239-047 FOR STATE REGISTRAR	STATE OF MAR			OF HEALTH A			_	1 0	7134
1. DECEDENT'S NAME (First, Middle,	Last)	CENT	IFICALE	OF DEATE	2. D	REG. NO			TIME OF DEATH
Morgan	Lavinia		Sm	nith		3 Or		91 8	יא ס"ר.
4. SOCIAL SECURITY NUMBER		IGE (In yrs. last birthde	By) IF UNDER 1	YEAR IF UNDER 24	HRS. 7. D	ATE OF BIFTTH		BIRTINEL A	CF (State or Foreign
213 13 1935	1 M 2 K F	13 YRS	S. MONTHS	DAYS HOURS	MIN. (7	5/18/77		Country) Mary	land
9a. FACILITY NAME (If not Institution,	give street and number)	17	9b. CITY,	TOWN OR LOCATION	OF DEATH		9c, COUNTY	OF DEATH	A
Routes 12 and	113		Snov	v Hill			Worc	ester	•
RESIDENCE OF DECEDEN  10e. STATE 10b. CO	DUNTY	10c.	CITY, TOWN OF	LOCATION				100	I. INSIDE CITY
Maryland	Worcester		Girdl	etree				1.	LIMITS?
10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZE	N OF WHAT	COUNTRY?
2924 Snow	Hill Road			218	329		U	SA	
11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EV	YES 2 NO	If	MS DECENDENT OF yea, specify Cuben,  YES 2 XXNO	Mexican, Pu		or No 14	Specify:	
15. DECEDENT'S		16a. DECEDEN	T'S USUAL OC	CUPATION		16b. KIND OF BU	BINESS/INDUS		
(Specify only highest Elementary/Secondary (0-12)					ool				
17. FATHER'S NAME (First, Middle, Lan	st)			18. MOTHE	R'S NAME (F	irst, Middle, Maiden	Surname)		
Warren Lee	Smith			Anr	ne L.	Young			
19a. INFORMANT'S NAME (Type/Print)	)	19b. MAIL	ING ADDRESS	(Street and Number or	Rurel Route	Number, City or Tow	n, State, Zip Co	ode)	
Warren Lee S	mith	P.	O. Box	117,Snow	v Hill	, Maryl	and 2	21863	
20a. METHOD OF DISPOSITION  1 X Burial 2 Cremation 3 C  4 Donation 5 Other (Specify)		20b. PLACE AND D of cemetary, crema WICOMIC	o Memo	sition (Name rial Park	5		cation — cr isbury		sum ryland
21. SIGNATURE OF FUHERAL BERNI	CALIDENSEE		De	nnis Fund O Frankli	eral F	Home	нала.	Md.	21863
23. PART I. Enter the diseases shock, or heart his shock, or heart his shock or condition resulting in death)	llure. List only one cause	used the death. Don each line.	o not entar	tha moda of dying					Approximate interval Betwee Onset and Deat
	DUE TO (OR	AS A CONSEQUENC	E OF):						
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. DUE TO (OR	AS A CONSEQUENC	E OF):						 
CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR	AS A CONSEQUENC	E OF):						
PART II. Other significent con	ditions contributing to dea	ith but not reaulti	ng in the und	derlying cause giv	ven in Part	I. 24a. WAS AN PERFO	RMED?	CO OF	ERE AUTOPSY FINDING: AMABLE PRIOR TO DMPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO	HOSPITAL:	/Outpatient 3 🗆 DO	OTHER	26. PLACE OF DEA	Walter of the			1	
27. MANNER OF DEATN  1 Netural 5 Pending	28a. DATE OF INJ (Month, Day, Y	URY 28b.	TIME OF INJURY : 24A M	28c. INJURY AT WORK?  1 YES 2	26d Pa	DESCRIBE HOW SSENGET	in		
2 Accident Investig 3 Suicide 8 Could n 4 Nomicide determine	28e. PLACE OF IN building, etc.	JURY At home, far		ory, office		LOCATION (Street City or Town, State	and Number or	Rural Route	

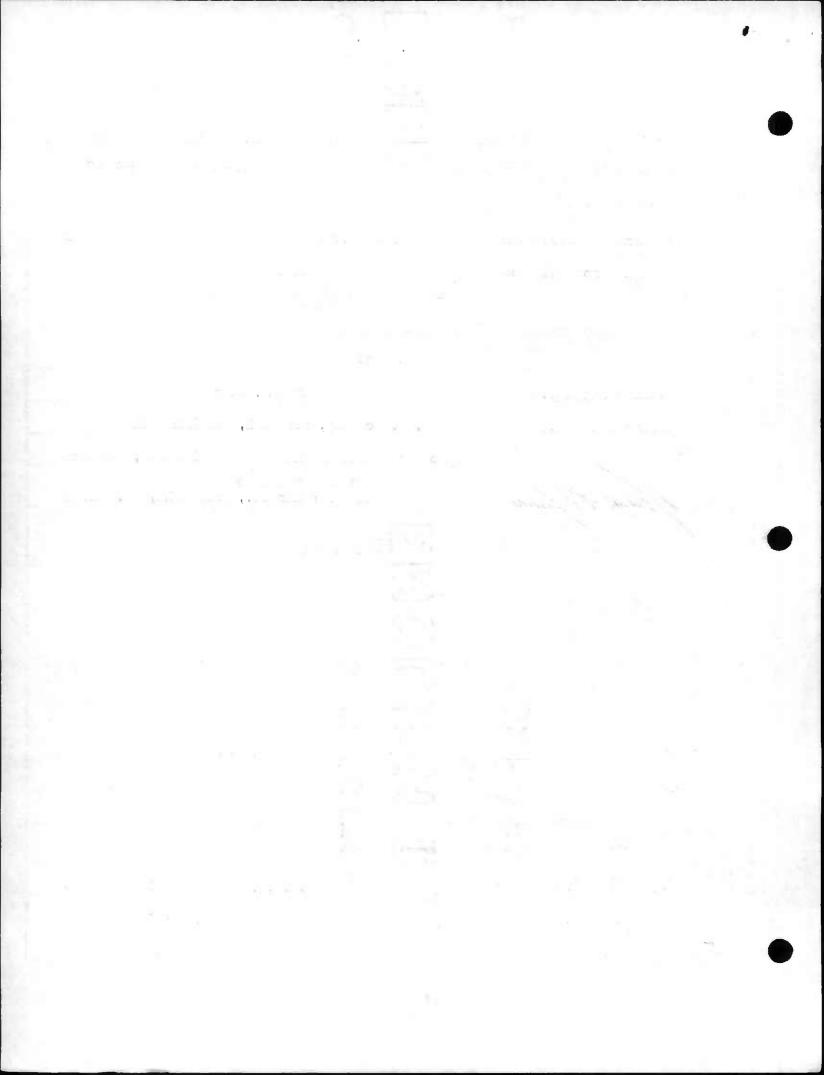
29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge,

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) The Inc 03 06 1991 O.C.M.E.

ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

NO CONTROL OF THE PRINTS OF THE PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 4 pnm Penn Street, Baltimore, Maryland 21201

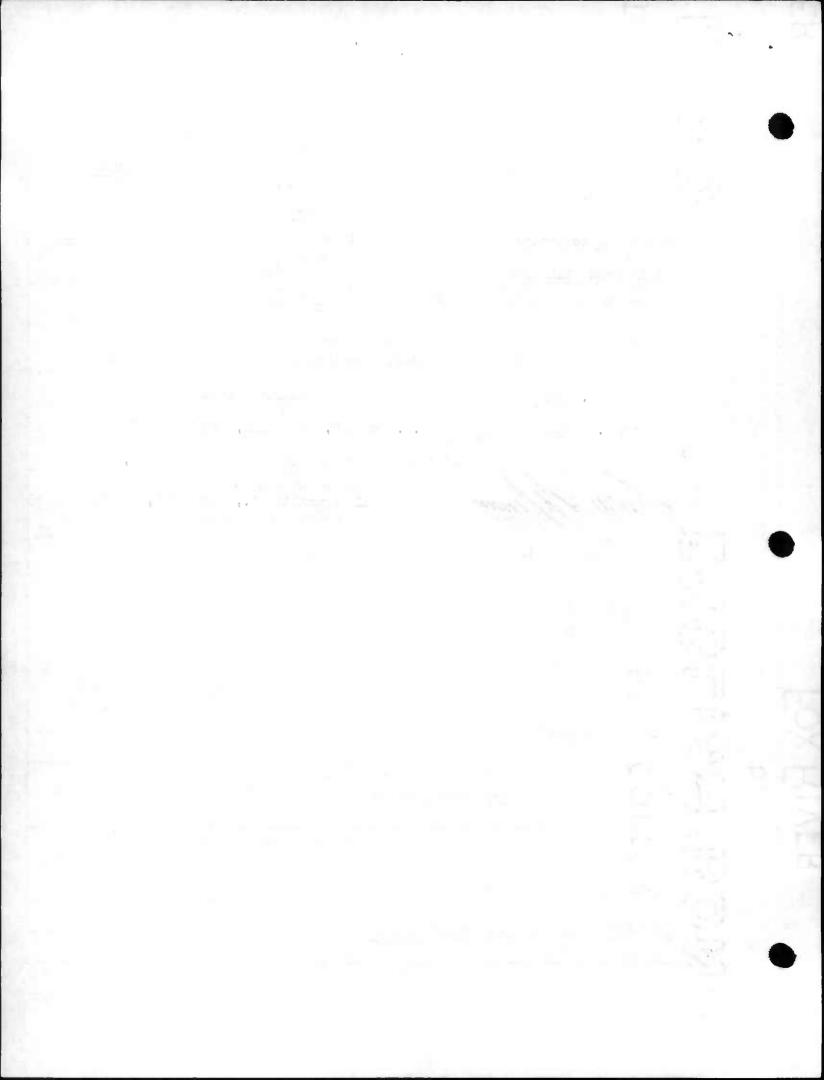
31. DATE FILED (Month, Day, '91 281 LOCATION (Street and Number or Rural Route Number, City or Town, State) Rte. 12 & 113 Snowhill, MD



FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

OCIAL SECURITY NUMBER  002 42 6949  FACILITY NAME (If not Institution, give st	1 M 2 TF	E (In yrs. lest birthday) 39 YRS.	mith  IF UNDER 1 YEAR  MONTHS DAYS	IF UNDER 24 HRS.	2. DATE OF I MONTH O3 7. DATE OF E	05	YEAR 1991	3. TIME OF DEA	ATH A		
OCIAL SECURITY NUMBER  002 42 6949  FACILITY NAME (If not Institution, give st	5. SEX 6. AG	E (In yrs. lest birthday)	IF UNDER 1 YEAR		03	05	1991		AM		
002 42 6949 FACILITY NAME (If not institution, give st	1 ☐ M 2 😿 F				7. DATE OF E	зиятн	a supri				
		27		HOURS MIN.	(Month, De	1/51	Count	HPLACE (State or any)	Foreign		
Routes 12 and 11			Show H	DR LOCATION OF D	EATH		Orces				
STATE 10b. COUNTY			r, TOWN OR LOCAT	27%				10d. INSIDE CIT LIMITS?			
STREET AND NUMBER	l Road		101		29	10g. C	10g. CITIZEN OF WHAT COUNTRY? USA				
MARITAL STATUS  Never Merried 2  Merried  Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y	S 2 NO	If yes, sp		Black, White, etc.  Specify:						
		(Give kind of life. Do NOT u	(Give kind of work done during most of working life. Do NOT use retired.)					es			
						le, Maiden Surneme					
INFORMANT'S NAME (Type/Print)											
METHOD OF DISPOSITION		20b. PLACE AND OAT	E OF DISPOSITION	(Name		20c. LOCATION	— City or T	own, Stata	ind		
SIGNATURE OF FUNERAL SERVICE LIC		,	Denni	ND ADDRESS OF F			) Me	has I swa	27.8/		
quentielly list conditions, any, leeding to immediate use. Enter UNDERLYING USE (Disease or injury at initiated events suiting in death) LAST	b. DUE TO (OR A	S A CONSEQUENCE C	PF):	g couse given li	n Part i. 24		SY 24	b. WERE AUTOPSY	Y FINDING		
PE								OF DEATH?	F CAUSE		
WAS CASE REFERRED TO MEDICAL				LACE OF OEATH (C	heck only one)						
1 X YES 2 NO		Outpetient 3 DOA	OTHER: 4 - Nursing Hor	ne 5 🗆 Residence	eX Other (S	pecify)					
MANNER OF DEATH			ME OF 28c. IN	JURY AT	28d. DESCR	BE HOW INJURY	OCCURED				
Netural 5   Pending   Investigation	03 05		M		Drive	r in Aut	o/Tr	uck Imp	act		
3 Suicide 8 Could not be determined determined						281. LOCATION (Street and Number or Rural Route Number, City or Yown, State) Rtes. 12 & 113					
CONTROL CHANGE					e to the cause(	a) end manner ea		(a) and manner as	s stated.		
2 O MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at						294 5	DATE SIGNE	D (Month: Day Vis	ar)		
AIGNATURE AND TITLE OF CERTIFIED				DMOLIT	29d. DATE SIGNED (Month, Day, Year)  ▶03 06 1991						
NAME AND ADDRESS OF PERSON WH	efforde	DEATH STEW OF C	on Dalasti	O.C.M.	Ε.	<b>•</b> (	03 0	6 1991			
TO STATE OF THE PARTY OF THE PA	STREET AND NUMBER  2924 SNOW HILL  ARRITAL STATUS  Never Married 2 Married  Widowed 4 Divorced  15. DECEDENT'S EDUC  (Specify only highest grade  Elementary/Secondary (0-12)  ATHER'S NAME (First, Middle, Last)  Edward L. You  INFORMANT'S NAME (Type/Print)  Warren L. Smith  Burlel 2 Cremation 3 Rem  Donetion 5 Other (Specify)  HIGNATURE OF FUNERAL SERVICE LIC  PART'I. Enter the diseases, or a shock, or heart failure.  MEDIATE CAUSE (Finel ease or condition uiting in deeth)  Quentielity list conditions, my, leeding to immediate uiting in deeth)  ACUSE (Disease or injury to initiated events uiting in death) LAST  RT II. Other algnificant condition  WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Type 2 NO  WANNER OF DEATH  MAS CASE REFERRED TO MEDICAL EXAMINER?  1 Type 2 NO  WANNER OF DEATH  MAS CASE REFERRED TO MEDICAL EXAMINER?  1 Type 2 NO  WANNER OF DEATH  MAS CASE REFERRED TO MEDICAL EXAMINER?  1 Type 2 NO  WANNER OF DEATH  MAS CASE REFERRED TO MEDICAL EXAMINER?  1 Type 2 NO  WANNER OF DEATH  MAS CASE REFERRED TO MEDICAL EXAMINER?  1 Type 2 NO  WANNER OF DEATH  MAS CASE REFERRED TO MEDICAL EXAMINER?  1 Type 2 NO  WANNER OF DEATH  MAS CASE REFERRED TO MEDICAL EXAMINER?  1 Type 2 NO  WANNER OF DEATH  MAS CASE REFERRED TO MEDICAL EXAMINER?  1 Type 2 NO  WANNER OF DEATH  MAS CASE REFERRED TO MEDICAL EXAMINER?  1 Type 2 NO  WANNER OF DEATH  MAS CASE REFERRED TO MEDICAL EXAMINER?  1 Type 2 NO  WANNER OF DEATH  MAS CASE REFERRED TO MEDICAL EXAMINER?  1 Type 2 NO  WANNER OF DEATH  MAS CASE REFERRED TO MEDICAL EXAMINER?  1 Type 2 NO  WANNER OF DEATH  MAS CASE REFERRED TO MEDICAL EXAMINER?  1 Type 2 NO  WANNER OF DEATH  MAS CASE REFERRED TO MEDICAL EXAMINER?  1 Type 2 NO  WANNER OF DEATH  MAS CASE REFERRED TO MEDICAL EXAMINER?  1 Type 2 NO  WANNER OF DEATH  MAS CASE REFERRED TO MEDICAL EXAMINER?  1 Type 2 NO  WANNER OF DEATH  MAS CASE REFERRED TO MEDICAL EXAMINER?  1 Type 2 NO  WANNER OF DEATH  MAS CASE REFERRED TO MEDICAL EXAMINER TO TO TO TO TO TO TO TO TO TO TO TO TO	STREET AND NUMBER  2924 Snow Hill Road  IARITAL STATUS   Never Married 2	STREET AND NUMBER  2924 Snow Hill Road  AARITAL STATUS  Never Married 2 Married  Process 1 Ves 2 No  If Yes, GIVE WAR OR DATES  Is, DECEDENT'S EDUCATION (Specify only highest grade completed)  Is, DECEDENT'S EDUCATION (Specify only highest grade completed)  Is, DECEDENT'S EDUCATION (Specify only highest grade completed)  Is, DECEDENT'S EDUCATION (Specify only highest grade completed)  Is, DECEDENT'S EDUCATION (Specify only highest grade completed)  Is, DECEDENT'S EDUCATION (Specify only highest grade completed)  Is, DECEDENT'S EDUCATION (Specify only highest grade completed)  Is, DECEDENT'S EDUCATION (Specify only highest grade completed)  Is, DECEDENT'S EDUCATION (Specify only highest grade completed)  Is, DECEDENT'S EDUCATION (Is DECE	STREET AND NUMBER  2924 Snow Hill Road  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1   YES 2   ZINO IF YES, GIVE WAR OR DATES  13. WAS DECEDENT'S EDUCATION (Specify only highest grade completed)  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16. DECEDENT'S USUAL OCCUPANT (Give kind of work done during me kin. Do NOT use related.)  17. Project Coordi  18. DECEDENT'S EDUCATION (Specify only highest grade completed)  19. MAILING ADDRESS (Street on the Coordi  19. MAILING ADDRESS (Street on the Coordi  19. MAILING ADDRESS (Street on the Coordi  19. MAILING ADDRESS (Street on the Coordi  19. MAILING ADDRESS (Street on the Coordi  19. MAILING ADDRESS (Street on the Coordi  19. MAILING ADDRESS (Street on the Coordi  19. MAILING ADDRESS (Street on the Coordi  19. MAILING ADDRESS (Street on the Coordi  19. MAILING ADDRESS (Street on the Coordi  19. MAILING ADDRESS (Street on the Coordi  19. MAILING ADDRESS (Street on the Coordi  19. MAILING ADDRESS (Street on the Coordi  19. MAILING ADDRESS (Street on the Coordi  19. 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WAS DECENDENT'S LIBURATION IN yes, appeinty Cuben, Mencien, Puerto Ricen 1   Yes 2 ZNO IN Specify Cuben, Mencien, Puerto Ricen 1   Yes 2 ZNO IN Specify Cuben, Mencien, Puerto Ricen 1   Yes 2 ZNO IN Specify Cuben, Mencien, Puerto Ricen 1   Yes 2 ZNO IN Specify Cuben, Mencien, Puerto Ricen 1   Yes 2 ZNO IN Specify Cuben, Mencien, Puerto Ricen 1   Yes 2 ZNO IN Specify Cuben, Mencien, Puerto Ricen 1   Yes 2 ZNO IN Specify Cuben, Mencien, Puerto Ricen 1   Yes 2 ZNO IN Specify Cuben, Mencien, Puerto Ricen 1   Yes 2 ZNO IN Specify Cuben, Mencien, Puerto Ricen 1   Yes 2 ZNO IN Specify Cuben, Mencien, Puerto Ricen 1   Yes 2 ZNO IN Specify Cuben, Mencien, Puerto Ricen 1   Yes 2 ZNO IN Specify Cuben, Mencien, Puerto Ricen 1   Yes 2 ZNO IN Specify Cuben, Mencien, Puerto Ricen 1   Yes 2 ZNO IN Specify Cuben, Mencien, Puerto Ricen 1   Yes 2 ZNO IN Specify Cuben, Mencien, Puerto Ricen 1   Yes 2 ZNO IN Specify Cuben, Mencien, Puerto Ricen 1   Yes 2 ZNO IN Specify Cuben, Mencien 1	STRIET AND NUMBER  2924 Snow Hill Road  ARITAL STATUS  New Married 2 Married  Note Married  Note Married	STREET AND NUMBER  2924 SNOW H111 ROAD  12. WAS DECEMENT FYER IN U.S. ANNED PORCEST 1   YES 2 ZINO FYER SHORTH 2 ZINO FYER SHORTH AND SPECIAL COMMINITY SPACE TO THE MANUE CONCOUNT Spacety Yes or No.   14 ACM Never Married 2 ZINO FYER SHORTH 2 ZINO FYER SHORTH AND SPACETY   YES 2 ZINO FYER SHORTH AND SPACET	There and names  2924 Show Hill Road  12. Was december from N.S. Armed Process 1 12. Was december of the N.S. A		



1991

3. TIME OF DEATH

10d. INSIDE CITY

1 YES 2 X NO

Approximate

AVAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH?

8. BIRTHPI ACE /State or Foreign

Maryland

Baltimore

USA

14. RACE — American Indian, Black, White, atc.

White

4:10

PM

21. SIGNATURE OF FUNERAL SERVICE LICENSEE timo 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, ahock, or heart failure. List only one cause on each line

George E. Stevenson

22. NAME AND ADDRESS OF FACILITY 11824 Reisterstown Rd. Eline Funeral Home Reisterstown, Md. 21136

1 YES 2 NO

2. DATE OF DEATH

March

interval Between Tuse Bilateral Pneumonia Onset and Death IMMEDIATE CAUSE (Fine) disease or condition reaulting in death) SPIRATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate Encephalopath DUE TO (OR AS A CONSEQUENCE OF): Enter UNDERLYING CAUSE (Disease or Injury resulting in death) LAST 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS

_									
PART	II. Other	r algnificent	conditions	contributing t	to death but	not reculting	in the unde	rlying cause o	given in Part I.
_									
_									

1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA rsing Home 6 - Residence 6 - Other (Specify) 27. MANNER OF GEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 6 Pending Investigation M 1 YES 2 NO 2 Accident 26s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide

29e. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) end menner se stated.

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) and menner se stated. 29b. SIGNATURE AND TITLE OF CUITI D34/24

-30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

7600081erD, #213

Towson

29d, DATE SIGNED (Month, Day, Year)

31. DATE FILEO (Month, Day, Year)

JOHN

MILTO, MD 32: REGISTRAR'S SIGNATURE

by the hospital or attending physician.

I be detached for use as the burial-transit BALTIMORE, MARYLAND 21203-3146 should be detached Page 6 may be retained page director, funeral urs after death. removal. filled in by t 0 completely filled irial, cremation, o

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marked,

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28 tem CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE 2

in and com to burial,

attending physician rtal Hygiene prior to

signed by the atter Health and Mental

t. of H

has be Dept.

certificate h Item

certificate be executed within BOX 13146, P.0. the death VITAL RECORDS, requires that A.P. The THE HOSPITAL DR ATTENDING PHYSICIAN: 1 THE FUNERAL DIRECTOR: After this certificat filed within 72 hours after death with the Sta OF TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

-1-

The state of the state of

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Sure after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit abe filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1	-	STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO				
100	1. DECEDENT'S NAME (First, Middle, Last	Sin	aer			2. DATE OF DEATH DO	"3 q"	SAR 1230 P M		
	4. SOCIAL SECURITY NUMBER 201-12-7347	5. SEX 1 1 M 2 F	GE (In yrs. last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURE MIN.	7. DATE OF BIRTH (Month, Day, Year) 9/30/13	8.	BIRTHPLACE (State or Foreign Country) Poland		
TOR	96. FACILITY NAME (If not institution, give street end number)  96. CITY, TOWN OR LOCATION OF DEATH  Hebrew Home of Greater Washington  Rockville  Montgomery									
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 100. COUN Maryland Mor	ntgomery	10c. CI	TY, TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER 6105 Montrose Ro				1. ZIP CODE 20852			U.S.A.		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 🔀 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT	EVER IN U.S. ARMED YES 2 NO AR OR DATES	If yes, sp		IIC ORIGIN? (Specify Yearn, Puarto Ricen, atc.)		RACE — American Indien, Black, White, stc. Specify: White		
COMPLETED	15, DECEDENT'S EC (Specify only highest gra- Elementary/Secondary (0-12) 12	DUCATION de complèted) Collège (1-4 or 5+)	(Give kind of life, Do NOT i	s usual occupati work done during muse retired.)	ost of working	Clothi				
BE CON	17. FATHER'S NAME (First, Middle, Last)  Joseph Singer				Lena	ME (First, Middle, Meiden Rosen				
10	19a. INFORMANT'S NAME (Type/Print)  Rose Singer (wi	fe)		,		Route Number, City or Tow #102 Halla		Fla. 33009		
	20e. METHOD OF DISP SITION 130 Burlet 2 Crynation 330 Re 4 Donetion 5 7 Other (Special)	moval from State	20b. PLACE OF DISPO other place) ROOSevelt			4	ks Co.	or Town, State		
	21. SIGNATURE OF NAME ASSENSICE	m .	Lie	Danza		dberg Memo	rial C	hapels, Inc. e, MD 20852		
ATION	23. PART i. Enter the disease, pahock, or heart latter immediate production in the part latter in the part l	a. Present one cause of the cau	coused the death. Do se on each line.  OR AS A CONSEQUENCE (  OR AS A CONSEQUENCE (	on: Die	as-	h ee cardiac or reep	Iretory arrest	Approximate interval Between Onset and Daath  202015		
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	c OUE TO (	OR AS A CONSEQUENCE	0F):						
DICAL	PART, II. Other algorificant conditions the post	one contributing to	deeth but not resulting	In the underlying	g cause given in	Part I. 24a. WAS AN PERFOI	RMED	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTMER:	LACE OF DEATH (Ch					
PHYSICIAN: ME	1 YES 2 NOT 27. MANNER OF DEATH 1 Natural 8 Pending	28a. DATE OF (Month, Da		ME OF 28c. IN	JURY AT ORK? YES 2 NO	6 Cher (Specify)  28d. DESCRIBE HOW	INJURY OCCUR	NEO		
TED BY	2 Accident Investigation 3 Suicide 8 Could not b 4 Homicide etermined	28e. PLACE OF	FINJURY — At home, farm, etc. (Specify)			28f. LOCATION (Street City or Town, Stete	and Number or	Rural Route Number,		
COMPLETED	onel		my knowledge, death occur amination and/or investigat					couse(e) end menner ee stated.		
BE	29b. SWHATURE AND TITLE DE CERTIF	ill v	no		29c. LICENSE NUI	MBER 579	B A	3 Q		
10	Susant, Miller		brewtone	of Str. 1	Jashing	50 (P)	Mont	Le mo arry		
	31. DATE FILED (Month, Day, Year)	100	R'S SIGNATURE		V	11/4	~~~	111111111111111111111111111111111111111		



gagini Lond

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Just after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. Cleared by M.C.

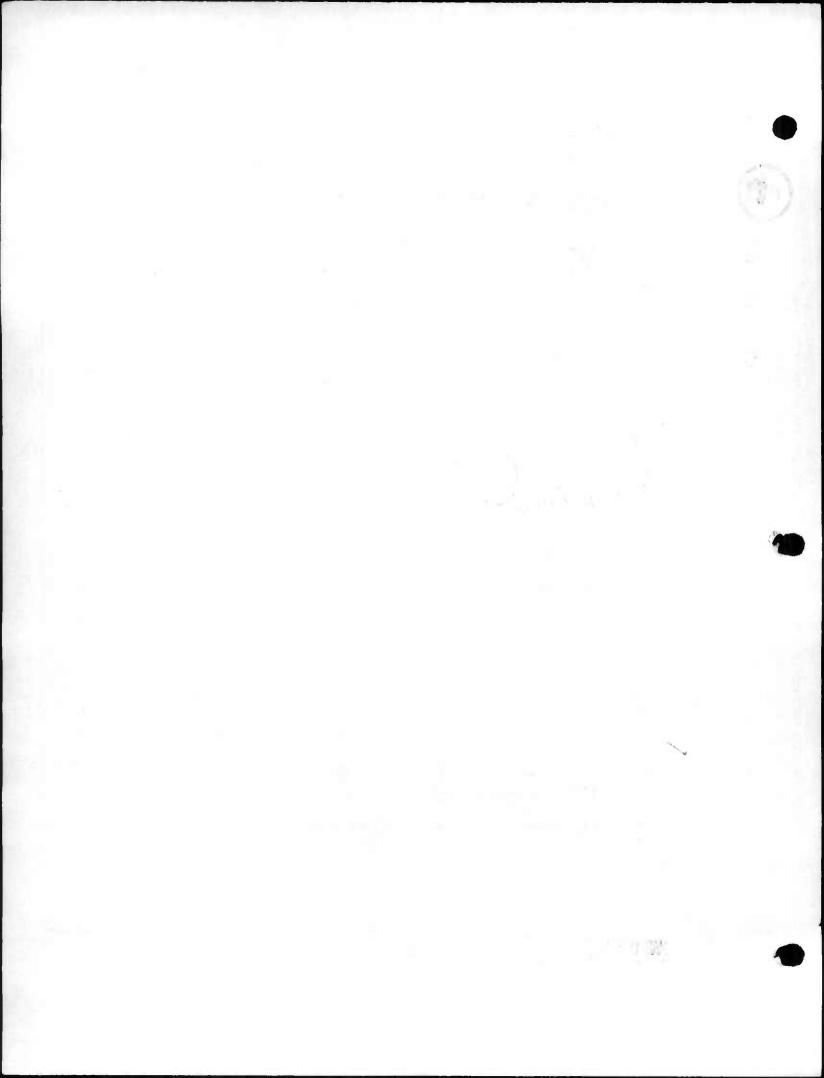
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FOR STATE REGISTRAR

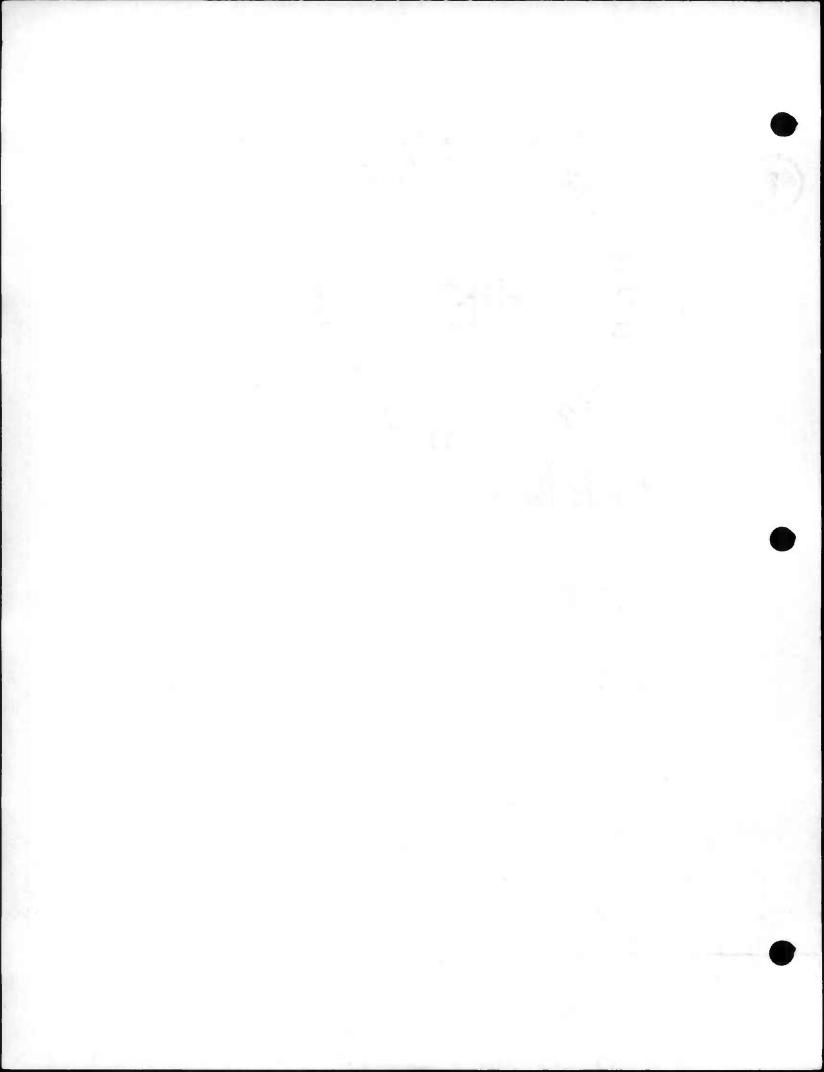
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	1. DECEDENT'S NAME (First,	Middle, Lest)								2. DATE OF DEATH	aw.	WEAR	3. TIME OF DEATH	
	1. DECEDENT'S NAME (First,	2KIC	over							March 2, 1	991	YEAR	2:30 P	. M
	4. SOCIAL SECURITY NUMB		5. SEX	8. AGE (In yrs. les	st birthday)	IF UNDER	DAYS	IF UNDER		7. DATE OF BIRTH		Count	IPLACE (State or Fore	
	217-82-5829		1 🗌 M 2 💢 F	78	YRS.	-				(Month, Pay, Year) 6-18-12		Bro	oklyn, N	.Y.
-	9a. FACILITY NAME (If not in	stitution, give s	street and number)			9b. CITY	, TOWN	OR LOCATE	ON OF DE	EATH	9c. COU	INTY OF D	EATH	
5	HEBREW HOME		REATER WA	ASHINGTO	N	RC	OCKV	ILLE			MOI	NTGO	MERY	
EC	10a. STATE	10b. COUNT	Y		10c. CIT	TY, TOWN (	OR LOCAL	TION					10d. INSIDE CITY	
DIRECTOR	MD.	Monts	gomery		F	Rockv	7111	e					LIMITS?	10
	10e. STREET AND NUMBER						101	f. ZIP COD	E		10g, CIT	IZEN OF	N OF WHAT COUNTRY?	
EH	6105 Montro	se Rd.	•					2085	52		U.	S.A.	.A.	
FUNERAL	11, MARITAL STATUS  1 Never Married 2	***************************************		NT EVER IN U.S. AR						14. RAC Blac	E — American Indien k, Whita, atc.	4		
BY	3XX Widowed 4 Divo			WAR OR DATES			1 TYES	2 X NO	Specify	у:		Spec	wy: White	
	15. DEC	EDENT'S EDU	JCATION	16a, DE	CEDENT'S	DENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY								
ETE	(Specify only Elementary/Secondary (0	ly highest grade 0-12)	e completed)  Optlege (1-4 or 5	(G	live kind of a. Do NOT u	work done use retired.)	during mo	ost of working	ng					
APL			4	noi	memak	cer				Home				
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  Philips (first, Migdle, Last) David Friedheim  19a. INFORMANT'S NAME (First, Migdle, Last) David Friedheim  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip Code)  Phillip Sklover  2301 E St. N.W. # A910 - Washington, D.C. 20037  20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place)  4 Donation of Other (Specify)  21. SIGNATURE OF TUNE AL SERVIC  22. NAME AND ADDRESS OF FACILITY DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC.  1170 ROCKVILLE PIKE, ROCKVILLE, MD 20852													
986	19a. INFORMANT'S NAME (1	Type/Print)		19	b. MAILING	G ADDRES	S (Street I	and Number	r or Rural	Route Number, City or Tow	n, State, Zi	p Code)	-	
T					2301	E St	. N	.W. #	4 A91	10 - Washir	ngtor	n, D.	C. 20037	
	20e. METHOD OF DISPOSITI	ION on 3 - Rem	noval from State	other pl	lece)								own, State	
				_ Judea	an Me						2y, N	1D.		
	1-1	-	7 1	1.							RIAI	CHA	PELS. IN	c.
		4	m. /	Lise		1	170	ROCK	VILI	E PIKE, RO	CKVI	LLE.		
	23. PART I. Enter the d ahock, or h	lseases, or eact falliure.	complications the List only one ce	at caused the de use on each line	seth. Do:	not enter	r the mo	de of dy	ing, auc	h aa cardiec or respi	iratory ar	rrest,	Approximat Interval Bet	tween
	iMMEDIATE CAUSE (Fir disease or condition	nai	Par	10- 04									Onset and	1
	resulting in death)	$\rightarrow$		O (OR AS A CONSE		Augus.						_	اسد	MC
-		_	10.	enter	)	nry:							1986	
IO	Sequentially list conditi		0.	OR AS A CONSE	QUENCE C	OF):							1 100	
CERTIFICATION	cause. Enter UNDERLY	ING	· Large	e Cel	1	um	pho	mo	<u> </u>				1986	
E	that initiated events resulting in death) LAS		00€300	OR AS A CONSE	QUENCE O	IDI.								
KH	Todaking in duality Exo		d											
	PART II. Other aignifica	int condition		- 1 . 4		in the ur	ndarlyin	g cause	given in	Part I. 24e. WAS AN		248	. WERE AUTOPSY FINE AVAILABLE PRIOR TO	
MEDICAL	The Dept	ressio	n, 51	Bilax	era	h	1p+	race	Lurs	1 YES 2			COMPLETION OF CA	
ME	hyporhe	word	ism										1 TYES 2 NO	ó
N.														
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			ОТНЕ	R:	-		neck only one)				
HYS	1 VES 2 NO		1 U Inpetient 2 I	ER/Outpetlant 3	28b. Tin	_		JURY AT	asidenca	8 Other (Specify)  28d. DESCRIBE HOW I	N. HHRY O	CUREO		
ВУ Р	1 Natural 5	Pending Investigation		Day, Year)	IN.	M	WC	YES 2	□ NO	Zou. DESCRIBE NOW I	NJUNY OC	COREO		
	3 Suicide 8 4 Homicide	Could not be detarmined	28e. PLACE ( building	OF INJURY — At he i, etc. (Specify)	ome, farm,	street, fac	tory, offic	10		281. LOCATION (Street City or Town, State)		or or Rural	Route Number,	
J.E	29a. CERTIFIER (Check only	TIFYING PHYS	SICIAN: To the best of	rl my knowledge, de	eath occur	red at the	time, data	and place	e, and dus	to the cause(a) and mai	nner as sti	sted.		
COMPLETED	and only									time, date and place, ar			a) and manner as sta	ried.
BE (	296, SIGNATURE AND TITLE	OF CENTIFIE	1.71	m	0			29c. LIC	ENSE NUI	MBER	29d. DA	TE SIGNES	(Month, Day, Year)	
TO	30. NAME AND ADDRESS OF	E PERSON WI	HO COMPLETED CAL	ISE OF OFATH (ITE	M 270 (To	Defect)		DS	127			2/2	./7/	
	Susan J. M	niller	mp H	elorault	one	of G	itr. 1	Was	h. 4	plas Montr	Ose	Rdi	Rodulle	mo
	31. DATE FILEO (Month, Day, MAR 05	<b>'91</b>	32. REGISTR	Savidson )										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



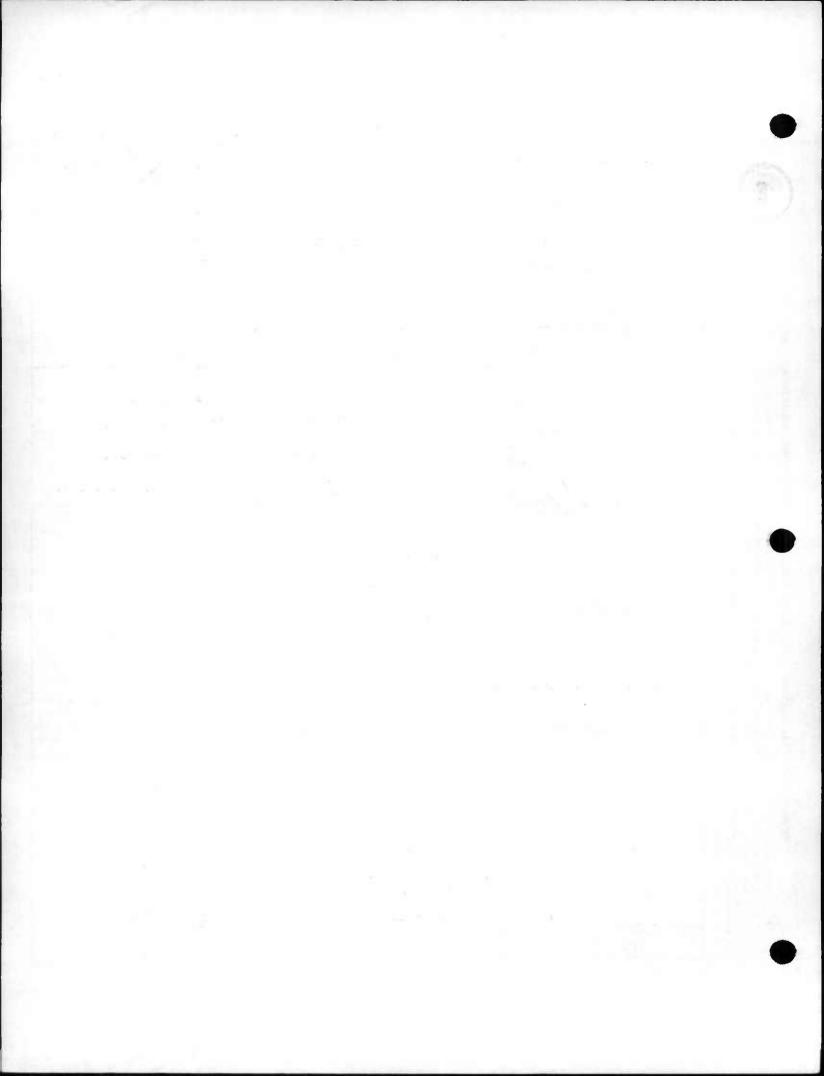
1 - FOR STATE REGISTRAR	STATE OF MA	RYLAND / DEPA CERTI	FICATE OF	DEATH AND T	WENTAL HYGIENE REG. NO.	e fr	FA-161616	
1. DECEDENT'S NAME (First, Middle HANS	H. SCHI	ROEDER			DATE OF DEATH DAY	191	1.226 M	
4. SOCIAL SECURITY NUMBER 170-07-0745	1 M 2 □ F	AGE (In yrs. lest birthde) 89 YRS.	MONTHS DAYS	F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) April 5, ]	1901	ountry)  Germany	
90. FACILITY NAME (If not institute Suburban Hosp	oital		. 107	or location of of thesda	ATH	Monto	Jomery	
	. COUNTY	10c. C	CITY, TOWN OR LOCA			10d. INSIDE CITY LIMITS?		
Maryland 100. STREET AND NUMBER	Montgomery		Bethes	da n. zip code		1 TYES 2 X NO		
7707 Whittier  11. MARITAL STATUS  1 Never Married 2 Men	12. WAS DECEDENT FORCES? 1 2	YES 2 NO	If yes, s		NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.)	United States  or No-		
3 🕅 Widowed 4 🗌 Olvorced  15. DECEOE (Specify only high property high property only high property only high property only high property only high property only high property only high property high property only high property only high property only high pro	NT'S EDUCATION hest grade completed)  College (1-4 or 5+)	(Give kind	rs usual occupat of work done during n ruse retired.) Governme	ost of working	INESS/INDUST			
Peter Schroed	ler	405 44411	NO ADDRESS (Sec.)	Maria (			(4)	
Vladimir Hamz  20e. METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 4 Dongsheq 5 Other (Spe	6904 20b. PLACE OF DISI other place)	Armat D	rive Betl	hesda, Mary	pland 2	20817 or Town, State		
IMMEDIATE CAUSE (Final disease or condition reautiting in death)  Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a	PR AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE	PS717	RATION	ARLES Puev	MON	Onset and Death	
PART II. Other provilicent	conditions contributing to d	leath but not resulting	ng in the underly	ng cause given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
25. WAS CASE REFERRED TO M EXAMINER?  1 YES 2 YOU	HQSPITAL:		OTHER:	PLACE OF DEATH (C				
27 MANNER OF OEATH  1 Portural 5 Portural	28e. DATE OF I	( Year) INJURY — At home, far	TIME OF 28c. I	NJURY AT WORK?	8 Other (Specify)  28d. OESCRIBE HOW I  28f. LOCATION (Street	end Number or		
4 Homicide dete	ing Physician: To the best of r	ny knowledge, death oc			City or Yown, State; to to the cause(s) and ma- e time, date end place, e	nner as stated.		



		REGISTRAR			C	ERFIEL	CATE	JF DEA	ın	REG. NO	).			
	1	1. DECEDENT'S NAME (First, Mi BARB)		E.	SMI	IH				2. DATE OF DEATH MONTH FEB. 26	, 199	YEAR	3. TIME OF DEATH 4:50 PM	-
		4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. las		IF UNDER 1 Y	AR IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Ybar)		Country)		
9		212-54-2303		1 M 2 PF	81	YRS.				SEPT.21,			CHIGAN	_
pluods		9a. FACILITY NAME (If not institu					,	WN OR LOCATE				NTY OF DEA		
1	CTOR	1026 NOYES					S.	LVER S	SPRING	G	MO	NTGOM	ÆRY	
(Allen	E E		b. COUNTY	Y		10c. CITY	Y, TOWN OR L	OCATION				10	IOd. INSIDE CITY	
	DIRE	MD.	MONI	GOMERY			SIL	RR SPI	RING			1	LIMITS?	
	AL	10e. STREET AND NUMBER				-		101. ZIP COO			10g. CITI	ZEN OF WN.	IAT COUNTRY?	
nsit.	E 1	1026 NO	YES D	R.				209	910			U.S.A	١.	
46 physician. burial-trar	FUN	11. MARITAL STATUS			NT EVER IN U.S. AF					C ORIGIN? (Specify Ye Puerto Ricen, etc.)	e or No—	14. RACE - Black, 1	- American Indien, White, etc.	Ī
	BY F	1 Never Merried 2 Me 3 Widowed 4 Divorce			WAR OR DATES	-		YES 2 NO		,		Specify:	WHITE	
r attending use as the		15, DECED (Specify only hi			16a. Di	ECEDENT'S	USUAL OCCL	PATION ag most of worki	ina	18b. KIND OF BL	ISINESS/IND	USTRY		
1 a p		Elementary/Secondary (0-12		College (1-4 or 5	+) life	. Do NOT us	e retired.)							
8 <u>p</u>	COMPL			4		PEACH	ER			PRI	VATE	SCHOO	)L	
g de p	8	17. FATHER'S NAME (First, Midd		DAMON				18. MOT	HER'S NAM	E (First, Middle, Maider				
od by be	BE	JAMES		PATON						NORA	JON			_
MAHY retained 5 should notified	2	194. INFORMANT'S NAME (Type		r ar	19	b. MAILING	ADDRESS (S	treet and Numbe	or or Rural Ro	oute Number, City or To	wn, State, Zip	Code)	20650 RDTOWN, MD.	)
- 9 9 6		ERIC J.		ITH		LT.	2 PAR	of cemetery, crea	LLL KI	BOX 14	4B, L	EONAR	TOWN, MD.	
Page 6 may the director, page must be		1 ☐ Burlel 2 ☒ Cremation 4 ☐ Donation 5 ☐ Other (Se	3 🗌 Rem	oval from State	other p			or cometery, crea	matory of			ALE,	.,	
NETIMOR leath. Page 6 m funeral director, xaminer musi		21. SIGNATURE OF FUNERAL S	SERVICE LI	CENSSE	0 0		22. NA	ME AND ADDRE	ESS OF FACI					
BALT ter death. the funera wal.		> 31. 11 Chambers MOOO91 W. W. CHAMBERS CO. INC., SILVER SPRING, MD.												
r filled in by fion, or remo		23. PART I. Enter the dise shock, or hee IMMEDIATE CAUSE (Final disease or condition resulting in death)		complications the			not enter th	EX	ing, such	es cerdisc or resp	olratory sn	est,	Approximate interval Between Onset and Death	
46, ad within ompletely II, cremal event,		rooming in double,		DUE TO	O (OR AS A CONSE	OUENCE O	F): // ,		21'7	7			100	
DX 1314 e be executed sician and corr rior to burial, traumatic en	ON	Sequentielly list condition		b. DUE TO	OR AS A CONSE	OUENCE O	P/40/	0/	X 45	- JUANS	2		10412	_
be exicted a rior to traum	CERTIFICATION	if sny, leeding to immedia cause. Enter UNDERLYING		1	Lann	MA	~	+ UA	1001	Thin B	Tide	61	13 min	
	FIC	CAUSE (Disease or Injury that initiated events	1	DUE ATO	OF AS A CONSE	QUENCE O	F): (		J C	70	1	<i>'</i> \	7,00	
h certifical anding phy Hygiene p	FI	resulting in death) LAST	ı	d								U		
the death of Mental		PART II. Other eignificent	condition	ne contribution to	n doeth hut not	ma a citélma	le the rede	dulan anuan	elme le S	best 1 Loss uness	N AUTOPSY	045-1	WERE AUTOPSY FINDINGS	_
y and at D	EDICAL	Classic	A. i.	5000	Ben	Tin	m are unde	riying cause	given in r	PERFO	PRMEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
signed by Health and Ws any In	ğ	400	MC	Jejuis	1 jewer	10/2				1 _ YES	2 X NO	9	OF DEATH?	
9 3 - 2										_		'	1 YES 2 NO	
AL The taw The taw te has b te Dept.	AN	25. WAS CASE REFERRED TO I	MEOICAL					26. PLACE OF	OEATH (Chec	ck only one)				_
	SICIAN: M	EXAMINER?		HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER:			Other (Specify)				
	PHY	27. MANNER OF OEATH		28a. DATE O	F INJURY	28b. TIM	E OF 20	c. INJURY AT		26d. DESCRIBE HOW	INJURY OC	CURED		
ark this		1 Natural 5 Pe	nding restigation	(NORIO,	Day, Year)	IIV.	JURY	WORK?	□ №					
DIVISION OF OR ATTENDING PHYSI DIRECTOR: After this c bours after death with Item 28 is marked,	D BY	2 C Autota	ould not be	28e. PLACE	OF INJURY - At h	ome, farm,	atreet, factory	, office		281. LOCATION (Stree City or Town, State		r or Rural Ro	oute Number,	
DIVISION OR ATTEN OIRECTOR: bours after Item 28 I	1	4 Homicide da	termined											
DIV  TO THE HOSPITAL OR A  TO THE FUNERAL DIREC  be filed within 72 hours  IMPORTANT: If Item	COMPLETED	CHECK OTHY		Commence of the Commence of th						to the cause(s) end m			and menner as stated.	
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	BE C	296. SIGNATURE AND TITLE O	Charien	10	2.00	7/	1/	29c. LIC	CENSE NUM	62.1	29d. DAT	E SIGNED	(Month, Day Year)	
P P ≥ ₹	2	30. NAME AND ADDRESS/OF	ERSON WI	HO COMPLETED CAI	USE OF DEATH (IT	EM 27) (Typi	(, Print)		111	101	1.0	1/2	411	_
10			FALOT				ILL RI	ויתק (	HESDA	A. MD.				
		31. DATE FILED (MONT) Day, Yo	304	32. REGISTA	AR'S SIGNATURE	1.0		Learn Page	MODE	to PID.				
		1FB 58	91	17	L. WHITELER	-Hande	00							

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	1 - STATE REGISTRAR	CERTIFICATE OF DEATH	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Lest)		2. DATE OF DEATH	3. TIME OF DEATH					
	Alma Sprogis		Feb. 26, 199	9:14 a. w					
	4. SOCIAL SECURITY NUMBER 6. SEX 6. AC	GE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.	7 DATE OF BUTTH	BIRTHPLACE (State or Foreign Country)					
	103 12 6010 1□M2⊠F	88 YRS. MONTHS DAYS HOURS MIN.	Nov. 25, 1902	Estonia					
	9e. FACILITY NAME (If not institution, give street end number)	9b. CITY, TOWN OR LOCATION OF D		Y OF DEATH					
ECTOR	Montgomery General Hospital Olney Montgomery								
DIREC	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION		10d. INSIDE CITY LIMITS?					
	Maryland Montgomery	Silver Spring		1 ₹ YES 2 NO					
FUNERAL	3372 Chiswick Court	101. ZIP CODE 209		EN OF WHAT COUNTRY?					
BY FUN	11. MARITAL STATUS  1 Never Married 2 Merried  3 🖾 Widowed 4 Divorced	ES 2 NO If yes, specify Cuben, Mexic	an, Puerto Rican, etc.)	4. RACE — American Indian, Black, White, etc. Specify: White					
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S USUAL OCCUPATION	16b. KIND OF BUSINESS/INDU	STRY					
ETED.	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	(Give kind of work done during most of working life. Do NOT use retired.)	1993						
P	Elementary/Secondary (0-12)  1/12  College (1-4 or 5+)	Landlord	Self Employ	ed					
COMPL	17. FATHER'S NAME (First, Middle, Lest)		AME (First, Middle, Melden Surname)						
BE (	Peter Tark	Maria	Winn						
OE	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street end Number or Rura							
-	Endel Mann	2016 Mayflower Dr	ive Silver Spri	ng,Md.					
	1 🖾-Buriel 2 🗆 Cremation 3 🗆 Removal from State	20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)		Control of the Contro					
	4 Denation 6 Denational Special	Oakland Cemetery	Yonker	s,N.Y.					
	22. NAME AND ADDRESS OF FACILITY Hines/Rinaldi 11800 New Hamp. Ave. S.								
	Muller Al Kemala	Hines/Rinald	1 11800 New Hamp	.Ave.S.S.Md.					
	23. PART I. Enter the diseases, or complications that cau shock, or heart fellure. List only one cause of	sed the death. Do not entar the mode of dying, su	ch ea cardiac or respiratory arre-	at, Approximata					
	IMMEDIATE CAUSE (Final	ii vacii iiig.		Onset and Death					
	disease or condition resulting in death)  s. Ischemic ileocolitis  DUE TO (OR AS A CONSEQUENCE OF):								
				Days					
N	Sequentially list conditions, General	ized intestinal ische	emia	Days					
ERTIFICATION	ii airy, reading to miniediate								
5	cause. Enter UNDERLYING CAUSE (Disease or injury  DUE TO (OR AS A CONSCOUENCE OF):								
Ē	that initiated events  resulting in death) LAST								
CEF	d								
	PART II. Other significant conditions contributing to deat	h but not resulting in the underlying ceuse given i	Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO					
DICAL	Myocardial ischemia; splenic and hepatic 1 XYES 2 NO OF								
MEC	infarcts.								
MI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE OF DEATH (C	Check only one)						
SIC	1 YES 2 NO 1 Dispetient 2 ERA	OTHER: Outpatient 3 DOA 4 Nursing Name 5 Residence	6 Other (Specify)						
PHYSICIAN:	27. MANNER OF DEATH 28e. DATE OF INJU (Month, Day, Ye.	RY 28b. TIME OF 28c. INJURY AT WORK?	26d. DESCRIBE HOW INJURY OCCU	PRED					
BY F	Ty Netural 5 Pending 2 Accident Investigation    Netural   S   Pending   Netural   Net								
	3 Suicide 6 Could not be 28e. PLACE OF INJ	URY — At home, farm, street, factory, office Specify)	281. LOCATION (Street and Number of City or Town, State)	r Rural Route Number,					
TE	4 Homicide determined								
COMPLETED	29e. CERTIFIER Check only 1 CERTIFYING PHYSICIAN: To the best of my ki	nowledge, death occurred at the time, date end place, end de	se to the cause(e) end manner es state	đ.					
NO.	and a	ation end/or investigation, in my opinion, death occured at ti	e time, date end place, end due to the	cause(s) end manner as stated.					
EC	29b. SIGNATURE AND TITLE OF CERTIFIER TO AND P	Kumar M D 29c, LICENSE N	UMBER 29d. DATE	SIGNED (Month, Day, Year)					
0	I asot a sound	Kumar, M.D. 290. LICENSE N	368 ▶ 26	Feb 91					
5	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ALL-ALA.							
	296. SIGNATURE AND TITLE OF CERTIFIER JOAN R.  SUSTEMN STATE OF CERTIFIER JOAN R.  30. NAME AND ADDRESS OF PERSON WING COMPLETED CAUSE OF								
		DEATH (ITEM 27) (Type, Print)	n Hospital. O	lney MD					
		DEATH (ITEM 27) (Typo, Print)  UMAN Montgomery Get	n Hospital, O	Lney MD					



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or other traumatic event,

injury,

Hem certificate I

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signed by the shows any

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TO THE FUNERAL DIRECTOR: After the filed within 72 hours after death IMPORTANT: If item 28 is man

HOSPITAL

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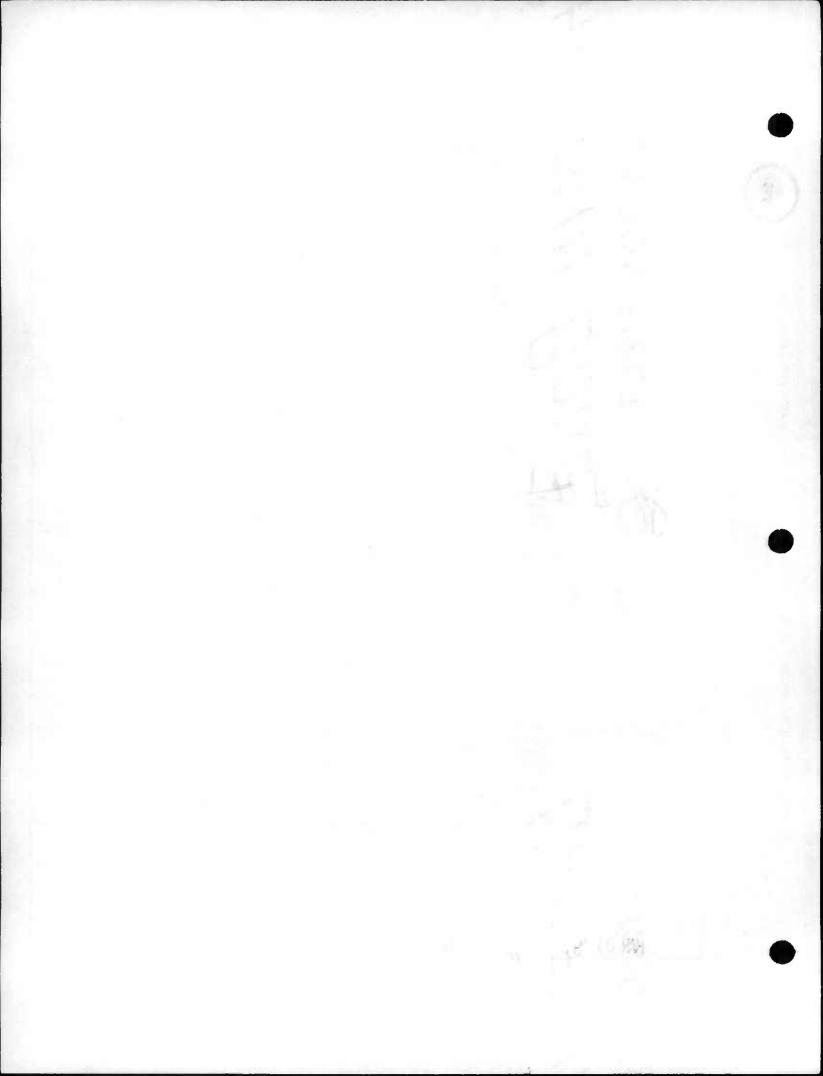
1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1991 Feb. 9:35 a Evelyn Snell a. BIRTHPLACE (State or Foreign Country) South 7. DATE OF BIRTH (Month, Day, Year 4. SOCIAL SECURITY NUMBER 5. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 1 M 2 FF 68 Sept. 247 14 6219 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH Montgomery General Hospital DIRECTOR Olney Montgomery RESIDENCE OF DECEDENT 10h COUNTY 10c CITY TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY Maryland Montgomery Rockville 1 X YES 2 NO FUNERAL 10a, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 123 N. Van Buren Street 20850 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE - American Indian Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married Specify: 3 Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION ED 15. DECEDENT'S EDUCATION 165 KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+1 Elementary/Secondary (0-12) 12 Secretary N.I.H. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Daniel F. Harmon Ethel (Not Available) 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Marvin I. Snell 123 N. Van Buren Street, Rockville, Md. 20850 20g\_METHOD OF DISPOSITION
1 🗡 Burlel 2 🗆 Cremation 3 🗆 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION -- City or Town, State 4 Donation 6 Other (Specify) Arlington National Cemetery Arlington, Virginia 22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home/Rockville, Inc. 300 West Montgomery 21. SIGNATURE OF FUNERAL APPRIOR LICENSE M00689 Avenue, Rockville, Maryland 20850-2805 If the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Fine) Onset and Death resulting in death) 10200 RTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other agnificent conditions contributing to Beath/but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 THO 20900 An 02/0 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 Sinpatient 2 ER/Outpatient 3 DOA 1 WES 2 TENO ig Home 5 🗆 Rasidence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28a, DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural M 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Flural Floute Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER

(Chack only 1 🖰 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On th investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. Daniel L. Anderson, 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 191 27 M.D. 03592 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Daniel L. Anderson, M.D. 2901 Olney Sandy Spring Rd., Olney, Maryland 20832 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE MAR 01

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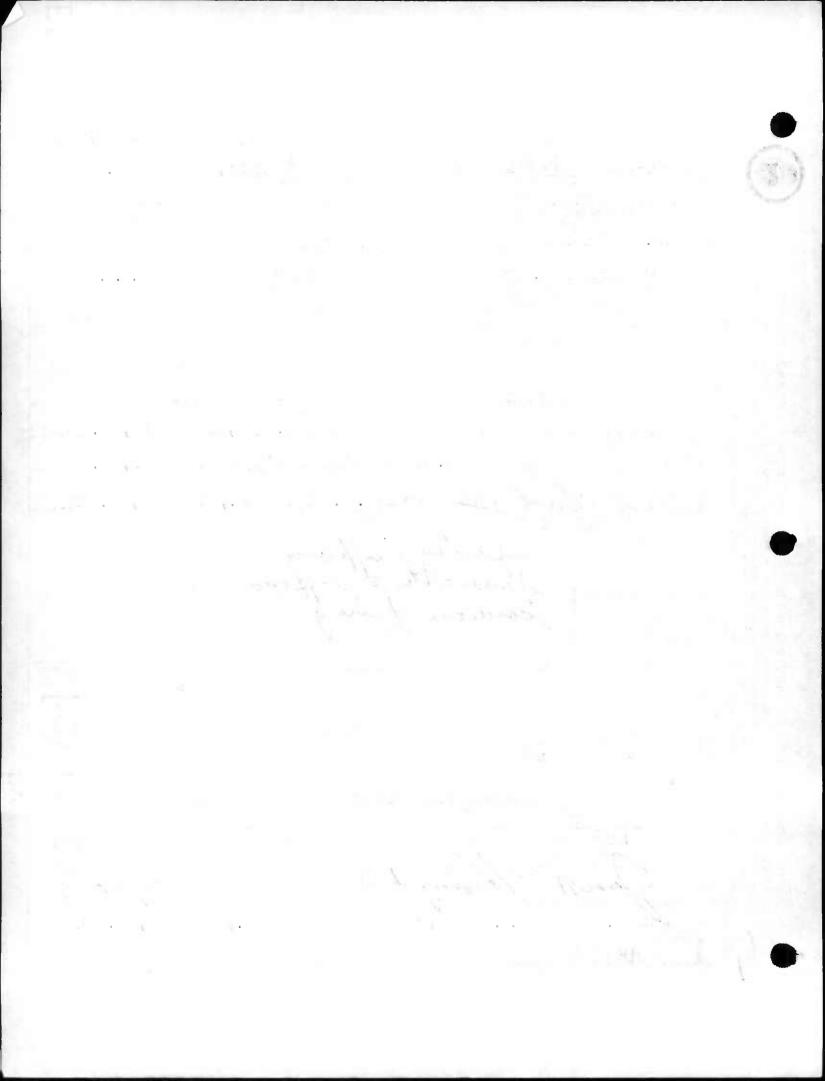


BALTIMORE, MARYLAND 21215-0020	24 nours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages ion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MAR	YLAND / DEPARTMEN	T OF HEALTH ANI	MENTAL HYGIENE
	CERTIFICAT	E OF DEATH	REG. NO.

1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
Ruth Justine	Sherwood				2 2	2/1	Q1	7:10 A
4. SOCIAL SECURITY NUMBER 579-03-5411				URS MIN.	7. OATE OF BIRTH (Month, Day, Year) MAY 2, 19	900	Country	PLACE (State or Foreign ) A
9e. FACILITY NAME (If not institution, give		98	o. CITY, TOWN OR L	OCATION OF DEAT	ТН	9c. COUN	_	
DOCTORS HOSPIT	AL		LANHAM			PRI	NCE	GEORGES
10e. STATE 10b. COUN	TY	10c. CITY, T	OWN OR LOCATION					10d. INSIDE CITY LIMITS?
Md. PRI	NCE GEORGES		BLADENSB	URG				1 X YES 2 NO
10e, STREET AND NUMBER	W = - 1		10f. ZIP	COOE		10g. CITIZ	EN OF W	HAT COUNTRY?
5999 EMERSON	11 -	NITE ADMED	T 40 HMC DECEND	20710	ODIONIO (014- V		U.S	
1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, specify		ORIGIN? (Specify Yo Puerto Rican, atc.)	99 OF NO.	Black, Specifi	- American Indian, White, atc.
15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re	done during most of	working	16b. KIND OF BI	USINESS/INDU	USTRY	
6		SALEST	WOMAN			SALES		
17. FATHER'S NAME (First, Middle, Lest)			10.		E (First, Middle, Maide			
CHARLES	RUSINKO			IRE		ALITA		
190. INFORMANT'S NAME (Type/Print)	OOM				LOG DT 8			100 0000
FLORENCE NO.  20e. METHOD OF DISPOSITION 12 Burlel 2 Cremetion 3 Rec	OON	5999 b. PLACE AND DATE OF			7	DENSBU		
21. SIGNATURE OF FUNERAL SERVICE L	LICENSEE		22. NAME AND A	DDRESS OF FACI	LITY			
23. PART I. Enter the diseases, or	ambusal	MOOO91 d the death. Do not sech line.	W. W. (	CHAMBERS	CO., RI			Approximate Interval Betv
23. PART I. Enter the diseases, or ahock, or heert failure IMMEDIATE CAUSE (Finel disease or condition	ambus (I)	d the death. Do not sech line.	W. W. (	CHAMBERS	CO., RI			Approximate Interval Betv
23. PART I. Enter the diseases, or shock, or heart failure immediate cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OR AS A DUE TO (OR AS A d.	A CONSEQUENCE OF):	W. W. (content the mode)	CHAMBERS of dying, such	aa cardiac or rea	piratory arre	est,	Approximate Interval Betwoen and Conset and
23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. CANUM. DUE TO (OR AS A DUE	A CONSEQUENCE OF:	W. W. (center the mode)  White the winderlying can  28. PLACE	CHAMBERS of dying, such	as cardiac or rea	piratory arre	est,	Approximate Interval Betwoen and D Onset a
23. PART I. Enter the diseases, or shock, or heert failure immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and conditions in the conditions in	c. DUE TO (OR AS A DUE TO (OR	A CONSEQUENCE OF):	W. W. () enter the mode of the content of the underlying cannot be content of the	CHAMBERS of dying, such	aa cardiac or rea	NAUTOPSY ORMED?	246.	Approximate interval Betw Onset and D Onse
23. PART I. Enter the diseases, or shock, or heert failure immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and the conditions is the conditions of the conditions	b. DUE TO (OR AS A DUE TO (OR A) DUE TO (OR A) DUE TO (OR AS A DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE T	A CONSEQUENCE OF):	W. W. (enter the mode of the winderlying call the underlying call	CHAMBERS of dying, such	aa cardiac or rea	NAUTOPSY ORMED?	246.	Approximate interval Betw Onset and D Onse
23. PART I. Enter the diseases, or shock, or heert failure immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions in the condition of the conditions in the conditions i	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF:  Dut not resulting in the patient 3 DOA 4  28b. TIME C INJURY  Y — At home, farm, stre	W. W. (enter the mode of the winderlying call the underlying call	CHAMBERS of dying, such  Ruse given in P  COF DEATH (Check COMMANDERS)  Residence 6  AT  2   NO	Part I. 24a. WAS A PERFC 1 YES	NAUTOPSY ORMED? 2 NO	24b.	Approximate interval Betw Onset and D  WERE AUTOPSY FIND ANALABLE PRIOR OF CAU OF DEATH?  1 YES 2 NO
23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions in the condition of the conditions in the conditions i	DUE TO (OR AS A D. DUE TO (OR AS	A CONSEQUENCE OF:  Dut not resulting in the patient 3 DOA 4  28b. TIME C INJURY  Y — At home, farm, stre	W. W. (enter the mode of the winderlying call the underlying call	CHAMBERS of dying, such  Ruse given in P  COF DEATH (Check COMMANDERS)  Residence 6  AT  2   NO	aa cardiac or rea	NAUTOPSY ORMED? 2 NO	24b.	Approximate interval Betwoen and Conset and
23. PART I. Enter the diseases, or shock, or heert failure immediate CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions in the condition of the cond	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF):  Dut not resulting in the colly of the	W. W. (enter the mode of the work of the underlying calculation). The underlying calculation of the underlying calculation of	CHAMBERS of dying, such  Buse given in P  CHAMBERS OF DEATH (Check CHAM	as cardiac or real as cardiac or	NAUTOPSY ORMED? 2 NO V INJURY OCC	24b.  CURED  or Rural R  ed.  e cause(e)	Approximate Interval Bety Onset and Conset a
23. PART I. Enter the diseases, or shock, or heert failure immediate Cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions in the condition of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition in the cause of the cause. Examiner?  1 YES 2 AO  27. MANNER OF DEATH  1 Pending Investigation of the cause of the	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF):  Dut not resulting in the colly of the	W. W. (enter the mode of the work of the underlying calculation). The underlying calculation of the underlying calculation of	CHAMBERS of dying, such  Ruse given in P  E OF DEATH (Chec    Residence 8   AT	as cardiac or real as cardiac or	NA AUTOPSY ORMED? 2 NO V INJURY OCC st end Number ten	24b.  CURED  or Rural R  ed.  e cause(e)	1 YES 2 NO





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CERTIFICATION

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this certificate has be with the State Dept.

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TO THE HOSPITAL O
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IMPORTANT: If IN

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nours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

for use as the burial-transit Once. notified at 9 **Bust** examiner medical 0 completely filled rial, cremation, o the traumatic event, been signed by the attending physician and con it, of Health and Mental Hygiene prior to burial, or other shows any

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MARCH 199 FAR 6:56 a.m M JOSIAH SACKS IF UNDER 1 YEAR 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. DAYS 5/29/28 1 🙀 M 2 🔲 F 039-12-7966 62 Rhode Island 9b. CITY, TOWN OR LOCATION OF DEATN 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH BALTIMORE CITY BALTIMORE CITY THE JOHNS HOPKINS HOSPITAL RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Silver Spring 1 YES 2 X NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 320 Chartwell Drive 20904 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indien, Black, White, atc. FORCES? 1 X YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexican, Puerto Ri
1 ☐ YES 2 ☒ NO Specify: 1 Never Married 2 Married 3 Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 5+ Self Employed Physician 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surneme) Louis David Sacks Lena Lack 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Miriam Sacks (wife) 320 Chartwell Drive, Silver Spring, MD 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State OATE Judean Memorial Gardens 3/4 4 Donation 5 🗆 Olney, Maryland 22. NAME AND ADDRESS OF FACILITY
Danzansky-Goldberg Memorial Chapels, Inc. 21. SIGNATURE OF P 1170 Rockville Pike, Rockville, MD 23. PART I. Enter the disease shock, or heart e, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, **Approximate** llure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Finel disease or condition\_ PHV resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause, Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a, WAS AN AUTOPSY 1 | YES 2 | 1 TYES 2 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL: OTHERnpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF OEATH 28a. DATE OF INJURY 28c. INJURY AT WORK? 26b. TIME OF INJURY 26d, DESCRIBE HOW INJURY OCCURED 1 Antural 5 Pending M 1 YES 2 NO 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide 29e. CERTIFIER CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as atsited.

COMPLETED 296. SIGNATURE AND TITLE OF CERTIFIER BE 2

> M.D., JOHNS HOPKINS UNIVERSITY HOSPITAL, BALTIMORE, MD 32. MEGISTRAB'S SIGNATURE Auna Davidson Acondo De

29c. LICENSE NUMBER

2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, data and piace, and due to

31. DATE FILEO (Morith, Day, Year)
MAR 05 '9'

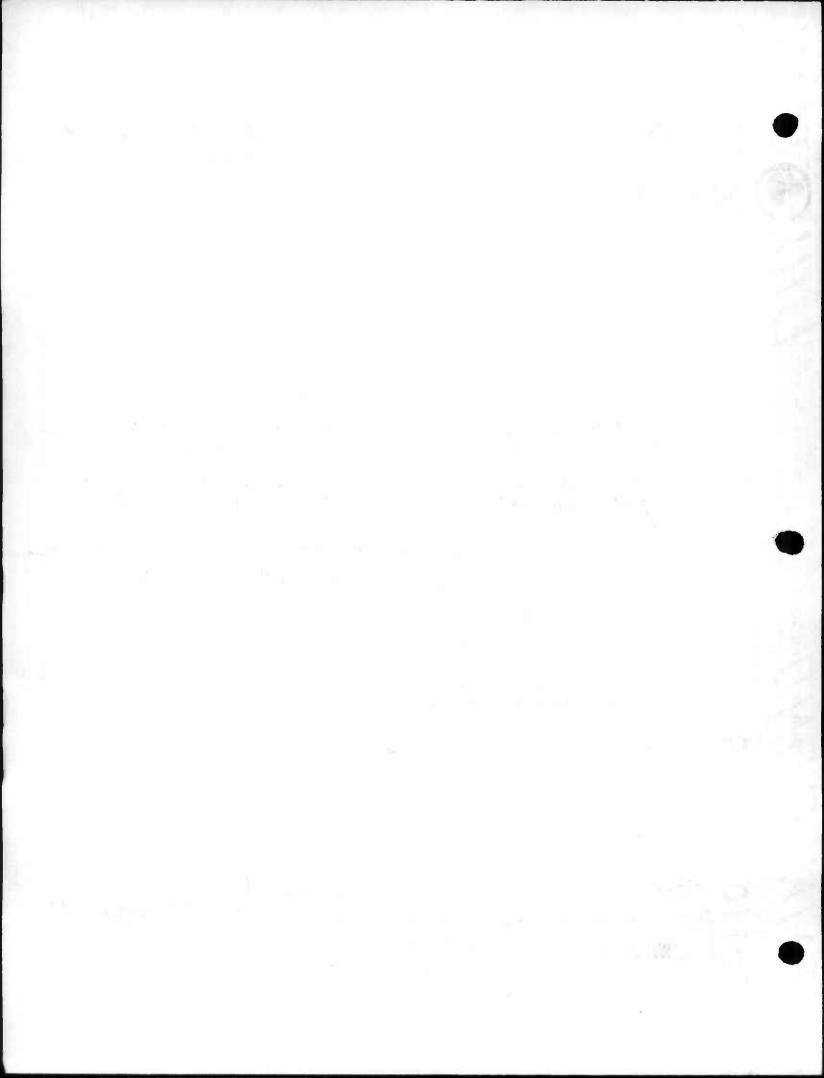
Brad Sherell,

29d, DATE SIGNED (Month, Day, Year)

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	FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPART			MENTAL HYGIEN		. 00	
	1. DECEDENT'S NAME (First, Middle, Last)  JACO 6	Sch	nwart	-2		2. DATE OF DEATH	~3 q°	S. TIME OF DEATH	
	113-22-9518	SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Hear) $9-17-19$					2 6.	BIRTHPLACE (State or Foreign Country) Poland	
TOR	99. FACILITY NAME (# not institution, give stree Hebrew Home of Gre			Rockvi	or location of di	EATH	Mont (	of DEATH Somery	
DIRECTOR	10e. STATE 10b. COUNTY MD. Montgo:	mery		kville	TION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	6121 Montrose Rd.			10	20852		U.S.	A.	
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 X NO	If yes, a		IIC ORIGIN? (Specify Yen, Puerto Ricen, etc.)	a or No— 14	RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co Elementary/Secondary (0-12)	FION mpleted)  College (1-4 or 5+)	Ge. OECEDENT'S U (Give kind of wo life. Do NOT use  Butcher	rk done during m retired.)	ON ost of working	16b. KIND OF BU			
E COM	17. FATHER'S NAME (First, Middle, Lest)  Isac Schwartz		buccher		18. MOTHER'S NA	ME (First, Middle, Malder	-employ	/ea	
TO BE	190. INFORMANT'S NAME (Type/Print) Herman Schwartz	1	4619 C	hevy Cl	and Number or Aural	Route Number, City or Tox	Chase	MD. 20815	
	20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Mtother Hebron  20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Mtother Hebron  20c. LOCATION — City or Town, State Flushing, N.Y.								
	Danzansky-Goldberg Memorial Chapels, Inc.								
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such sa cardiac or respiratory errest, about, or hear indiure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):								
PHYSICIAM: MEDICAL C	PART II. Other significent conditions Pacemaker - Dementia	the underlyic	ng cause given in	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO					
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. I	PLACE OF DEATH (Ch	eck only one)			
	1 VES 2 NO 1  27. MANNER OF DEATH  1 Netural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c. IN	JURY AT ORK? YES 2 NO	8 ☐ Other (Specify)  26d. OE\$CRIBE HOW	INJURY OCCUR	RED	
TED BY	2 Accident investigation 3 Suicide 6 Could not be determined	investigation investigation   28s. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (S building, atc. (Specify)   City or Town.						Rural Route Number,	
COMPLETED	email	AN: To the bast of my knowled On the basia of examination a						suse(a) and menner as stated.	
TO BE C	SUSAL WILL	mo			29c. LICENSE NU	MBER -79	29d. DATE S	IGNED (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO DUSAN J M, 110r, m	1) Hebrew H	ome 61		h. 612	Montros	LRd	Rockyilley ma	
	MAR 05 '91	32. REGISTRAR'S SIGNAT							



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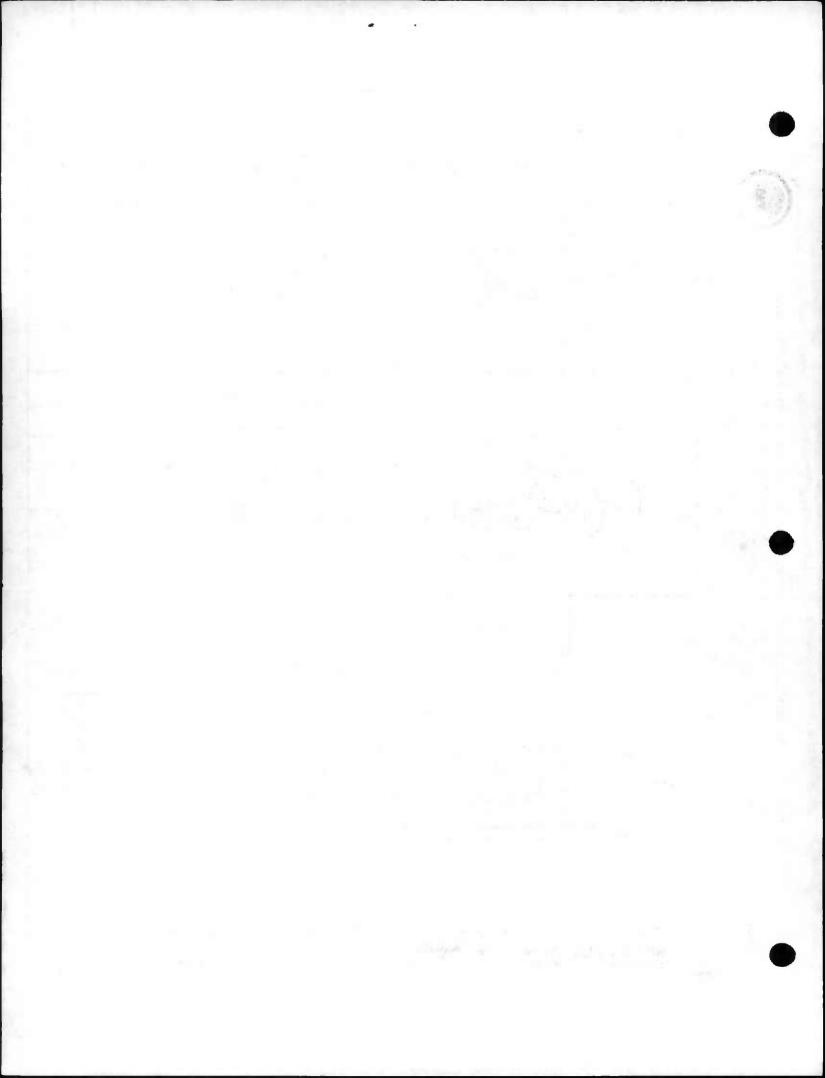
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in b	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or re-	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the med
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	Life.	8	nal	3
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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1991 YEAR DAY MARCH 5, TILLIE MARGARET SMITH 2:45 P M 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 6. AGE (in vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5/27/03 DAYS HOURS PENNSYLVANIA 87 1 M 2 T YAS. 214 05 8607 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR ALLEGANY SACRED HEART HOSPITAL CUMBERLAND RESIDENCE OF DECEDENT 10a. STATE 10h COUNTS 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD ALLEGANY CORRIGANVILLE 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? P O BOX 138 21524 USA WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No If yea, specify Cuban, Maxican, Puerto Rican, etc.)
 U YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) College (1-4 or 8+) **HOMEMAKER** 12 18. MOTHER'S NAME (First, Middle, Meiden Surname) 17. FATHER'S NAME (First, Middle, Last) FRANK HOSSELRODE ELLEN SMITH 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 HARVEY E. SMITH P O BOX 138, CORRIGANVILLE, MD 21524 20a, METHOD OF DISPOSITION
1 🔀 Buriet 2 🖫 Cremetion 3 🗆 Removal from State
4 🗆 Donation | 5 🗀 Other (Specify) 20b. PLACE ANO OATE OF DISPOSITION (Name 20c. LOCATION -- City or Town, State DATE of competany, cremetory or other place, WHITE OAKS CEMETERY 3/8/91 RD4, MEYERSDALE, 21. SIGNATURE OF FUNERAL SERVICE SENSE 22. NAME AND ADDRESS OF FACILITY HARVEY H. ZEIGLER FUNERAL HOME 15545-0636 HYNDMAN, PA 23. PART I. Enter the diseases, or compile tions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** shock, or heart/feilure. List only/one cause on each line. interval Retw Onset and Death IMMEDIATE CAUSE (Finel disease or condition resulting in death) STAGE CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? MEDICAL ente 1 | YES 2/ NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO-MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 TES 2 AO atlant 2 ER/Outpatient 3 DOA ng Home 8 - Residence 8 - Other (Specify) 4 - Nure 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Naturat 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 🔲 Suicide 6 Could not be determined COMPLETED 4 🔲 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D2218 3-6-9 agon I mo 2 30. NAME AND ADDRESS OF PERSON, WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DR. GARY WAGONER. M.D. 925 BISHOP WALSH ROAD, CUMBERLAND, MD 21502

32. REGISTRAR'S SIGNATURE

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31. DATE FILED (Month, Day, Year) MAR 07 1991



FOR

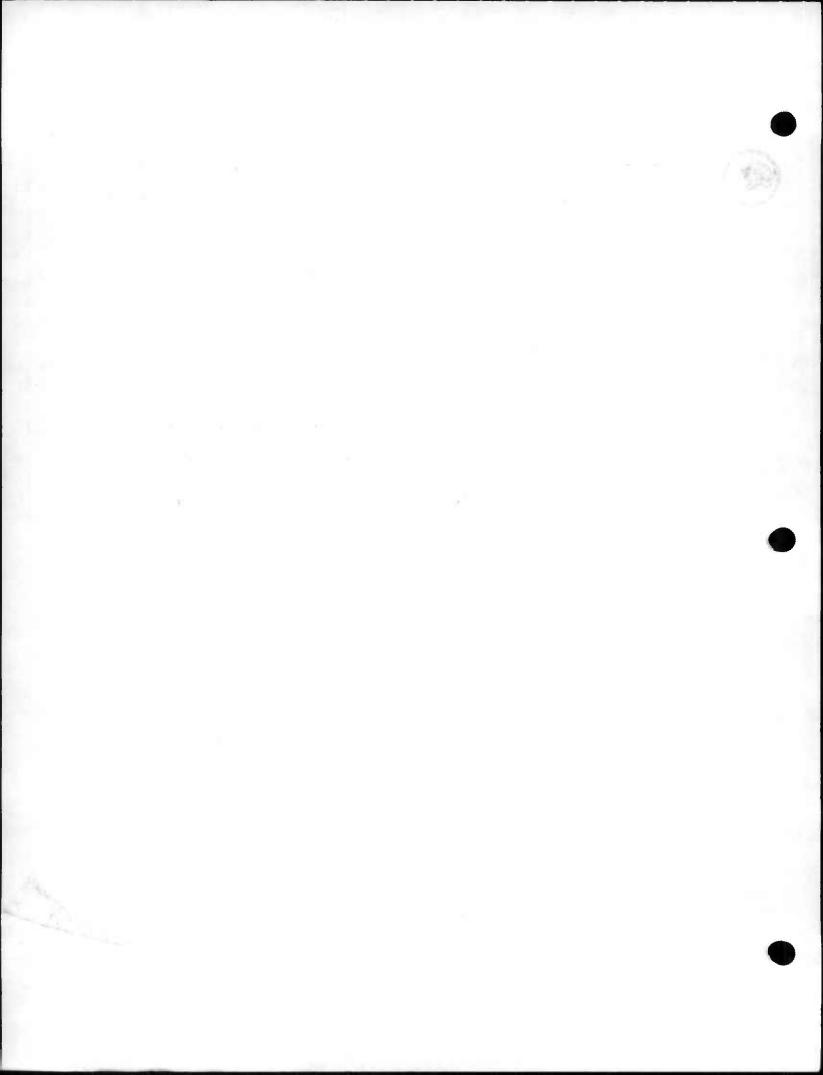
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a vious after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH	REG.	NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	'H DAY	YEAR 3	. TIME OF DEATH		
	RAYMOND HARRY SMI	TH				March 9	, 1991	TEAN	7:48 P. M		
100	4. SOCIAL SECURITY NUMBER 5. SET 216-14-6026 1 1	the second second second second	yrs. lest birthday) 69 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Yes NOV. 17	96)	Country)	ACE (State or Foreign		
TOR	90. FACILITY NAME (If not institution, give street and Frederick Memorial RESIDENCE OF DECEDENT			96. CITY, TOWN OF Frede	PREDICATION OF DE		9c. COUN	ty of DEA	TH		
DIRECTOR	100. STATE Maryland Frederick			Y, TOWN OR LOCA JETS VILL					Od. INSIDE CITY LIMITS?  YES 2 NO		
FUNERAL	100. STREET AND NUMBER 11306C Pleasant Wal	Lk Road		10	21773			U.S.A	AT COUNTRY?		
B	1 News Married 2 Married FC	AS DECEDENT EVER IN DRCES? 1 TYES YES, GIVE WAR OR DA	2 XNO	If yes, sp	ENDENT OF HISPAI ecity Cuban, Mexice 21 NO Specif	n, Puerto Rican, etc	y Yee or No—	14. RACE - Black, 1 Specify:	- American Indian, White, etc. White		
0	15. DECEDENT'S EDUCATION		16a. DECEDENT'S	USUAL OCCUPATION	ON .	16b. KIND O	F BUSINESS/INDI	USTRY			
COMPLETED	(Specify only highest grade completed in the Elamentary/Secondery (0-12)  Colle	ge (1-4 or 5+)	Linemai		during most of working Potoma			on			
	17. FATHER'S NAME (First, Middle, Last) Meade Garfield Smit	th				Me (First, Middle, Middle, Middle, Middle, Dusi					
BE (	19e. INFORMANT'S NAME (Type/Print)		195, MAILING	ADDRESS (Street	and Number or Rural	Route Number, City o	r Town, State, Zip	Code)			
2	Doris Hartle		206	Potomac.	St., Book	nsboro, 1	Marylan	a 217	13		
	20e. METHOD OF DISPOSITION  1 Disposition 5 Other (Specify)  20b. PLACE OF DISPOSITION (Name of commeter), crametery or places)  Pleasant Walk U. Methodist Cemt. Myersville, Maryland										
	21. SIGNATURE OF UNITIAL SERVICE LICENSEE	Pilin	t.)		ND ADDRESS OF FA				Street L, NO 21773		
	23. PART I. Enter the diseases, or compil-	cations that caused	the death Do				-		Approximate		
	shock, or heart failure. List only ons cause on each lina.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or as a consequence of):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										
ERTIFI	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):										
	PART II. Other algnificant conditions conf	ributing to death b	ut not resulting	In the underlyin	g cause given in		AS AN AUTOPSY		VERE AUTOPSY FINDINGS		
MEDICAL		PERFORMED?  1 VES 2 VNO									
Z											
2		BPITAL:		OTHER:	LACE OF DEATH (C/	neck only one)					
YS			etient 3 DOA		ne 5 🗆 Residence						
BY PHYSICIAN: ME	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. Til	JURY W	JURY AT DRK? YES 2 NO	28d. DESCRIBE I	IOW INJURY OCC	CURED			
	2 Vectorial 3 Suicide 6 Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or lown, State)								ute Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: 1 MEDICAL EXAMINER: On 1								end manner as stated.		
	296. SIGNATURE AND TITLE OF CERTIFIER				29¢. LICENSE NU	MBER	29d. DATI	E SIGNED (	Month, Day, Year)		
BE	0 21/2	- my	2		N311	221	<b>&gt;</b> 3	3/11	191		
5	30. NAME AND ADDRESS OF PERSON WHO COM			a. Print) W. Git	47 E	, , , ,	F110 2	711			
			3 / U	7-11	DIL	releith	PIU L	140			
J.	MAR 1 3 '91	guna Dande	on-Randal	2							



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.2 nours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached.	be filed within 72 hours after death with the State Dept. of Health and Merida rigglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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BANNS

M.

31. DATE FILED (MONTH, Day, Year)
MAR 7 91

CULEN, MD

	FOR STATE REGISTRAR			FICATE	OF DEATH	MENTAL	HYGIENE REG. NO.		0/145
	1. DECEDENT'S NAME (First, Middle, Last)  MANGARAT	R. Shur	ret R. SHAN	ABROOK		2. DATE MONTH	OF OEATH		ar 09 (5 M
1	4. SOCIAL SECURITY NUMBER 160-16-9903	5. SEX	6. AGE (In yrs. lest birthde 73 YRS	MONTHS	TYEAR IF UNDER 24 HRS. DAYS HOURS MIN.	(Month	of BIRTH b, Day, Year) 23, 1	0	HATHPLACE (State or Foreign ountry) ennsylvania
OR	9a. FACILITY NAME (II not institution, give st Washington County		1		TOWN OR LOCATION OF			9c. COUNTY	
DIRECTOR		Ington		cıty, town o Hagers	town				10d. INSIDE CITY LIMITS? 1) YES 2 NO
FUNERAL	100. STREET AND NUMBER  11 W. Baltimore S				101. ZIP CODE 21740				OF WHAT COUNTRY?
BY	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Olvorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. ARMED YES 2 XNO WAR OR DATES	â	MAS DECENDENT OF HISI Yes, specify Cuban, Mex  TYES 2X NO Specify	ican, Puerto I			RACE — American Indian, Black, White, etc. Specify: VHITE
COMPLETED	15. DECEDENT'S EOU( (Specify only highest grade)  Elementary/Secondary (0-12)  1.2		- Me Do Mr	of work done of IT use retired.)	CCUPATION furing most of working	16b	RESTA	URANT	RY
BE COM	17. FATHER'S NAME (First, Middle, Last) Riley Preston Si	pes			18. MOTHER'S Susa	name (First, I		Surname)	
TO B	19a. INFORMANT'S NAME (Typo/Print) Saundra Myers		LIBOUR ET AL		(Street and Number or Run Sylvania A				
	20a. METHOD OF DISPOSITION  1 X Burlel 2 Cremetion 3 Rem  4 Donation 5 Other (Specify)	oval from State	20b. PLACE OF DIS other place) Rose Hi	POSITION (No.	me of cometery, cremetory onetery	or			or Town, State n, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	much	22. M]	NAME AND ADDRESS OF	CRAL H	OME		wn, Md. 21740
	23. PART I. Enter the diseases, or ahock, or heart failure.								
	IMMEDIATE CAUSE (Final disease or condition resulting in death)		OR AS A CONSEQUENCE	E OF):					2 01175
TION	Sequentially list conditions, if any, leading to immediate	b	OR AS A CONSEQUENC	E OF):					
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in dasth) LAST	e. DUE TO	OR AS A CONSEQUENC	E OF):					
MEDICAL CE	PART II. Other algoriticant condition  SOUTHOUS CE  PANCY TOPENIA	EL CARLI	NUMA OF	TONG	uE	In Part I.	24a, WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
		Cherro	/#EK #P9 =	1~20					1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3 ☐ DO	OTHE	26. PLACE OF DEATH R: sing Home 5  Residen				10
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year) INJURY WORK?					SCRIBE HOW	NJURY OCCUR	PEO
0	3 Suicide 8 Could not be 4 Homicide determined							Flural Route Number,	
COMPLET	(Check only		of my knowledge, death or examination and/or invest						ause(a) and manner as stated.
D BE C	296. SIGNATURE AND TITLE OF CENTIFIE	, <i>n</i>	D		20c. LICENSE D010				IGNED (Month, Day, Year)
IF	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CA	USE OF DEATH (ITEM 27)	(Type, Print)	Maria Harris	111			

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

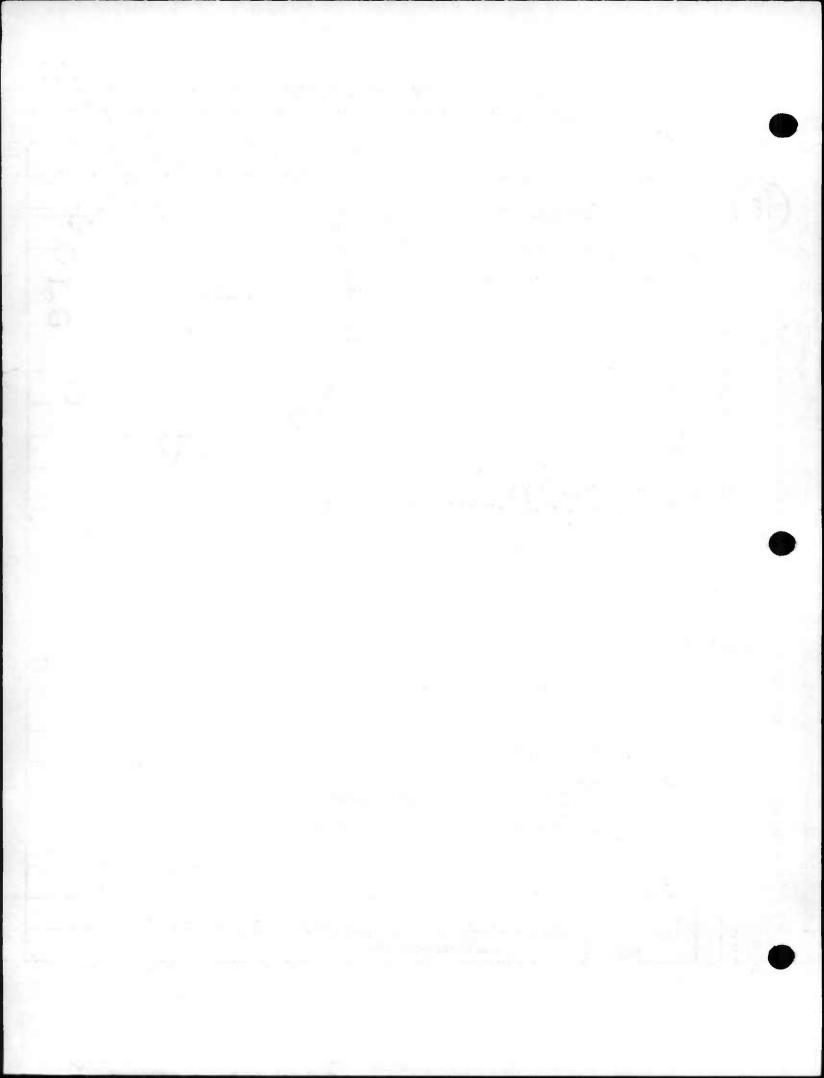
12. RECHITRAN'S SIGNATURE
JULIA DAVIDSON

MNTIGTHM ST

HA GENSPUNN,

339 E.

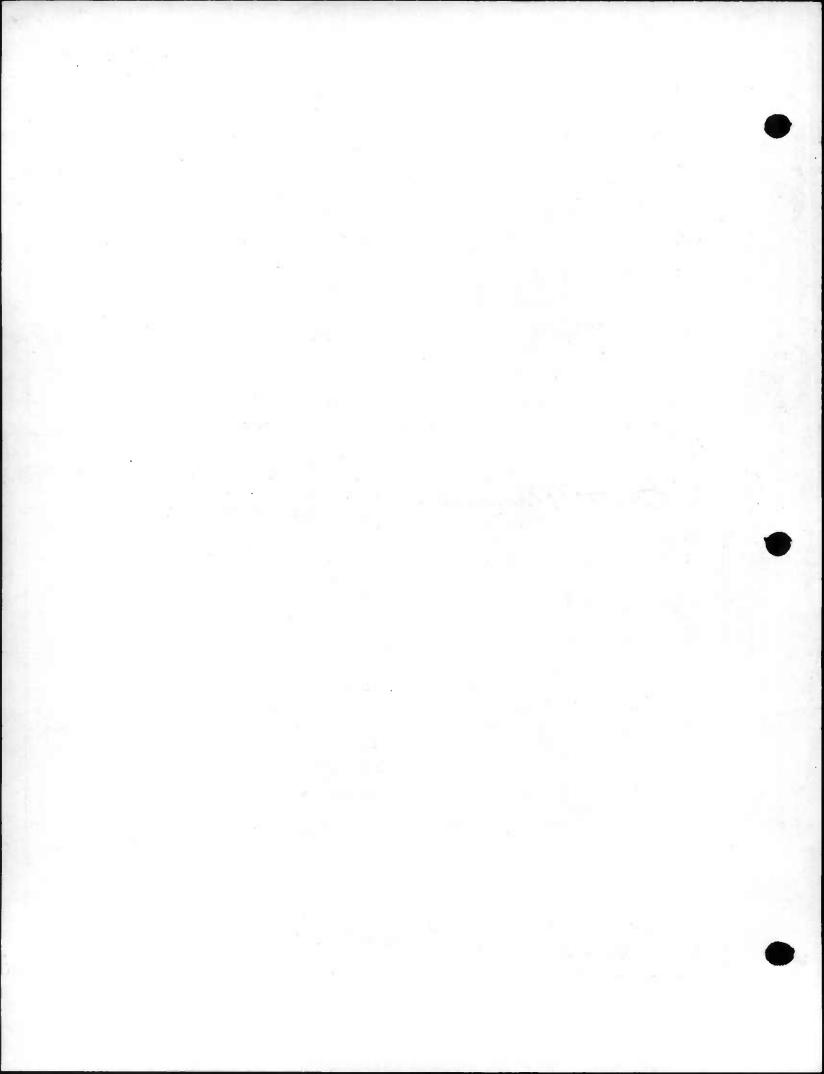




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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x ours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
-	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

REGISTRAR		CERTIFI	CATE OF	DEATH	RE	G. NO.				
1. DECEDENT'S NAME (First, Middle, Last,	)				2. DATE OF DE	ATH		3. TIME OF DEATH		
Helen Elizabeth	lelen Elizabeth SMITH					March 6, 1991				
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIE	TH	a. BIRTH	PLACE (State or Foreign		
219-20-1189 9a. FACILITY NAME (If not institution, give	1 🗆 M 2 🔀 F 7	3 YRS.	MONTHS DAYS	HOURS MIN.	Nov.5,		Mary UNTY OF O	land		
201 N. North Str RESIDENCE OF DECEDENT 10s. STATE 10b. COUN Maryland Wash				or Location of D gansville			shing			
10a. STATE 10b. COUN	ТҮ	10c. CITY,	TOWN OR LOCA	ITION				10d, INSIDE CITY		
	nington	Ma	ugansvi					LIMITS? 1 YES 2 NO		
10e. STREET AND NUMBER 201 N. North Sti 11. MARITAL STATUS 1 Prover Married 2 Married	reet		10	21767		10g. Cl	USA	HAT COUNTRY?		
3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2\(\)NO	If yes, s	CENDENT OF HISPA pecify Cuben, Mexico S 2X NO Specif	an, Puarlo Rican,		14. RACE Black Specification			
15. DECEDENT'S ED (Specify only highest grad	UCATION	16a, DECEDENT'S U	ISUAL OCCUPAT	ION out of working	16b, KIND	OF BUSINESS/IN				
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use	ng ass:		et	ate hos	nita	1		
10 17, FATHER'S NAME (First, Middle, Last)	0	nursi	ilg ass.					L		
Claude M. Smith					ME (First, Middle, L. Bus					
19a. INFORMANT'S NAME (Type/Print)		19h MAILING	Annoese /Street	and Number or Rural			Pin Code)			
Karen J. West	W	and the second second		k 616, Bur				13		
20a. METHOD OF DISPOSITION	20	b. PLACE OF DISPOSI					c. LOCATION — City or Town, State			
	2 Cremation 3 Removal from State other place)						gerstown, Maryland			
21. SIGNATURE OF FUNERAL SERVICE L	21. SIGNATURE OF FUNERAL SERVICE LICENSEE							, Md. 21740		
Sequentielly liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Sequentially list conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  Metastatic breast ca.  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):							2½ yrs.		
PART II. Other significent condition Chronic ob	PART N. Other algnificent conditions contributing to death but not resulting in a Chronic obstructive pulmonary di- Atrial fibrillation					PERFORMED? AMAILABLE PR				
25. WAS CASE REFERRED TO MEDICAL			26. 1	PLACE OF DEATH (C	heck only one)					
EXAMINER?  1 Tes 2 No	HOSPITAL: 1   Inpatient 2   ER/Out	patient 3 DOA	OTHER: 4 Nursing Ho	me 5X Residence	6 Other (Spec	offy)				
	26s. DATE OF INJURY (Month, Day, Year)	26b. TIME	JRY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE	HOW INJURY O	CCURED			
2 Sulaide	26s. PLACE OF INJUR	Y — At home, farm, st	treet, factory, off	lea		f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
constant oray	/SICIAN: To the best of my know							) and manner as stated.		
Way E. W	reas if).			29c. LICENSE NU D238		29d. D/	3/8/	(Month, Day, Year)		
	vho completed cause of D	eath (ITEM 27) (Type, ak Hill A	Print) Venue,	Hagersto	wn, Mar	yland	2174	0		
Mary E. Money, N 31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE Davidson-Rang	della							



TO BE COMPLETED BY FUNERAL DIRECTOR

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OR A	JIRE	E
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within commons after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defached for us has study within 75 hours after health with the State Dent, of Health and Mental Hydiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND M CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
	2. DATE OF DEATH

FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	TMENT	OF H	ALTH /	AND I	MENTAI	REG. NO			
DORIS T	REED STEE	LE					2. DATE MONTO	OF DEATH	ĝ	YEAR	3. TIME OF OEATH
157-16-0476	5. SEX 6. AGE (In	yrs. last birthday) YRS.	IF UNDER	DAYS	IF UNDER 2 HOURS	4 HRS.	7. DATE (Mont) NOV.	of BIRTH	925	Count	IPLACE (State or Foreign
e. Facility NAME (II not institution, give s lashington County		184		rown or	town	N OF DE	ATH			inty of c is hin	gton
Desidence of decedent 10b. country 10b. was	hington		ons be		ON						10d. INSIDE CITY LIMITS? 1 YES 2 V NO
Oe. STREET AND NUMBER		1 50	070300	-	ZIP CODE				10g. CIT	TIZEN OF	WHAT COUNTRY?
9310 Manor Churc  MARITAL STATUS  Never Married 2 Merried  Widowed 4 Divorced	h Road  12. Was decedent ever in forces? 1 Tyes if yes, give war or date.	2 NO	34	f yes, spe		HISPAN, Mexica	n, Puerto	17 (Specify Ye Rican, etc.)	e or No-	14. RAC Blac Spec	E — American Indian, k, White, etc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT u	work done ( ree retired.)	CCUPATIO	N t of working	7	161	Home	SINESS/IN	DUSTRY	
7. FATHER'S NAME (First, Middle, Last) INRNOWN						er's na 1knc		Middle, Melder	Surname)		
ester E. Steele,		19310	Man	or C	hurch	n Ro		onsbo	ro.MI	21	
De. METHOD OF DISPOSITION  Burlet 2 Cremation 3 Rem  Donation 6 Other (Specify)  Signature of Americal Service Lie	oval from State	PLACE OF DISPO other place) Smiths bu	vrg C	rema	tory tory D ADDRES		CILITY	1	ths bu		
MMEDIATE CAUSE (Final	complications that caused List only one cause on ea	ch line.	R	the mod	de of dyli	7 <i>8</i> ng, suc	Smit	hsbur		217	Approximate Interval Between Onaet and Dea
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  d.	CONSEQUENCE (	OF):								
PART II. Other significant condition	na contributing to death be	ut not resulting	In the ur	nderlylng	j cause g	lven In	Part I.	24s. WAS A PERFO	PRMED?	Y 24	b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER?	WOOD!TAL		7		ACE OF D	EATH (C	heck only o	ne)			
1 TYES 2 NO	HOSPITAL:		-	rsing Hom		sidence	_	er (Specify)		********	
7. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		M M	1 🗆 '	PK?	NO NO		SCRIBE HOW			
3 Suicide S Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm	, street, fac	tory, offic	•		281. LO	CATION (Stree or Town, Stat	t and Numb e)	oer or Flunti	Route Number,
CONSCR GINY	BICIAN: To the best of my knowl ER: On the basis of examination										(s) end manner as stated.
96. SIGNATURE AND TITLE OF CERTIFIE  Mulene	t no				29c. LICE	251			29d, D.	ATE SIGNE	D (Month, Day, Year)
	HO COMPLETED CAUSE OF DE O Geeting La 32. REGISTRAR'S SIGN Juha Dam			le, N							
MAD 1 1 'Q1	32. REGISTRAR'S SIGN	dron-Rand	402								

DATE LEE TREET

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FOR 1 - STATE REGISTRAR	STATE OF	MARYLAND / DEPAR CERTIF	TMENT OF H		MENTAL HYGIENE REG. NO.	91	0
1. DECEDENT'S NAME (FOR AND LAST) MERJORIE LUI	cas Sm	ith			2. DATE OF DEATH DAY	YEAR 91	2.
4. SOCIAL SECURITY NUMBER	5. SEX	IL AGE (In you last birthday)	F UNDER 1 YEAR	IF UNDER 24 HIS.	7. DATE OF BIRTH	A. BIRET	HPLA

Marjorie Luc	as Smit	h				2. DATE OF BEATH	5	91	5:30
077 _21 _8025	5. SEX 1 🗆 M 2 🕮	62 Age (In you last bir	YRS. F UNDE	DATE THAT	IF UNDER 24 HRE. HOURS MIN.	TO 4 2	3	B. BIRTY Count	HPLACE (State or Fores
Washigton Cour		ital			town M			univ of t	gton
10%, STATE MD 10%, COUNTY	Washing	ton '	OE CITY, TOWN	OR LOCAT	Olea	rspring	-,		10d. INSIDE CITY LIMITET
12351 Harvey I	Rd.		100	101	2172	2		U.S.	MHAT COUNTRY?
tt. MANTAL STATUS 1 Never Mented 2 Married 2 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARMED YES 2 - NO BAR OR DATES	13.	If yee, sp		NIC ORIGIN? (Specify to, Puerto Rican, etc.)	Nes or No-	Blac	E - American indien, ck, White, etc. cey: Black
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 -	(Sière i ille. Do	DENT'S USUAL ( Mind of work done NOT use retired,	during ma	ole of of working	16b, KIND OF 6	NUSINIESS/II	NOUSTRY	
17. FATHER'S NAME (First, Michiga, Lind)					HARLING STREET, STREET, SALES	ME (First, Afritale, Meist			
Charles H. Luc:	2.5					elle C.			
Loren Smith		TRO. M	123 4PORE	Har	vey Rd.	Clears	prin	Zip Code	21722
21. BIOHATURE OF FUNERAL SERVICE LI	CENSEE	- Ri	- 11	Nats	OH FURN	wourv eral Hom	gers		
23. PART I, Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that intitated events resulting in death) LAST	CEMBEE  Lactoria the Lat only one cau  Cardo  Due to  Due to  Gue to	t caused the death use on each line.  to a sa consequence of the conse	n. Do not ente	NAME AND WESTS WITH WITH WITH MICE	SON Fundamental States of Management of Mana	St. Has the as cardiac or re the the	ie terst	town	
23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Gleease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  WWW. LAST  25. WAS CASE REPURED 30 MEDICAL	CEMBER  Complications the List only one case DOE TO	t caused the death use on each line.  to a sa consequence of the conse	h. Do not enta	NAME AND WESTS OF THE MICHAEL STATE OF THE MICHAEL	SON Fundamental States of Management of Mana	Part I. DAL WALL	DE TOTAL STREET	town	Approximate Interval Bet Oriest and 1
23. PART I. Enter the diseases, or shock, or heart fallure.  If may, leading to immediate cause. Enter UNDERLYING CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if my, leading to immediate cause. Enter UNDERLYING CAUSE (Obsees or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  If my, leading to immediate cause. Enter UNDERLYING CAUSE (Obsees or Injury that initiated events resulting in death) LAST	CENSEE  Corruptications that List only one case  COLUMN DUE TO  DUE TO  COLUMN TO  COLUM	t caused the death ise on each line.  CON AS A CONSEQUE CON AS A C	in. Do not ental select pro-	NAME AND STATE OF THE PROPERTY	HO ADDRESS OF WAR TO THE TO TH	St. Horsel Horsel Horsel Horsel Horsel Part I. 24s. Wall Person 1 Year Part I. 24s. Wall Person 1 Year Person 1 Year Person 1 Other (Specify)	AN AUTOPS FORMED?	town arrest,	Approximatinterval Bet Orneet and 1  Approximatinterval Bet Orneet and 1  Approximation of Campana Amazanic Preprint of Campana Of Beath?
23. PART I. Enter the diseases, or shock, or heart failure.  If may, leading to immediate cause. Enter UNDERLYING CAUSE (Pinsi disease or condition resulting in death)  Sequentially list conditions.  If may, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated oversits resulting in death) LAST  PART II. Other significant condition  WWW. LAST  25. WAS CASE REPURED 10 MEDICAL EXAMINERY  1 YES 2 NO  27. MANNEY OF DEATH  1 Natural 5 Pending	CENSEE  Corruptications that List only one case  Cord  DUE TO  DUE TO  COURTO	t caused the death se on each line.  TOR AS A CONSEQUE (OR AS A CONSEQUE death but not result to the consequence of the consequ	in. Do not ental select price or in the selec	P. NAME AND INC. S. P. P. P. P. P. P. P. P. P. P. P. P. P.	RO ADDRESS OF WAR SOME FUNDS, Bethell with the Lace of Death Control of Contr	St. Horst Homester as cardiac or received the second secon	AN AUTOPS FORMED?	town arrest,	Approximatinterval Bet Orneet and 1  Approximatinterval Bet Orneet and 1  Approximation of Campana Amazanic Preprint of Campana Of Beath?
23. PART I, Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  W. W. C. C. C. C. C. C. C. C. C. C. C. C. C.	CEMBER  Complications that List only one cau  Could but to Due to	t caused the death se on each line.  TOR AS A CONSEQUE (OR AS A CONSEQUE death but not result to the consequence of the consequ	in. Do not entage of the control of	underlyin	RO ADDRESS OF NAME OF PURIS, Bethell  Gethell  G	St. Horsel Horsel Horsel Horsel Horsel Part I. 24s. Wall Person 1 Year Part I. 24s. Wall Person 1 Year Person 1 Year Person 1 Other (Specify)	AN AUTOPS CONNECT 2 MG	TOWN 34	Approximatinterval Bet Orioet and 1  Approximatinterval Bet Orioet and 1  Approximation of the Approximation of th
23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final diseases or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that instituted events resulting in death) LAST  PART II. Other significant condition  (IN UN UN UN UN UN UN UN UN UN UN UN UN UN	CEMBER  Complications that List only one case DUE TO DUE TO DUE TO DUE TO DUE TO S.  Cas contributing to DUE TO S.  PLOSPITAL:  1 Properties: 2 1  28s. DATE Of Month, C.  28s. FLACE C.  building.	t caused the death se on each line.  Con as a consequence of the conse	in. Do not ental series of the control of the contr	underlyin  26. P  EFF:  ursing Hor  26. PH  actory, offi	RO ADDRESS OF PARTIES OF PARTIES AND PARTI	Part I. 24s. WAS PEN 1 YES OTHER HOUSE THE PEN 1 YES PEN	AN AUTOPS FORMED?  AN AUTOPS FORMED?  AN INJURY Of the and form with and form with and form with a form and form with a form and form and form with a form and form a	DOWN 24	Approximate Interval Bet Onset and 1  Approximate Interval Bet Onset and 1  Approximate Interval Bet Onset and 1  Approximate Interval Bet Interval

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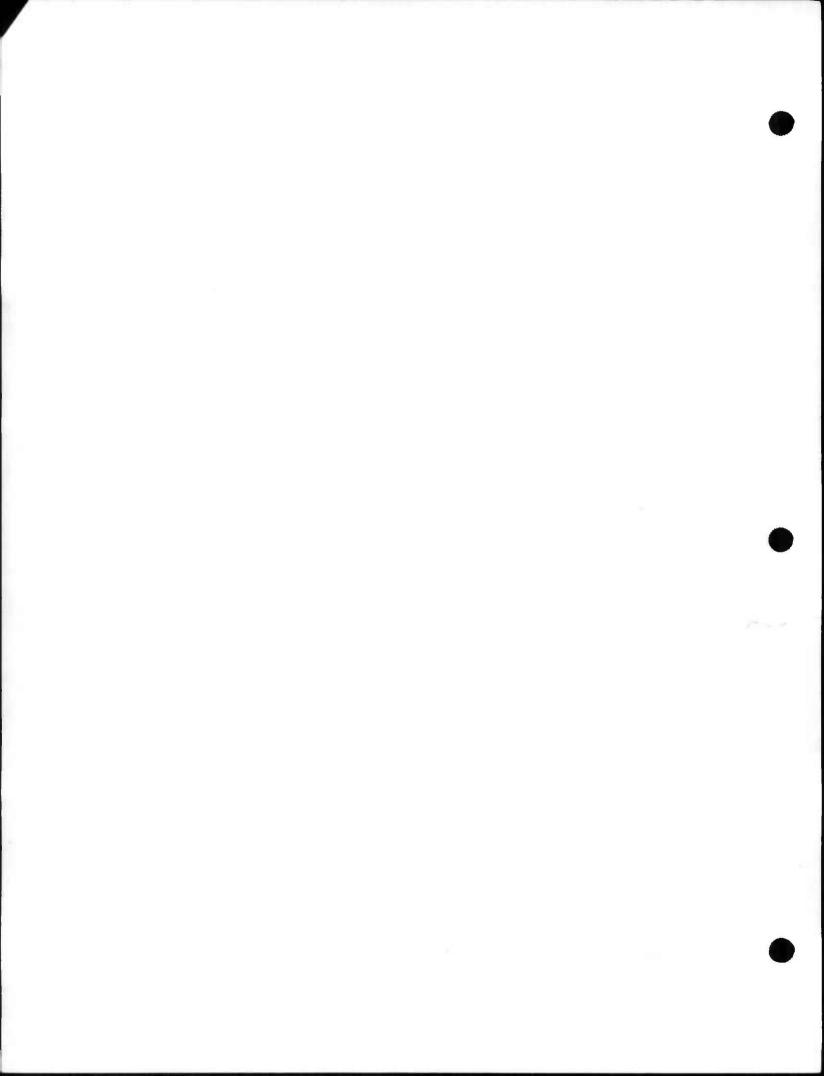
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Julia Savidron Randa M

DHMH-16 Rev 1/89

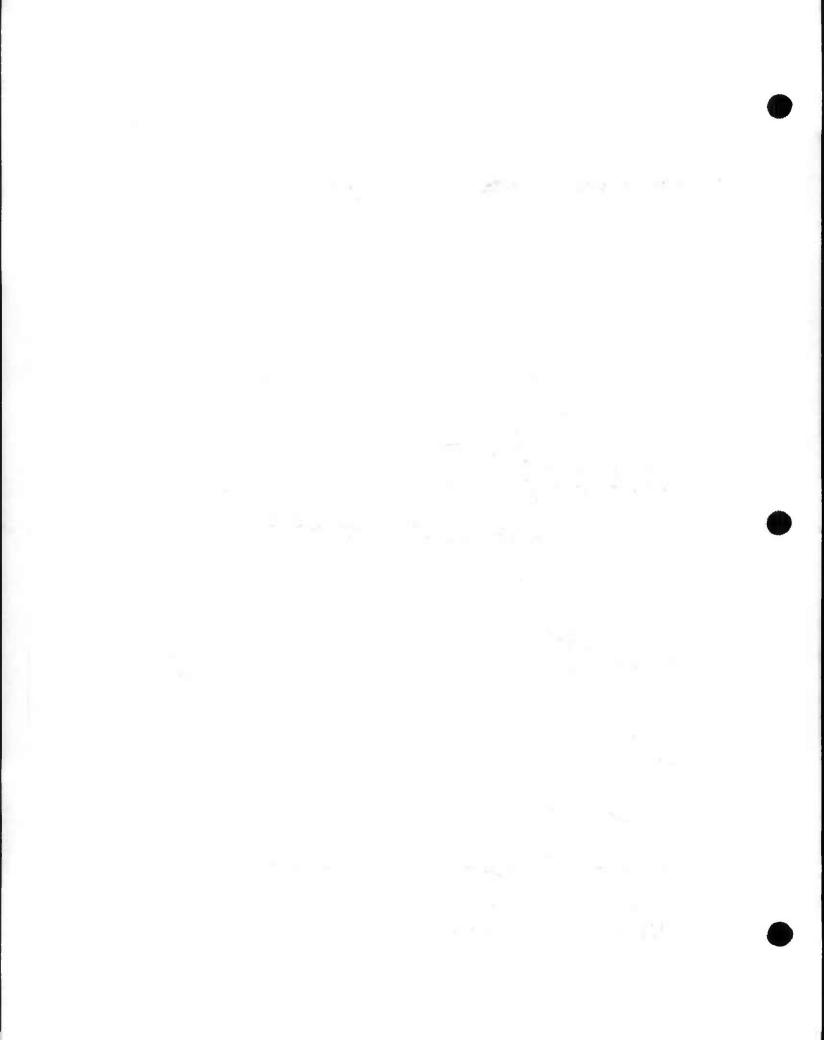
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			1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE O	F DEATH			3. TIME OF DEATH
	D	۱ (	Norris Tru	itt								Marc	h 3 Ï	991	PASY	5:01 P.M. M
- 1			4. SOCIAL SECURITY NUMB	ER	5. SEX	8. AGE (in y	rs. last birthday			-		7. DATE OF	BIRTH			PLACE (State or Foreign
		1.7	220-28-2313		1 📉 M 2 🗌 F	5	7 YRS.	MONTHS	DAYS	HOURS	MIN.	July	24 1	933	Mar	yland
	3 should	1,114	9a. FACILITY NAME (If not ins	stitution, give s	treet end number)			9b. CIT	, TOWN	OR LOCATI	ON OF DE				NTY OF D	EATH
	8	RO	408 Venton P	lace				Sa1	isbu	ury				Wi	comi	co
	1, 2,	ECTOR	RESIDENCE OF DEC	EDENT	,		Line	TO TOWN	DD 1 00	471011						and more over
	Pages	DIRE						TY, TOWN								10d. INSIDE CITY LIMITS?
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3	trans	FUNERAL	11. MARITAL STATUS	и коа	12. WAS DECEDER	NT EVED IN II	S ADMED	T 42	WAS DE			VIC ORIGIN?	(Enseity Vac			E American Indian,
9	ourial		1 Never Merried 2	Merried	FORCES?	1 YES	2 MNO		If yes, s		en, Mexica	n, Puerto Ric		0. 1.0	Speci	k, White, etc.
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21203-3146	Se as	8	15. DECI (Specify only	EDENT'S EDU	CATION completed)	16	Give kind o			TION nost of workl	na	16b. I	UND OF BUS	BINESS/INI	DUSTRY	
212	for u		Elementary/Secondary (0		College (1-4 or 5	+)	Iffa. Do NOT	use retired.)								
	ched ched	COMPLETED	7				Crafts	sman				-	Sheet		al	
A	detach	8	17. FATHER'S NAME (First, Mi							7-1-6		ME (First, Mi	411.			
7	ed be	BE	Westey Truit	_								e Lit				
MARYLAND	redained by the hospital of attending physician, 5 should be detached for use as the bunial-train notified at once.	2	19e. INFORMANT'S NAME (7)									Route Numbe				010
2	be n		Margaret Tru			7.05 D	LACE OF DISP					ishop	-			813
E .	ector, p		1 Buriel 2 Cremetto	n 3 🗆 Rem	oval from State	Riv	erside	e Cem	ete	ry	melory or					yland
M	dire		21. SIGNATURE OF FUNERAL		CENSEE /			22	NAME	AND ADDRE	SS OF FA	CILITY	1 per	±±41,	Hai	y Land
BALTIMORE	after beautiful rays of may be by the funeral director, page moval.  Ical examiner must be I		► 00	0	, 11.	/			Hast	tings	Fun	eral	Home			
8	by the removal.	-	23. PART I. Enter the di	Ves 11	May		7	1.00-1000010	Sell	hyvi1	10,	Delaw	are	dakon oo		
	2 - 2	- 1	shock, or he	seases, or sert fellure.	List only one ce	use on saci	h line.	not ente	r the m	loge of gy	ring, auc	n se cerui	ec or resp	iratory sr	rest,	Approximats Interval Between
	fille on,		IMMEDIATE CAUSE (Findiseese or condition	el	Me to	ett:	/									Onset and Death
	completely fille ial, cremation,		resulting in death)	<b>→</b>	5		ONSEQUENCE	OF		do						1005
13146,	8 8 - 6	_		_		(01110 710		U								į l
		CERTIFICATION	Sequentially list condition of the sequential sequentia		DUE TO	O (OR AS A C	ONSEQUENCE	OF):								
ВОХ	sicia rior	FA	ceuse. Enter UNDERLYI CAUSE (Disesse or inju	NG	C.											
m	ing phy giene p	E	that initiated events		DUE TO	OR AS A C	ONSEOUENCE	OF):								
0.4	the attending Mental Hygie Jury, or oth	8	resulting in deeth) LAS	' (	d											
Ś	law requires that the usean certuing as been signed by the attending lept, of Health and Mental Hygie 23 shows any injury, or other than the state of the state o		PART II. Other significe	nt condition	ne contributing to	o desth but	not resultin	g in the u	ndsriyi	ing cause	given in	Part I.	24s. WAS AN		248	D. WERE AUTOPSY FINDINGS
RECORDS	med by the and the and in	MEDICAL										- 1	PERFOI			AVAILABLE PRIOR TO COMPLETION OF CAUSE
8	n signed Health a	回										_				OF DEATH?
퓚	has been Dept. of 1 23 sho	_										_				
A.	has be e Dept. m 23 s	X	25. WAS CASE REFERRED T	O MEDICAL					28.	PLACE OF I	DEATH (C	reck only one	)			
VITAL	certificate h the State I , or item	Sic	EXAMINER?		HOSPITAL:	PE Output	ent 3 🗆 DOA	OTHE		ome 5 📑	ealdence	6 🗆 Other	(Specify)			
L	this certificate his with the State C	PHYSICIAN:	27. MANNER OF DEATH	S-100 S	28e. DATE O	Day, Year)	28b. T	IME OF	28c. II	NJURY AT		28d, DE\$0	CRIBE HOW	INJURY O	CURED	
	fter this sath with marked	BY F	1 Netural 5 2 Accident	Pending Investigation				М	1 -	YES 2	□ NO					
ō	W G A	0	3 Suicide e	Could not be	28e. PLACE building	OF INJURY -	At home, fern	n, street, fa	ctory, of	fice		28t. LOCA City o	TION (Street Town, State	end Numbe	or Rural	Route Number,
DIVISION	DR AI LENDING DIRECTOR: After hours after death Item 28 is ma	ETE	4 Homicide	determined												
		PLI	CHOCK OTHY -	TIFYING PHYS	ICIAN: To the best	of my knowled	lge, death occ	urred at the	time, de	ate and plac	e, and du	e to the caus	e(e) end me	nner ee st	nted.	
	THE HOSPITAL THE FUNERAL filed within 72 I PORTANT: If I	COMPL	one) 2 MED	ICAL EXAMIN	ER: On the basis of	examination a	ind/or Investiga	ition, in my	opinion	, death occu	ured at the	time, date	and place, e	nd due to t	the couse(	a) and manner as stated.
	ATA WE TO	ш	196. SIGNATURE AND TITLE	OF CERTIFIE	A //	/				29c. LIC	CENSE NU	-		29d. DA	TE SIGNE	D (Month, Day, Year)
	TO THE FUNERA TO THE FUNERA DE filed within 7 IMPORTANT: I	9	Dol ?	-6	el	1	W			100	767	78			3-5	-91
		F	30. NAME AND ADDRESS OF		2.0	USE OF DEAT	H (ITEM 27) (7)	pe, Print)	,	, -	,		1.7	-1.0	^ ^	1601
		-	David E.		all, MD	/7:		ari	10/1	J7	٠.	Ja/	1562	, Mi	U A	1801
		5	31. DATE FILED (Month, Day,	1	Fulia L	ALINATE	Ander 1							,		



DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mous after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit it has fine within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	INDOORANT IS them 28 to marked or them 23 shows any injury or other fraumatic event, the medical examiner must be notified at once.
P.O. F	ath certific	ftending p	or othe
RECORDS,	w requires that the de	t. of Health and Ment	shows any injury
OF VITAL	PHYSICIAN: The law	ir this certificate has	arked or Item 23
DIVISION	L OR ATTENDING	L DIRECTOR: After	i Itam 28 le m
	THE HOSPITA	D THE FUNERAL	UPOPTANT- 16

	REGISTRAR		CEI	RITIFICA	ALE OF	DEATH	REG. NO.		
$\mathcal{I}$	DECEDENT'S NAME (First, Middle, Last)	HOWARD		TR	wit	+	2. DATE OF DEATH DA MONTH DA FEBRUAR	Y28.19	3. TIME OF DEATH
	SOCIAL SECURITY NUMBER	1155	AGE (In yrs. last b	MON	NOER 1 YEAR	IF UNDER 24 HRS. HOURE MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
	220-12-1887	1 💢 M 2 🗆 F	68	YRS.			Aug. 12,		Taurel, De
1000	e. FACILITY NAME (If not institution, give str					OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
10 M	PENINSULA GENERA	L HOSPITAL	L.	1 8	ALISB	URY		WICO:	MICO
10	De. STATE 10b. COUNTY			10c. CITY, TO					10d. INSIDE CITY LIMITS?
-	aryland Wicon	mico		Mar		ı Spring	8		1 TES 2 X NO
10	De. STREET AND NUMBER				11	21837			OF WHAT COUNTRY?
	Rt. 1, Box 368	12. WAS DECEDENT E	VED IN 11 C ADM	ED.	12 WAS DE		IIC ORIGIN? (Specify Yee	u.s	. RACE — American Indien,
BY F	Never Married 2 Merried Widowed 4 Divorced	FORCES? 1 TIPE IF YES, GIVE WAR	YES 2 NO		If yes, s	pecify Cuben, Mexice S 2 NO Specify	n, Puerto Rican, etc.)		Specify: Black
	15. DECEDENT'S EDUC (Specify only highest grade of		(Give	EDENT'S USU	done during m	ION nost of working	16b. KIND OF BUS	SINESS/INDUS	TRY
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. D	lo NOT use ret	(red.)	•	F		
T F	7. FATHER'S NAME (First, Middle, Last)		Fan	mer	_		Farmin  ME (First, Middle, Maiden	<u> </u>	
		eorge H.	Thuit	+			et Ann O		nuitt
15	De. INFORMANT'S NAME (Type/Print)	eorige II.			RESS (Street		Route Number, City or Tow		
n II -	Pearl L. Truit	t	Rt	. 1.	Box	368. Ma	rdella S	pring	s. Md.
2	04. METHOD OF DISPOSITION A) Burlel 2 Cremetion 3 Remo		20b. PLACE OF	POSPOSITIO	N (Name of c	emetery, cremetory or			y or Town, State
	☐ Donellon 5 ☐ Other (Specify)	oval from south	Ress	Poin.	t Cen	retery	Lau	rel,	Del.
2	1. SIGNATURE OF FUNCTION SERVICE LICE	ENSEE			22. NAME /	and address of fa	PO BOX	43, F	ederals bu uneral Hon
IFICATI	Sequentially list conditions, f erry, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST		R AS A CONSEOU					U	
<b>照</b>   '	esulting in deetil) LAST	d							
MEDICAL O	Dementia Significant conditions Dementia	s contributing to de	eeth but not re	sulting in t	ne underlyi	ng ceuse given in	Part i. 24a. WAS AN PERFOR	RMED?	24b, WERE AUTOPSY FINDI AWAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH? 1 YES 2 NO
	5, WAS CASE REFERRED TO MEDICAL					PLACE OF DEATH (Ch			
PHYSICIAN:	EXAMINER?	HOSPITAL:	B/Outpation of		THER:	ome 5 Reeldence			
ž į	7. MANNER OF DEATH	28e. DATE OF IN	JURY	26b. TIME OF	28c. II	NJURY AT	28d. DESCRIBE HOW	INJURY OCCU	RED
	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	rder/	INJURY		VORK? YES 2 NO			
COMPLETED BY	3 Suicide 6 Could not be determined	26e. PLACE OF I building, etc	NJURY — Al hom c. (Specify)	ne, farm, atree	t, factory, off	lice	281. LOCATION (Street City or Town, State)	end Number or )	Rural Route Number,
Z 2	(Uneck only	CIAN: To the best of m	y knowledge, deal	th occurred a	t the time, da	ite end place, end due	to the couse(e) end me	nner ee stated	
Š	one) 2 MEDICAL EXAMINE	R: On the basis of exam	mination end/or in	westigetion, in	n my opinion,	, death occured at the	lime, date end place, er	nd due to the	cause(e) end manner ee state
	196. SIGNATURE AND TITLE OF CERTIFIEF	un			e	0248	MBER 72	29d. DATE S	SIGNED (Month, Day, Year)
	RAUL FLEUR	y 560	River	27) (Type, Prior	Pe	SALISBU	Ry Md	21	83/
J) 3	MAR O 4 91	32. REGISTRAR	s signature	delle			/		



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

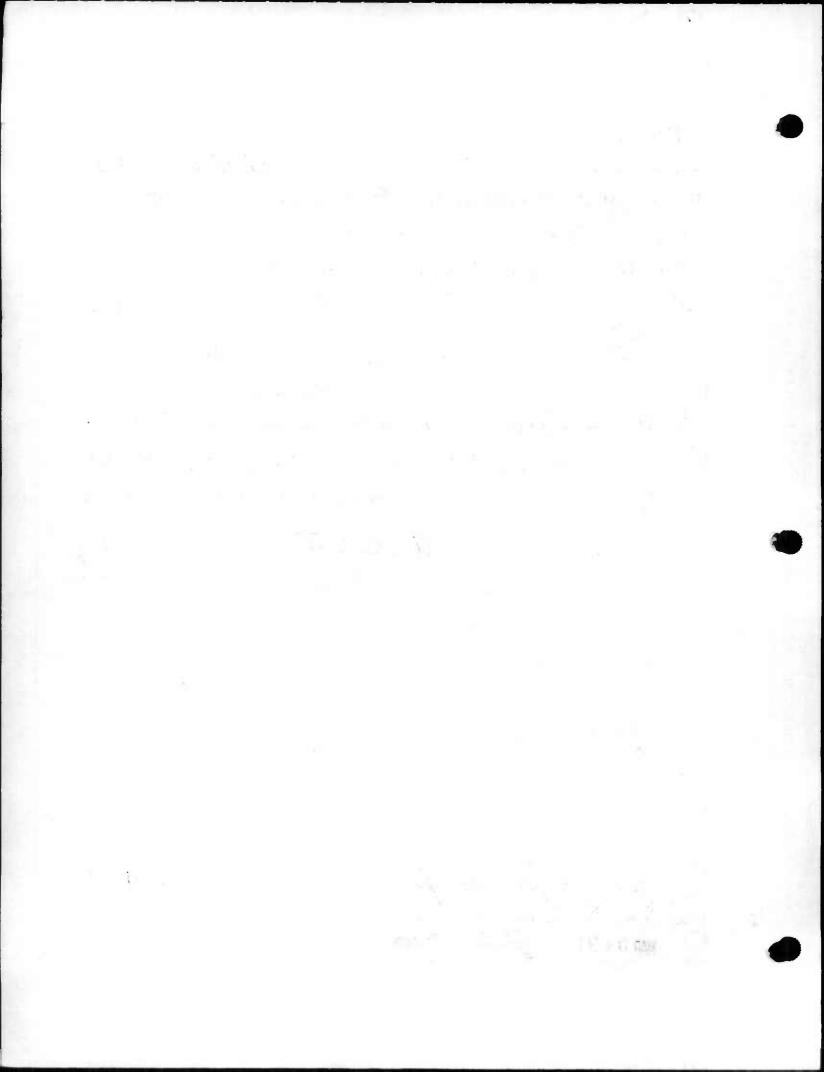
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TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO		
1. DECEDENT'S NAME (First, Middle, Last)	ouglas	Tino	ale.		2. DATE OF DEATH DATE OF	26 97	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 214-32-2765	_/		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. Bil	RTHPLACE (State or Foreign untry)
9a. FACILITY NAME (If not institution, give st HOME BOX 153 RESIDENCE OF DECEDENT	grasonville		Grase	ON VILLE	EATH	9c. COUNTY O	F DEATH
Md. 10b. COUNTY	A		TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1 FES 2 NO
Box 53 Gr	GSONVILLE	e,md.		2163	NIC ORIGIN? (Specify Ye	U	F WHAT COUNTRY?  S FA  ACE — American Indian.
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YE	S 2 NO	If yes, sp		in, Puarto Rican, atc.)	8	BIK
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 8+)	16a. DECEDENT'S U. (Give kind of wo life. Do NOT use	rk done during me	ost of working	16b. KIND OF BU	SINESS/INDUSTR	Υ
17. FATHER'S NAME (First, Middle, Last)				_	ME (First, Middle, Maiden	Sumame)	
190 INFORMANT'S NAME (Typo/Print)	Tingle	BOX 15	- 1 0	and Number or Rural	Route Number, City or Tow	m, State, Zip Code	8
20a. METHOD OF DISPOSITION  1 Burlet 2 Cremation 3 Remo  4 Donation 8 Other (Specify)	oval from State	RODINSON	's Cer	netero	20c. LC	Sonuil	e, md.
21. SIGNATURE OF FUNERAL SERVICE LIC	Fuk-		GEORG	ND ADDRESS OF FA	ishiall 7-ca	occal s	st. Eoston, md.
23. PART I. Enter the diseases, or of ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on	eech line.	SCI	•	th aa cardiac or reap	iratory arrest,	Approximata Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	B A CONSEQUENCE OF)					The state of the s
PART II. Other algnificent condition	s contributing to death	but not resulting in	the underlying	ng cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C	7-3-7-3-3		
1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investigation	1 Inpatient 2 ER/O 28a. DATE OF INJUR (Month, Day, Yea	Y 28b, TIME	OF 28c. IN	ne 5 Residence JURY AT ORK? YES 2 NO	6 ☐ Other (Specify)  28d. DE\$CRIBE HOW	INJURY OCCURE	D
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	26a, PLACE OF INJU building, etc. (S	IRY — At home, farm, st (pecify)	reet, factory, offi	ca	281. LOCATION (Street City or Town, State		rel Route Number,
one)	ICIAN: To the best of my kn						ise(s) and menner as stated.
296. SIGNATURE AND THE OF CERTIFIE	' Ame	wh		D 123	Y S	29d. DATE SIG	NEO (Month, Day, Year)
John R.	Smit!	JV	Privici				
MAR 0 4 91	32. REGISTRAR'S N	SUSSIE MANUELLE					



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MULAN 31. DATE FILED (Month, Day, Year 2/5/4/4/

30. NAME AND ADDRESS OF PERSON WWO COMPLETED CAUSE DO DEATH TEM 21) (Type,

FEB 28 '91

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91 07155 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH Leslie Marie Teed S. SEX A SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS 221-09-3964 1 M 2 TF YRS White Stone, 9e. FACILITY NAME (If not institution, give street end number, 96 CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH At Home Rt. Kent RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY larvland Kent Massev 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Rt. 299 Box 115 A 21650 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11, MARITAL STATUS 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 24 If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried В White 3 🔀 Widowed 4 🗌 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondery (0-12) College (1-4 or 5+) Chemical Company Clerk 12 17, FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Priscilla Warwick William Andrew Barrett 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Rt 299 - Box 115, Massey MD 21650 Mildred I. Ellis - Daughter 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, State Hickory Grove Cemetery Port Penn, Delaware 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Spicer-Mullikin Funeral Home, Inc. Harvey C. Smith, Jr. 1000 N. DuPont Pkwy., New Castle, DE 23. PART I. Enter the disease, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate ahock, or haart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition ter, reaulting in death) DUE TO (OR AS A DONSEQUENCE OF) Sequantielly list conditions, DUE TO (OF AS A CONSEQUENCE OF): if eny, leeding to immadiate cause. Entar UNDERLYING CERTIFICAT her CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST 24a. WAS AN AUTOPSY PERFORMED? PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS MEDICAL COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 | YES 2 10 NO PHYSICIAN: 25. WAS CASE REFERRED 70 MEDICAL EXAMINER? HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA me 5 - Residence 6 - Other (Specify) 4 - Nursing Ho 27. MANNEB OF CEATH 26s. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 26c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify) 26f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Sulcide Could not be 6 4 Homicide Ħ 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) end menner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIONED (Month, Dgy. 29c. LICENSE NUMBER BE 14 Traca

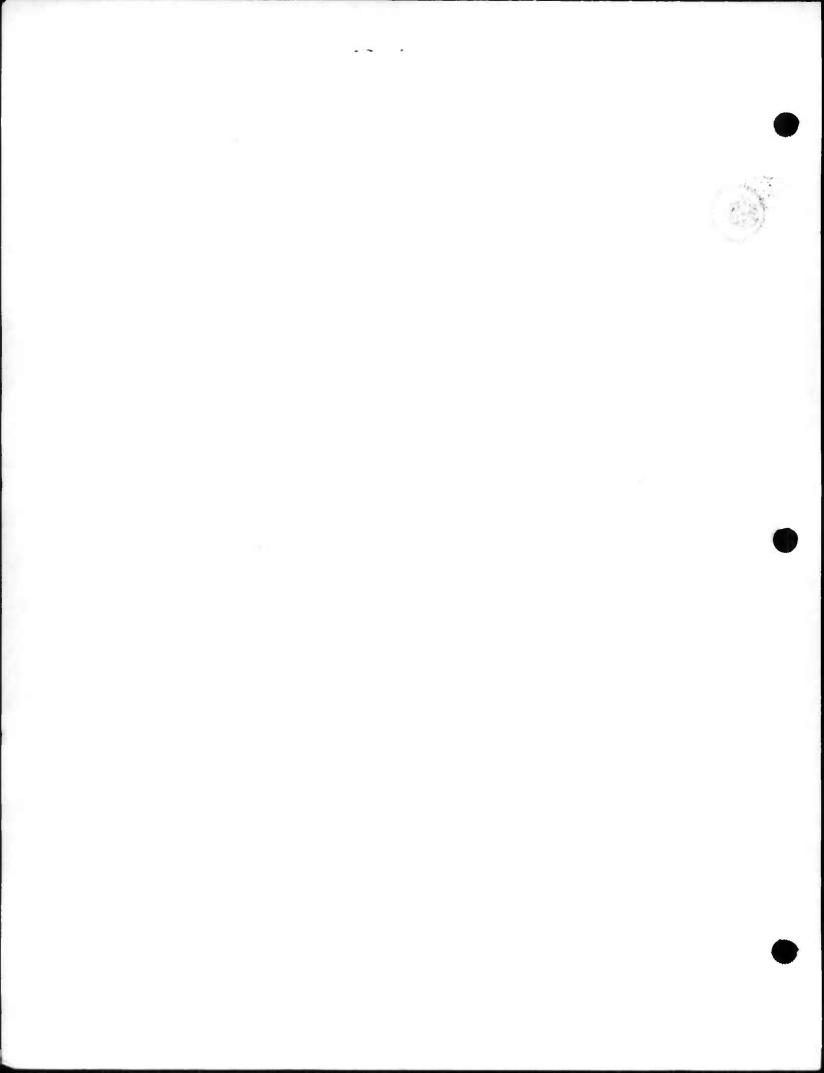
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HOSPITAL FUNERAL within 72 h MPORTANT: If

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DIVISION

13146,
BOX
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RECORDS
VITAL
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)	ermit. Pages 1, 2. 3 should			
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 "Yours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FINERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

BY

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91 07156 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 3. TIME OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Sharon M. Tipton 930 PM pton 02 27 Maron 7. DATE OF BIRTH a. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER a. SEX 8. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 219 426 607 DAYS HOURS 1 M 2 1 YRS. 46 Dec. 944 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH University of Maryland Hospital DIRECTOR Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 18c, CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 TES 2 NO Maryland Cecil Port Deposit 10g. CITIZEN OF WHAT COUNTRY? **FUNERAL** 10e. STREET AND NUMBER 10f. ZIP CODE 617 Principio Road 21904 U.S.A 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 11. MARITAL STATUS 1 Never Married 2 Married 1 TYES ZX NO Specify Specify BY 3√ Widowed 4 □ Divorced White ETED. 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.)
Environmental 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete Elamentary/Secondary (0-12) College (1-4 or 5+) Aberdeen Proving Ground, COMPL Two Years ialict Aberdeen, Maryland

18. MOTHER'S NAME (First, Middle, Melden Surname) 17. FATHER'S NAME (First, Middle, Last) James L. Montgomery <u>Jettie</u> Μ. Sparks BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 James L. Montgomery 210 Montvue Dr., Lewisburg, West Virginia 24901 20s. METHOD OF DISPOSITION
1 Durial 2 Cremation 3 Removal from State 20c. LOCATION - City or Town, Stata 20b. PLACE OF DISPOSITION (Name of cometery, crematory or R.A. Ferris & Company 4 Donation 5 Other (Specify) West Chester, Penn. 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE Lee A. Patterson & Son Funeral Home euros Perryville, Maryland 21903 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart fellure. List only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Final Unknown disease or condition\_ tdenocarcinoma resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, teading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 TES 2 DNO PHYSICIAN: 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER: Inpatient 2 - ER/Outpatient 3 - DOA ng Home 5 - Residence 8 - Other (Specify) 4 🗌 Nu

28a. DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF 1 Natural 5 Pending 1 YES 2 NO 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 8 Could not be 4 Homicide

29a. CERTIFIER
(Check only one)

AMERICAL EXAMINED: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

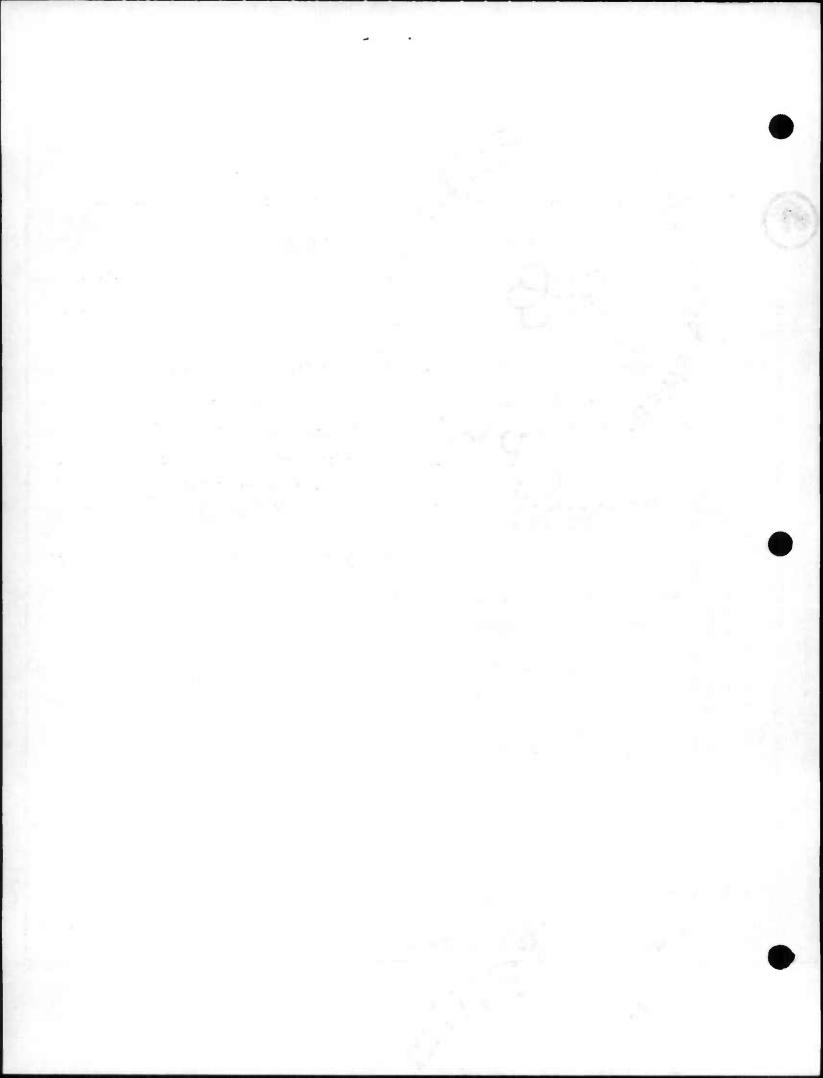
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE-OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year)

	0	neres	sens ut		
0.	1		Manyland 1	USE OF DEATH (ITEM 27) (Type, Print)	

DHMH-18 Rev 1/89

7/9

2



OR ALEMBING FILLSONIA, THE SAN INCOME THE COURSE OF THE CO	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		Once.
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							9	1 07157			
		FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /		OF HEALTH AND	MENTAL HYGIEN					
	1	1. DECEDENT'S NAME (First, Middle, Last)	TT	- n- 0		2. DATE OF DEATH MONTH D		EAR 3. TIME OF DEATHS			
		0 1 //	s. SEX 8. AGE (In yrs. last	birthday) IF UNDEF	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Qay, Ybqr)		BIRTHPLACE (State or Foreign Country)			
		9a. FACILITY NAME (If not institution, give stree	t and number)	YRS.	, TOWN OR LOCATION OF D	2/11/2	2 De. COUNTY	PACYLAND			
1	TOR	HAT ford Memo	rial Hosp.	H	Avredal	grace, 1	10	Harfard			
	DIRECTOR	MACY/AND 106. COUNTY	ecil	10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY LIMITS?  1 YES 2 NO			
	FUNERAL	100. STREET AND NUMBER CON	Owner F	ROAD	101. ZIP CODE	17	10g. CITIZEN	OF WHAT COUNTRY?			
	FUN		2. WAS DECEDENT OVER IN U.S. ARM FORCES? 1 YES 2 N	0	WAS DECENDENT OF HISPA If yes, specify Cuban, Maxico	en, Puerto Rican, atc.)	or No- 14	RACE — American Indian, Black, White, atc.			
	ВУ	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 TYES 2 NO Specifi			white			
	LETED	15. DECEDENT'S EDUCAT (Specify only highest grade co Elementary/Secondary (0-12)	mpleted) (Gh	CEDENT'S USUAL Of re kind of work done Do NOT use retired.)	during most of working	16b. KIND OF BU	SINESS/INDUS	TRY			
nce.	COMPL	17. FATHER'S NAME (First, Middle, Last)	) IF,	xplosiu-	e ODERAL	AME (First, Middle, Meiden	Surname)	)/ce			
o at o	BE C	Peter E	= Tome		E	I/A					
notified at once	٥	19a. INFORMANT'S NAME (Type/Print)  FREDA	Tome 196	898 (	Systreet and Number or Rural	Route Number, City or Tox	m, State, Zip Co	m o			
nust be		20a METHOD OF DISPOSITION  10 American 2 Cremetton 3 Removal from State  20b. PLACE OF DISPOSITION (Name of cometary, cremeted or other place)  20c. LOCATION — City or Town, State  20b. PLACE OF DISPOSITION (Name of cometary, cremeted or other place)  20c. LOCATION — City or Town, State									
examiner must		21. SIGNATURE OF FUNERAL SERVICE LICEN	BEE / P No	22.	NAME AND ADDRESS OF FA	VCILITY		C			
ai exa		23. PART (. Enter the disease, or complications that caused the deeth, Do not enter the mode of dying, such as cerdiec or respiratory arrest. Approximate									
medical	23. PART 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or reapiratory arrest, ahock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Fine)										
disease or condition (Cate MI, & GASCUS)							onega	ite disco			
tic eve	z	Lange AAA & Apuble Vena Cara, resection									
rauma	CATION	If any, leading to immediate cause. Enter UNDERLYING	TO (OR AS A CONSEC	DUENCE OF):		done 4	28/91				
r other traumatic event,	CERTIFIC	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSEC	DUENCE OF):							
jury, or		d. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS									
shows any injury,	EDICAL					PERFO	2 NO	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
shows	Σ					_		1 TES 2 NO			
Item 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТНЕ	26. PLACE OF DEATH (C	heck only one)		1			
5	HYSI		25s. DATE OF INJURY		irsing Home 5 Residence	5 Other (Specify)  28d. DESCRIBE HOW	INJURY OCCU	RED			
marked,	BY P	1 Natural 5 Pending 2 Accident investigation	(Month, Day, Year)	INJURY M	WORK? 1 YES 2 NO	10 to 10 to					
28 is	ETED	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At ho building, etc. (Specify)	me, farm, street, fe	ctory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
F. If Item	COMPLE	one)	AN: To the best of my knowledge, de								
MPORTANT	ш	296. SIGNATURE AND TITLE OF CERTIFIER	0		29c. LICENSE N	JMBER	29d. DATE !	SIGNED (Month, Day, Year)			
IMP	TO B	50 NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DEATH (ITE	M 27) (Type, Print)	11258	163	1 3/	1/9/			
		HENRY H.	KWAH, 437	GIRARI	DST. HAI	REDE G	RAG	E, MD			
	- 1	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNATURE				-X 172	21028			

DHMH-15 Rev 1/89

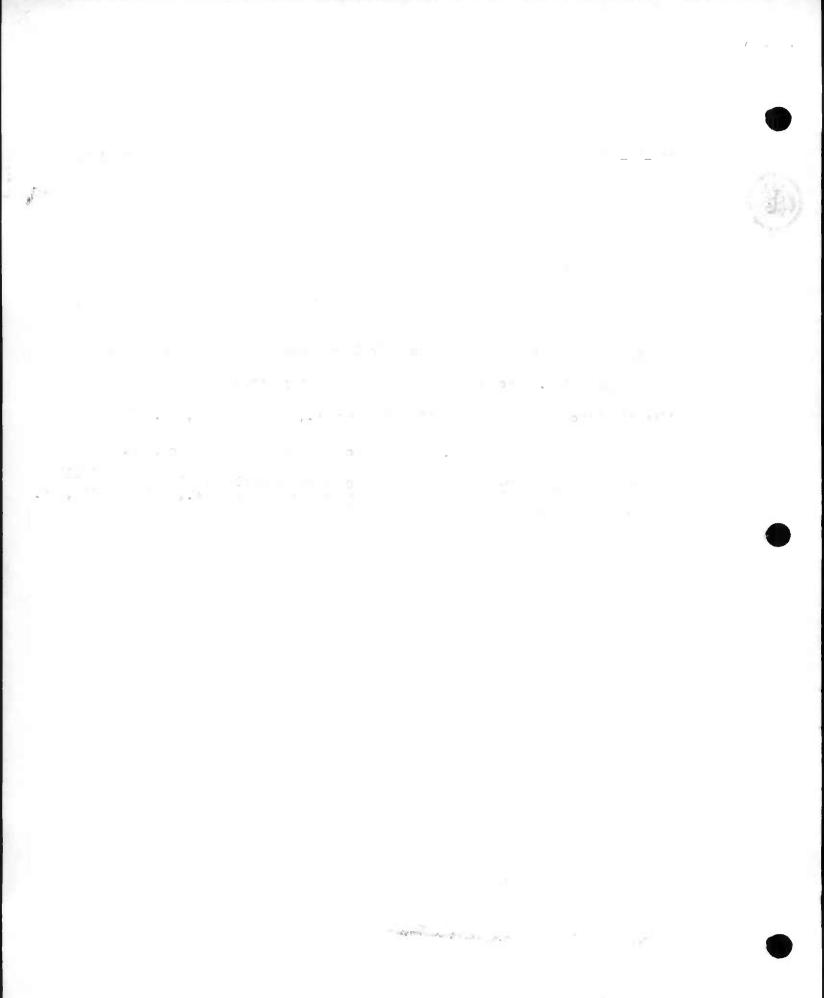
MAR 05 '91

TO BE COMPLETED BY FUNERAL DIRECTOR

Seed.		-
rector,		mus
:UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, p		ANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must
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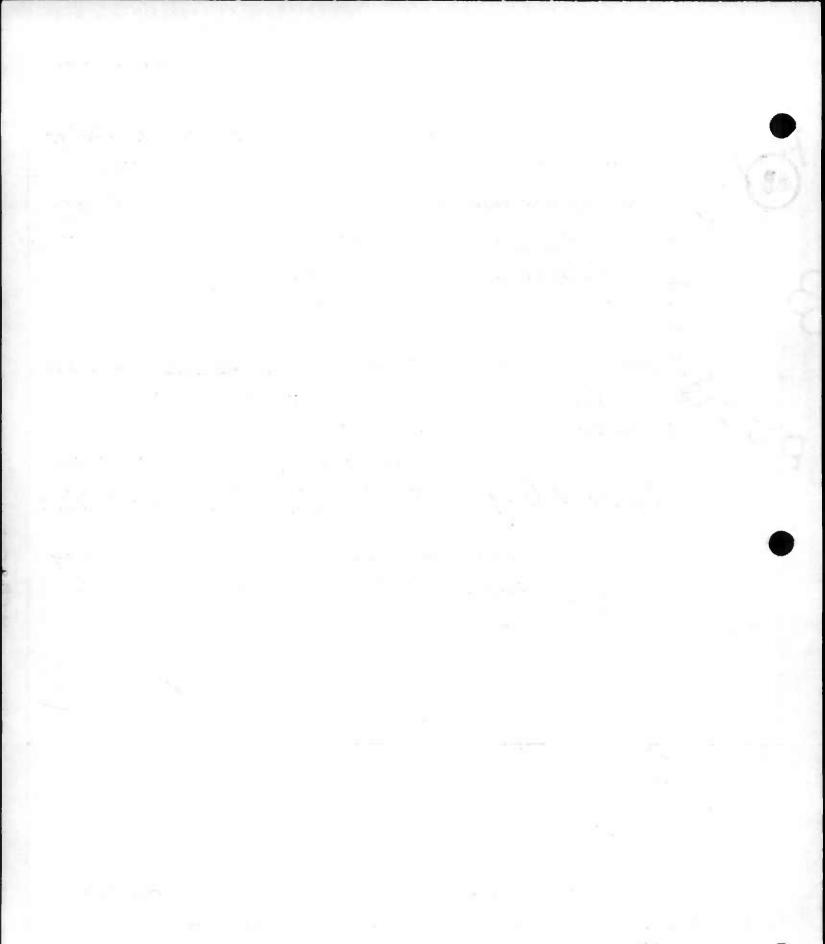
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR		CERTIFIC	ATE OF	DEATH	REG.	NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	H	YEAR	3. TIME OF DEATH
		cey			3	3	91	10:00 P.M
4. SOCIAL SECURITY NUMBER 218-12-4938	5. SEX 6. AGE		F UNDER 1 YEAR	IF UNDER 24 NRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea 10/7/	r)	6. BIRTI	APLACE (State or Foreign aryland
9a. FACILITY NAME (If not institution, give s	treet and number)	91	b. CITY, TOWN O	LOCATION OF DE	ATH	9c. COL	JNTY OF C	EATH
Greater Baltimore			Tows			Ba	ltim	
10a. STATE 10b. COUNTY		10c. CITY, T	TOWN OR LOCATI	ON				10d. INSIDE CITY LIMITS? 1 YES 2 NO
	timore	F	Reisters					
100. STREET AND NUMBER 228 Northway Road	d		101.	21136			SA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 2 NO	If yes, specify Cuban, Maxican, Puarto Rican, atc.)  Black, White, a					
15. DECEDENT'S EDU		16a. DECEDENT'S US			16b. KIND OF	BUSINESS/IN	IDUSTRY	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use n	k done during mos etired.) Lical En		Dea	sign I	ndus	try
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Ma Adaline	iden Surname)		
Wilbert	H. Tracey							
19a. INFORMANT'S NAME (Type/Print) Elizabeth Trace;	ī	19b. MAILING AT 228 No	orthway	Rd., Re:	Route Number, City of isterstor	wn, State, 2	21:	136
20s. METHOD OF DISPOSITION 1.A. Buriel 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from Stata	St. PLACE OF DISPOSITI	ON (Name of cem Church	etery, cremetory or Cemeter;	y U <sub>1</sub>	c. LOCATION -		
21. BIGHATURE OF FUNESIAL SERVICE LIC	land		22. NAME AND ADDRESS OF FACILITY Eckhardt Funeral Chapel 11605 Reisterstown Rd., Owings Mills, Md.					
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. Cardiorespiratory failure  Due to (or as a consequence of):  b. Pulmonary congestion and bronchopneumonia oue to (or as a consequence of):  cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST								
								1
PART II. Other significant condition	is contributing to death	but not resulting in	tna undariying	j ceusa givan in	PE	S AN AUTOPS' RFORMED? ES 2  NO	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 X YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	T .		26 PI	ACE OF DEATH (C)	nock anh ann)			<del></del>
EXAMINER? 1 YES 2 🔀 NO	HOSPITAL:	structions 3 DOS	OTHER:			a.		
27. MANNER OF DEATH  1 X Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	285. TIME	OF 28c. INJ		6 Other (Specify 28d. DESCRIBE H		CCURED	
2 Accident Investigation 3 Suicide 6 Could not be determined determined determined Investigation 28a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)  28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)					Route Number,			
CONSULT UTILY	ICIAN: To the best of my kno							(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	A A	-		29c. LICENSE NU D3835		29d. D/	ATE SIGNE	D (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WI						1	5/7/	71
Beth R. Schwartz,				St., Bal	t., MD 2	21204		
31. DATE FILED (Month, Day, Year)	32. REGISTIAN'S POR	SNATURE	2					



by the hospital or attending p	be detached for use as the I	at once.
. Page 6 may be retained	al director, page 5 should	iner must be notified
rithin 27 . Jours after death	iletely filled in by the fune remation, or removal.	ent, the medical exam
certificate be executed w	nding physician and comp Hygiene prior to burial, co	ir other traumatic eve
w requires that the death	been signed by the after of Health and Mental	3 shows any injury, o
JING PHYSICIAN: The la	After this certificate has	marked, or Item 2
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-, nours after death. Page 6 may be retained by the hospital or attending to	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the 1 harding the funeration, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

٠	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
1	1. DECEDENT'S NAME (First, Misdle, Leet)	Edward :	Tomlins			2. DATE OF DEATH DO NORTH OF THE PROPERTY OF T		3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 443-20-4811	5. SEX 6. AGE (III		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		HRTHPLACE (State or Poreign Country) Oklahoma	
TOR	Huate found Lolf- mesidence of decedent	Wille Haspiti	21	La	r LOCATION OF DE	h )	Ge. COUNTY	e beorges	
DIRECTOR	10a. STATE 10b. COUNTY	ice George	1000	own or locat				10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
FUNERAL	100. STREET AND NUMBER 11902 Franklin				20705		10g. CITIZEN OF WHAT COUNTRY? United States		
BY FUNE	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	IN U.S. ARMED  13. WAS DECENDENT OF HISPAN  17 yes, specify Cuban, Mexican			n, Puerto Rican, etc.)	ORIGIN? (Specify Yea or No. 14. RACE — American Indian,		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elamentary/Secondary (0-12) 12 years	completed)  College (1-4 or 5+)  8 years	16a. DECEDENT'S US Give kind of work life. Do NOT use re Professo	done during mo etired.)	oN et of working	16b. KIND OF BU		New Mexico	
WC	17. FATHER'S NAME (First, Middle, Last)	o years	1101055	)L	18. MOTHER'S NAI	ME (First, Middle, Maiden		New Mexico	
	Charles Tomlins				Franc		Smith	,	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AC	DRESS (Street a		Route Number, City or Tox			
2	Linda Tomlins		same a	as # 10	)				
	20a. METHOD OF DISPOSITION  1  Burlal 2 Cremation 3 Rem  4 Donation 5 Other (Specify)	oval from State	PLACE OF DISPOSITI	ON (Name of cer	netery, cremetory or		exandri	or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE    Donald V B								
CERTIFICATION	23. PART I. Enter the diseases, or abook, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Acute V. DUE TO (OR AS A DUE TO (OR AS A					ratory arrest	Approximate Interval Batween Onset and Death  Clary	
PHYSICIAN: MEDICAL C	PART II. Other significent condition	a contributing to death be	ut not resulting in	the underlyin	g ceuse given in		RMED?	24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 M	
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (Ch	eck only one)			
SIC	1 ES 2 NO	HOSPITAL: 1 in inpetient 2 in ER/Outp	etlent 3 DOA 4	THER:  Nursing Hor	ne 5 🗆 Residence	6 Other (Specify)			
ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (	IY W	ORY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	RED	
ED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec		281. LOCATION (Street and Number or Flural Route Numb City or Town, State)			Rural Route Number,		
COMPLET	(Check only	ICIAN: To the best of my know ER: On the basis of exemination						suse(s) and manner as stated.	
BE	29b, SIGNATURE AND TITLE OF CENTURE	I MD			29c. LICENSE NUMBER 29d. DATE SHE D38575 > 2/			IGNED (Month, Day, Year)	
5	J. Begleite	MD 396	S-L Q	ill s	ceints 1	Pel Sau	rel T	m19	
	31. DATE FILED (Month, Day, Year) MAR 0 4 9 1  MAR 0 4 9 1								

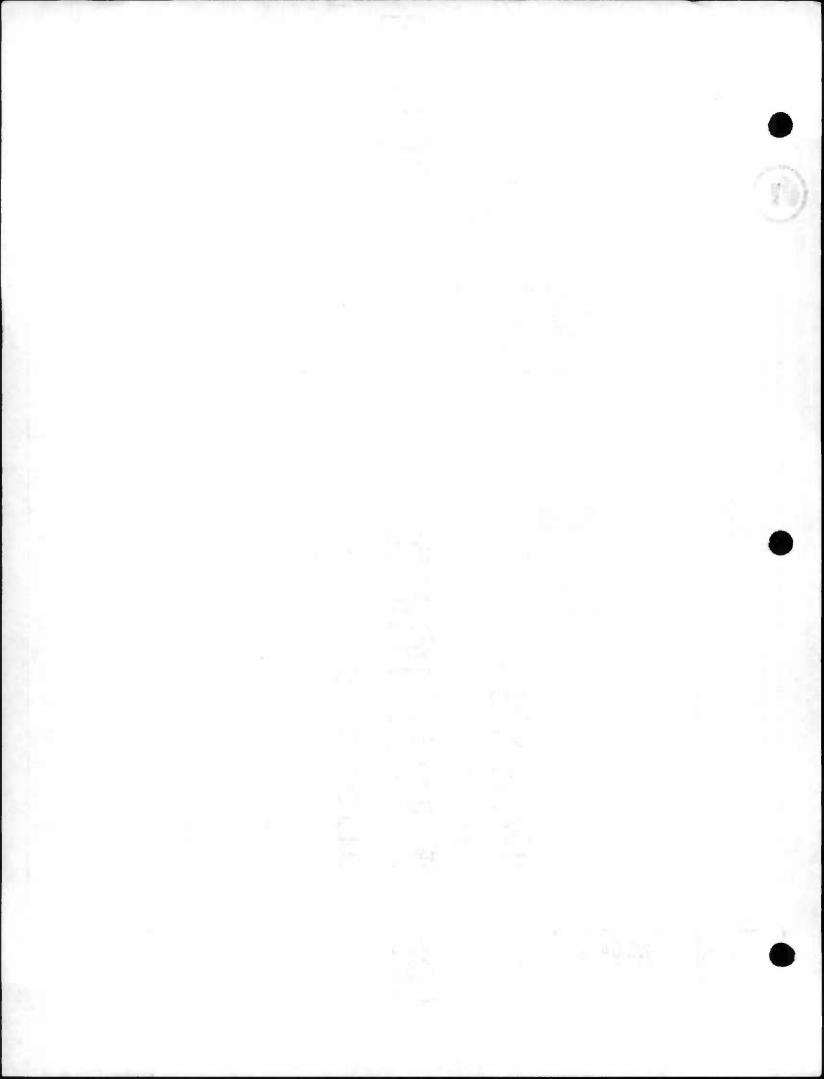


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTME	NT OF HEALT	H AND	MENTAL	HYGIENE
CERTIFICA	TE OF DEA	HTA		REG. NO.

1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF I		D MENTA	HYGIENE REG. NO.	21	07100		
1. DECEDENT'S NAME (First, Middle, L		ARGARET N	UTZ TUC	KER	2. DATE MONTH	OF DEATH DAY	PÍ			
4. SOCIAL SECURITY NUMBER 187-24-1628	1 🗆 M 2 🔀 F	(In yrs. last birthday) 59 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HR	7. OATE (Month	OF BIRTH , Day, Year) 23,1931	PE	IRTHPLACE (State or Foreign ountry) ENNSYLVANIA		
9a. FACILITY NAME (If not institution, g SUBURBAN HOSPI	HOSPITAL BETHESDA						MONTO	GOMERY		
10a. STATE 10b. COI	MARYLAND MONTGOMERY WHEATON  100. STREET AND NUMBER 101. ZIP CODE							10d. INSIDE CITY LIMITS? 1 YES 2 NO		
						10		OF WHAT COUNTRY?		
10. STREET AND NUMBER  11515 OREBAUGH  11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER			20902 DECENDENT OF HISPANIC ORIGIN? (Specify V specify Cuban, Mexican, Puerto Rican, etc.) 7ES 2 XNO Specify:			Black, White, atc.  Specify:			
15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12) 1 2 17. FATHER'S NAME (First, Middle, Last	(Specify only highest grade completed)  [Give kind of work done during most of working life. Do NOT use retired.)  [Give kind of work done during most of working life. Do NOT use retired.)					. KIND OF BUSINE		HTTE.		
17. FATHER'S NAME (First, Middle, Last, LOUIS NUTZ	17. FATHER'S NAME (First, Middle, Last)  LOUIS NUTZ					18. MOTHER'S NAME (First, Middle, Maiden Surname) ANNA ORIS				
19a. INFORMANT'S NAME (Type/Print) RAYMOND TUCKER	(SON)			and Number or Ru	ural Route Num	ber, City or Town, St.		,		
20a. METHOD OF DISPOSITION	20s. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place)									
	21. SIGNATURE OF FUNERAL SERVICE LIGENSEE  22. NAME AND ADDRESS OF FACILITY  FRANCIS I COLLINS FUNERAL HOME INC									
immediate cause (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO (OR AS	A TTC S A CONSEQUENCE OF	-): -):	CELL	LUNG	O CANC	eR	Interval Between Onset and Death		
PART II. Other algnificant cond  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH	d.	but not resulting	in the underlyk	g ceuse giver	n in Part I.	24a. WAS AN AUT PERFORMED 1 YES 2	7	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?										
	1 Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY	JURY AT ORK? YES 2 NO	28d. DE	SCRIBE HOW INJUI	RY OCCURE	60		
2 Outside	Investigation   25e. PLACE OF INJURY — At home, farm, street, factory, office   25f. LOCATION (Street and Number or Rural Route Number of Burliding, etc. (Specify)   25f. LOCATION (Street and Number or Rural Route Number of Rural Route Number Number of Rural Route Number of Rural Route Number of Rural Rou							ural Route Number,		
one)	HYSICIAN: To the best of my known							use(a) and manner as stated.		
29b. SIGNATURE AND TITLE OF CERT	2	20	15	29c LICENSE				GNEO (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON  JOSEPH HAVE CER	1. 11)			112	2 P		41)	20850		
31. DATE FILED (MONTH, Day, Year) WAR 0 4 '91	32. REGISTRAR'S SIG			# 4	2 NO	CRVILLE	MD	20030		



## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HY

GIENE		
G NO		

REGISTRAR		CERTIFIC	CATE OF I	DEATH	REG. NO		
1. DECEDENT'S NAME (First, Middle, Last	)				2. DATE OF DEATH		3. TIME OF DEATH
Clyde Curr	an Taylor	CLYDE	C. TAYL	OR	March	1 . 19	191 4:25 P.H
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	7	8. BIRTHPLACE (State or Foreign
510 01 1000	1√2 M 2 □ F			HOURS MIN.	(Month, Day, Year)		Country)
513-01-1299	Λ	00			OCT.1,190		KANSAS
9e. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN OR	LOCATION OF DI	EATH	9c. COUN	TY OF DEATH
9715 SAM OWENS F	ROAD		OWING	S		C	ALVERT
RESIDENCE OF DECEDENT							
10e. STATE 10b. COUN	TY	10c. CITY,	TOWN OR LOCATIO	ON			10d. INSIDE CITY LIMITS?
MARYLAND CA	LVERT		OWINGS				1 YES 2 NO
10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?
OZIE CAM OVENCE	OAD			207	26	US	۸
9715 SAM OWENS F							
11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YES	B 2 XNO			NIC ORIGIN? (Specify Ye in, Puerto Rican, atc.)	a or No-	14. RACE — American Indian, Black, White, etc.
3 X Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 TYES 2	NO Specif	y:		Specify:
12							WHITE
15. DECEDENT'S ED (Specify only highest gra		16e. DECEDENT'S U	ISUAL OCCUPATION ork done during most	t of working	16b. KIND OF BU	SINESS/INDU	JSTRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use	retired.)				
	4	DRAFTSMA	N US AI	R FORCE			
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	Surnamel	
	ZT OD				,		
DAVID ELMER TAY	LUK				GUUSTA HOL		
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and	d Number or Rural	Route Number, City or Tow	m, Stata, Zip	Code)
DONNA MANIS (GI	RANDDAUGHTER)	9715 S	AM OWENS	ROAD	OWINGS, MA	RYLAN	D 20736
20a METHOD OF DISPOSITION 1 Disposition 3 Re	2	Ob. PLACE OF DISPOSI	TION (Name of come	etery, cremetory or	20c. LC	CATION — C	City or Town, Slate
1 Donallon 5 Other (Specify)		ORT J.TNCO	TAT		RDEN	TOOLITE	, MARYLAND
21. SIGNATURE OF CUNERAL SERVICE	TOTAL CONTRACTOR OF THE PARTY O	DKI TINCO		ADDRESS OF FA		TWOOD	• TIANTLAND
(1.	11/12	/ /	FRANCI	S J. CO	LLINS FUNE	RAL H	OME, INC.
Muhar	1 102	yeu	500 IIN	TVERSTT	Y BLVD. W.	SIL	SPR.,MD.20901
23. PART I. Enter the diseases, o	r complications that caus	ed he death. Do no					
shock, or heert fellur	e. List only one cause on	each line.					interval Between
IMMEDIATE CAUSE (Finel							
disease or condition resulting in death) . Septicemta - Septic Shock 6						10 Hours	
							A /
	Conges	Hive Hel	urt ta	mre			1 day
Sequentially list conditiona, if any, leading to immediate							
cause. Enter UNDERLYING	meuno	A CONSEQUENCE OF	Pineun	noma	h		2 days
CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF)	):				
resulting in deeth) LAST	Artentier	lenoth co	undowner	also Dix	2000		Heart
	4. 741 101100	,0.0,	010007				30000
PART II. Other algnificant conditi			the underlying	cause given in	Part I. 24a. WAS AI	AUTOPSY	24b. WERE AUTOPSY FINDINGS
Budden C	arcinomo	with	Direct	metas	JOSEP PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION DF CAUSE
Malnutri		0-11	00110-1		1 VES	NO NO	OF DEATH?
1-10-17100111	Mary						1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PL/	ACE OF DEATH (C)	heck only one)		
EXAMINER?	HOSPITAL: 1   Inpetient 2   ER/Ou		OTHER:	e Nontdone	6 Other (Specify)		
27. MANNER OF DEATH	28e. DATE OF INJURY		4 Nursing Home			N H M OOG	NIOTO .
1 Netural 5 Pending	(Month, Day, Year)	) INJU	JRY WOR	RK?	26d. DESCRIBE HOW	INJUNT OCC	UNED
2 Accident investigation	n		M 1 Y	ES 2 NO			
3 Suicide 6 Could not b	28e. PLACE OF INJUI building, etc. (Sc	RY — At home, farm, st	reet, factory, office		26f. LOCATION (Street City or Town, State		or Rural Route Number,
4 Homicide determined					July of Hours, State		
290. CERTIFIER	VOICIAN. To the hand of a	audadaa daattiisi	4 - 4 11 - 4	and allowed to the			
need .	YSICIAN: To the best of my kno						
2 MEDICAL EXAMI	nen: Un the Dasie of examinat	non and/or investigation	i, in my opinion, de	ath occured at the	time, date end place, e	nd due to the	e cause(s) and manner ee stated.
29b. SIGNATURE AND TITLE OF CERTIF	IER	File		29c. LICENSE NU		29d. DATE	E SIGNED (Month, Day, Year)
Gerale Pt	ternes M	. D.		D170	145	1 M	arch 1, 1991
30. NAME AND ADDRESS OF PERSON Y	WHO COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type	Print)	- 110		,,,	
24 2022 52 22 22 22 22 22 22 22 22 22 22 22 2	University	The state of the s					
31. DATE FILED (Month, Day, Year)	Gran Dared	MATURE ATTORNEY DE					
m wants 1/1 'U'	Jane Manie	THE WAY THE PARTY OF THE PARTY					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a grouns after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-16 Rev 1/89

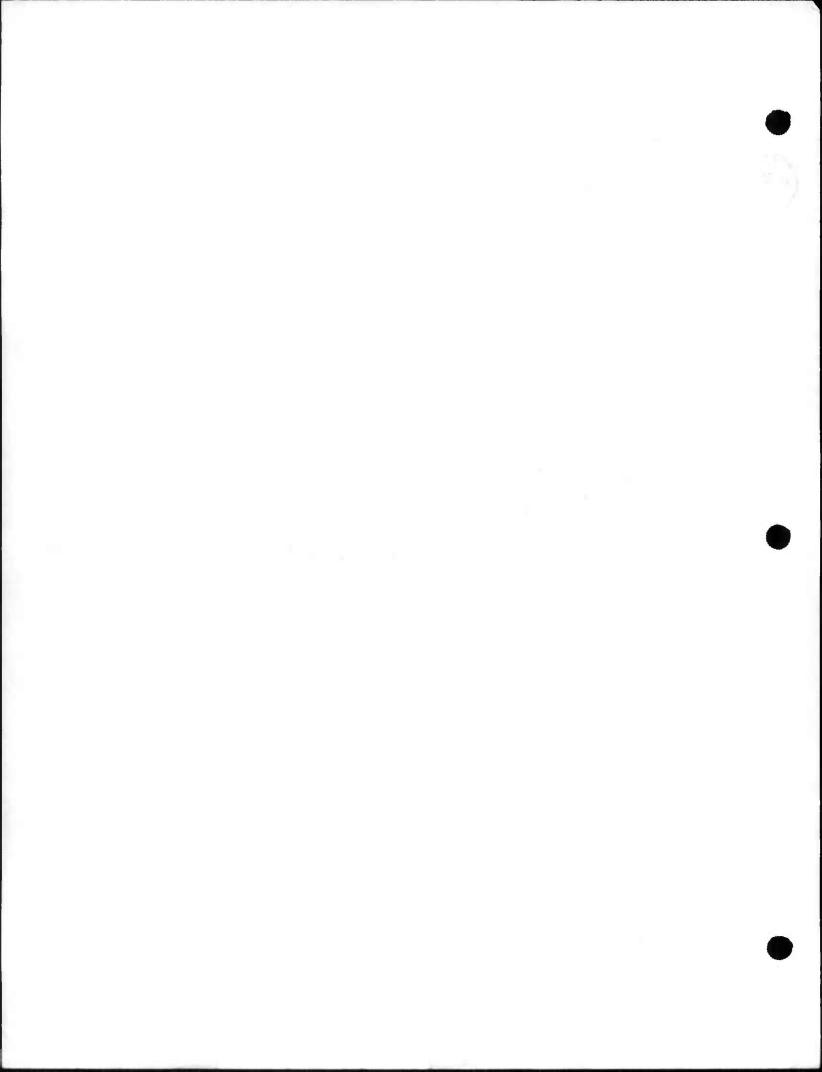
TO BE COMPLETED BY FUNERAL DIRECTOR

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HOSP	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the be filed within 72 hours after death with the State Dept. of Health and M.
품	THE
2	23

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR		CERTIFIC	ATE OF DE	EATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	STELLE	Tuck	eR		DATE OF DEATH DAY	91	0050 m
4. SOCIAL SECURITY NUMBER 212-74-5448	1 □ M 2 ★ ₹	91 YRS. MO	NTHS DAYS HO	URS MIN.	DATE OF BIRTH (Month, Day, Year) ULY 28/.	1899-M	
9a. FACILITY NAME (If not institution, give si	duentest Ho		ROCKVI		1	MONTG	GOMERY CO.
10a. STATE 10b. COUNTY	TIMORE CIT		BALTIM	ORF.			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER  3205- CLEARVIEW AVENUE			101. ZIP CODE 2 1 2 3 4			199. CITIZEN OF WHAT COUNTRY? USA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	N U.S. ARMED 2 ∑NO ATES	RMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Mexican, Puerto Rican, etc. 1 YES 2 NO Specify:			as or No— 14. RACE — American Indian, Black, Whita, etc.  Specify: WHITE		
16. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of work life. Do NOT use re CLERI	done during most of stired.)	working	NOT	NESS/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last)			18.	MOTHER'S NAME	(First, Middle, Maiden S	Surname)	
HOWARD BOT		CARRIE CHANEY					
19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	IG ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)					
REV.DR. REICH	ARD	9701-V	EIRS DR	R., ROCK	VILLE, 1	MD.	
3/7 VRunted 2 Commettee 2 Removed from State Office Office			OF FAITH CEM.  20c. LOCATION — City BALTIMO				and the second second
21. SIGNATURE OF FUNERAL SERVICE LIC	M. die	2840	HYSC	NG CO.	, INC.	NIA I	Approximate
ahock, or heart feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions,	aDUE TO (OR AS	CONSEQUENCE OF):					Interval Between Onset and Death
If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  d.							
PART II. Other algnificent conditions contributing to deeth but not resulting			P		rt I. 24a. WAS AN / PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL			28. PLACE	OF DEATN (Check	only one)		
EXAMINER?  1 YES 2 10	HOSPIPAL:		THER:				
27. MANNER OF DEATH  1 Natural 6 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c. INJURY WORK?	AT 2	6d. DESCRIBE NOW IN	JURY OCCURED	
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJUR' building, etc. (Spe	it, factory, office 281. LOCATION (Str. City or Town, St		81. LOCATION (Street a City or Town, State)	et and Number or Rural Route Number, ate)		
(Critical Orley	ICIAN: To the best of my know ER: On the basis of axamination						ee(a) and manner as stated.
2015. SUBMATURE AND TITLE OF CENTURE 30. NAME AND ADDRESS OF PERSON WITH	R OS ON THE TOTAL PROPERTY OF DESCRIPTION OF DESCRI	EATH (ITEM 27) (Type, 79)	/	OLLY	58	29d. DATE SIGN	NED (Month, Day, Year)
TI. DATE FILED (MONTH), Day, Hear) FEB 27 91	7 32. REGISTRAN SIGN	MAJURE AND AND AND AND AND AND AND AND AND AND	V25/11/1	We. L	MARY!	May	40832



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-002	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phys	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buin he filed within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
,09	d within 24 h	mpletely filler, cremation,	event, the
OX 687	e be executed	sician and co	traumatic e
P.O. B	ath certificat	tal Hygiene	, or other
ORDS	s that the de	ned by the a	any Injury
IL REC	law require	has been signed bear of Her	23 shows
F VITA	SICIAN: The	certificate	1, or item
ONO	NDING PHY	R: After this	is marker
SIVIS	OR ATTE	DIRECTOR	tem 28
	~	0 2	

1. DECEDENT'S NAME (F	irst, Middle, Last)								2. DATE OF			VEID	3. TIME OF	DEATH
Jon		A			Th	wait	es,	Sr.	MONTH 2		AY 2.5	YEAR 9 1	6:2	5 P
4. SOCIAL SECURITY N	MBER	5. SEX	6. AGE (In yrs. In	est birthday)	IF UNDER	1 YEAR	IF UNDER		7. DATE OF				IPLACE (Stat	
058-42-01	99	1 M 2 - F	40	YRS.	MONTHS	DAYS	HOURS	MIN.	Oct.	10,	1950	Nev	y York	
9a. FACILITY NAME (# no	t institution, give a	street and number)	TEE S		9b. CITY	, TOWN C	R LOCATI	ON OF DE		,		NTY OF D	EATH	
Holy Cros	s Hospi			Si	lver	Spr	ing			Mon	tgon	ery		
10s. STATE	10b. COUNT			10c. C/1	Y, TOWN	OR LOCAT	ION						10d. INSID	E CITY
Maryland	Mont	tgomery		Sil	lver	Spri	ing						1 TYES	
10e. STREET AND NUME	ER					101	. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUN	TRY?
1908 Roser	narv Hi	lls Drive	. #3					2	20910		Unit	ed S	States	3
11, MARITAL STATUS	112.	12. WAS DECEDEN	T EVER IN U.S. A	RMED					IIC ORIGIN?		-	-	E — America k, Whita, etc	
1 Never Married 2 3 Widowed 4 I		FORCES? 1	YES 2 (X)	JNO			2 (X NO		n, Puerto Ric	an, etc.)		Spec	elfy:	
	ECEDENT'S EDU		18a. C	ECEDENTS	USUAL O	CCUPATIO	ON	_	16b. K	IND OF BU	SINESS/IN	-		
Elementary/Secondar	only highest grade y (0-12)	College (1-4 or 5		Give kind of te. Do NOT u	se retired.)	aunng mo	SE OF WORK	ng .						
		7	At	torne	ey				Dep	t. o	f Tra	anspo	ortati	ion
17. FATHER'S NAME (Firs	, Middle, Last)						18. MOT	HER'S NA	ME (First, Mid	idle, Maiden	Sumame)			
Alexander	Z. Thwa					Jo	seph	nine S	Swans	ton				
19a. INFORMANT'S NAM	E (Type/Print)		1	9b. MAJLIN	ADDRES:	S (Street a			Route Number			p Code)		2091
Melanie S. Thwaites 1908 Rosemary Hills Drive, #3, Silv										Silve	er S	oring,		
20g. METHOD OF DISPO	20b. PLAC	E AND DAT	E OF OISP	OSITION	(Name		OATE		CATION -					
1 X Burial 2 Cremation 3 Removal from State of cem					y or other p	clace)	netei	٠v	3-2	Si 1	ver S	Spri	ng, Ma	arvlar
21. SIGNATURE OF FUN		ICENSEE	- 10000	01 11	22.	NAME A	ND ADDRE	SS OF FA	CILITY			•	37 110	
50		110	Rapp Funeral Services, P. A.											
Coll	ens	V. May	esp				_		Je, Si		_		MD 20	0910
23. PART I. Enter the ahock, of IMMEDIATE CAUSE disease or condition resulting in deeth)	r heert fellure. (Final	a. Liet only one cer		lone	tre		1		AD CL				Inter	roximate rval Betwee et and Dea
Sequentially liet con if any, leading to im cause. Enter UNDER	mediate	DUE TO	(OR AS A CONS	(OR AS A CONSEQUENCE OF):										
CAUSE (Disease or that initiated events resulting in death) I		DUE TO	(OR AS A CONS	EOUENCE (	OF):								1	
PART II. Other signi	licant condition	d.	death but not	t resulting	in the u	nderfyln	g cause	given in			RMED?	24	b. WERE AUTO MAILABLE COMPLETA OF DEATHT	PRIOR TO ON DF CAUSE
25. WAS CASE REFERRE	D TO MEDICAL					24 B	ACE OF	FATH //	eck only one)				'A 163	2   110
EXAMINER?	J marrora	HOSPITAL:	6 enn		OTHE	R:								
27. MANNER OF DEATH	-	28a, DATE Of		3 LJ DOA			NO 5 □ R	esidence	6 Other (	* **	IN HIDY O	CCHREC		
		(Month, I	Day, Year)	100	JURY		PRK?		1					
1 Natural 5	Pending Investigation		OE IN HIDY A		М		YES 2 [	_ NO	204 1 0 0 4 7					

2-26-1991

25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: EXAMINER? HOSPITAL:
1 | Inpetient 2 | ER/Outpetlent 3 | DOA 5 - Residence 6 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be determined 4 Homicide

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, deta and place, and due

2 MEDICAL EXAMINER: On the 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

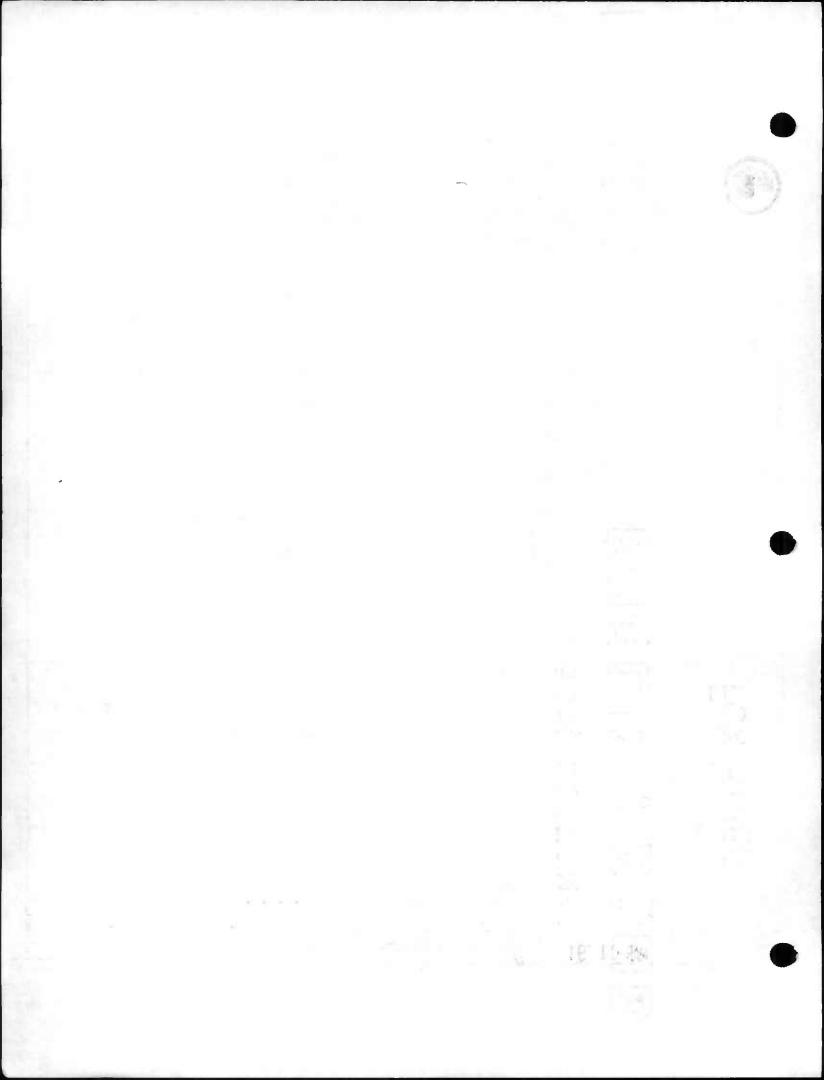
111 Penn St. Baltimore, Md.

Ybar) 31. DATE FILED (Month, Day, MAR 01

BE COMPLETED

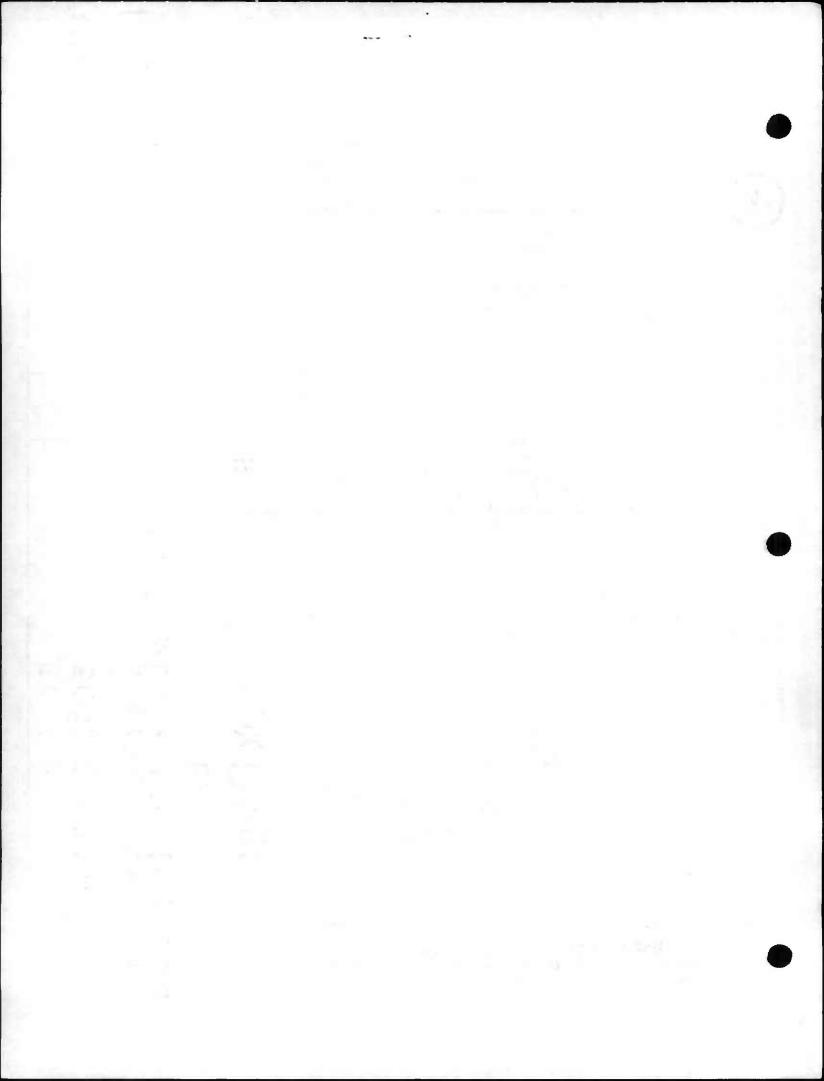
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32. REGISTRAR'S GIGNATURE PANDER



TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mouns after	TOR; After this certificate has been signed by the attending physician and completely filled in by the	when done with the Charle Dane of Martin and Martin Meritan print to busined presenting or comment
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CHANCY	D							2. DATE OF MONTH	DA	W	YEAR	3. TIME OF DEATH
	R.			-	ETS			Marc		1991		2:30A
4. SOCIAL SECURITY NUMBER 214-05-9015	5. SEX	6, AGE (In yrs. les.		IF UNDER	DAYS	IF UNDER	MIN.	7. DATE OF (Month, De 03-1)	ly. Year)	L3	8. BIRTI	IPLACE (State or Foreign A) A
90. FACILITY NAME (If not Institution  Memorial Hospinesidence of December 1988)		al Cente	enter Cumberland					9c. COUNTY OF DEATH Allegany				
	COUNTY Legany			erla		NOI						10d. INSIDE CITY LIMITS? YES 2 NO
1316 Virgini						. zip codi L502				10g. CITI		WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 22 Marri 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AR I YES 2XXX MAR OR DATES	MED NO	- 11	yes, sp		n, Mexica	IC ORIGIN? (S 1, Puerto Rica :		or No—	Spec	E — American Indian, k, White, atc. #y: hite
(Specify only high Elementary/Secondary (0-12)	est grade completed)  College (1-4 or 5	(G	CEDENT'S ive kind of w Do NOT us	USUAL OC rork done d e retired.)	CUPATIO	ON st of workin	g			BINESS/INC		
12		re	et. C	arma	n			E	3 & C	Rai	lroa	đ
17. FATHER'S NAME (First, Middle, Iris Teets	Last)							ME (First, Midd A. Mae				
190. INFORMANT'S NAME (Type/Pi Mrs. Georgia								Pouto Number, Cumber				02
20a. METHOD OF DISPOSITION  Burlal 2 Cremation 3  Donation 5 Other (Spec		20b. PLACE	AND DATE	"Bur	fal	Park		DATE 3/8	Cumi	cation — berla		
21. SIGNATURE OF FUNERAL SEI	WICE LICENSEE	.1/;		Se	car	elli	Fur	eral i	Home			
Sequentielly list conditions if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Nor	O (OR AS A CONSECUTION OF	OUENCE OF		ll	Ca	. J	ng		- 7		
PART II. Other significent of	onditions contributing to	deeth but not i	reauiting i	n the un	derlyin	g cause	given in		A. WAS AN PERFOR	RMED?	24	b. WERE AUTOPSY FIND AMILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
			Н									1   YES 2   NO
				OTHER		LACE OF D	EATH (Ch	eck only one)				
25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpetient 3	□ DOA			10 8 R	esidence	8 - Other (S	(pecify)			
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pend	18 inpatient 2 28e. DATE O		28b. TIM	4 🗆 Nun	28c. IN.	IURY AT DRK?		8 Other (S		NJURY OC	CURED	
EXAMINER?  1	28e. DATE O (Month, stigation 28e. PLACE	F INJURY	28b. TIM	4 - Num E OF URY M	28c. IN. W	IURY AT ORK? YES 2 [		284. DESCR	IBE HOW I	end Numbe		Route Number,
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pend 2 Accident Inves 3 Suicide 8 Coul 4 Homicide dater  29a. CERTIFIER (Check only	28e. DATE O (Month, stigation d not be	F INJURY Day, Year)  OF INJURY — At ho,, etc. (Specify)	28b. TIM INJ ome, farm, s	4   Num E OF URY M street, factored at the ti	28c. IN. WC 1 pry, office	URY AT DRK? YES 2 [	NO NO	281. LOCATI City or 1	ON (Street fown, State)	end Numbe	or Rural	
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 2 Accident 3 Suicide 4 Homicide  29a. CERTIFIER (Check only one) 2 MEDICAL  29b. SIGNATURE AND TITLE OF	1 Inpatient 2 28e. DATE 0 (Month, stigation d not be mined  28e. PLACE building  NG PHYSICIAN: To the best of  EXAMINER: On the best of	FINJURY Day, Year)  OF INJURY — At he, etc. (Specify)  of my knowledge, de examination end/or	26b. TIM INJ ome, farm, s eath occurre	4 Num E OF URY M street, factor and at the ti on, in my o	28c. IN. WC 1 pry, office	URY AT DRK? YES 2 [ e and place Seath occu	, and due	281. LOCATI City or 1	ON (Street fown, State)	end Numbe	or Rural	
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pend 2 Accident Inves 3 Suicide 8 Could deter  4 Homicide  29e. CERTIFIER (Check only one) 2 MEDICAL	1 Inpatient 2 28e. DATE O (Month, itigation d not be mined  NG PHYSICIAN: To the best of EXAMINER: On the best of CERTIFIER	FINJURY Day, Year)  OF INJURY — At he, etc. (Specify)  of my knowledge, de examination end/or	28b. TIM INJ ome, farm, seath occurre Investigatio	4 Num E OF URY M street, facti ad at the ti pn, in my o	28c. IN. W. 1	Per Per Per Per Per Per Per Per Per Per	, and due red at the ENSE NUM	28f. LOCATE City or 1 to the cause time, date en	ON (Street cown, State)  On and mad place, er	nner as stand due to t	or Rural	(e) end manner ee state D (Month, Day, Year)



## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

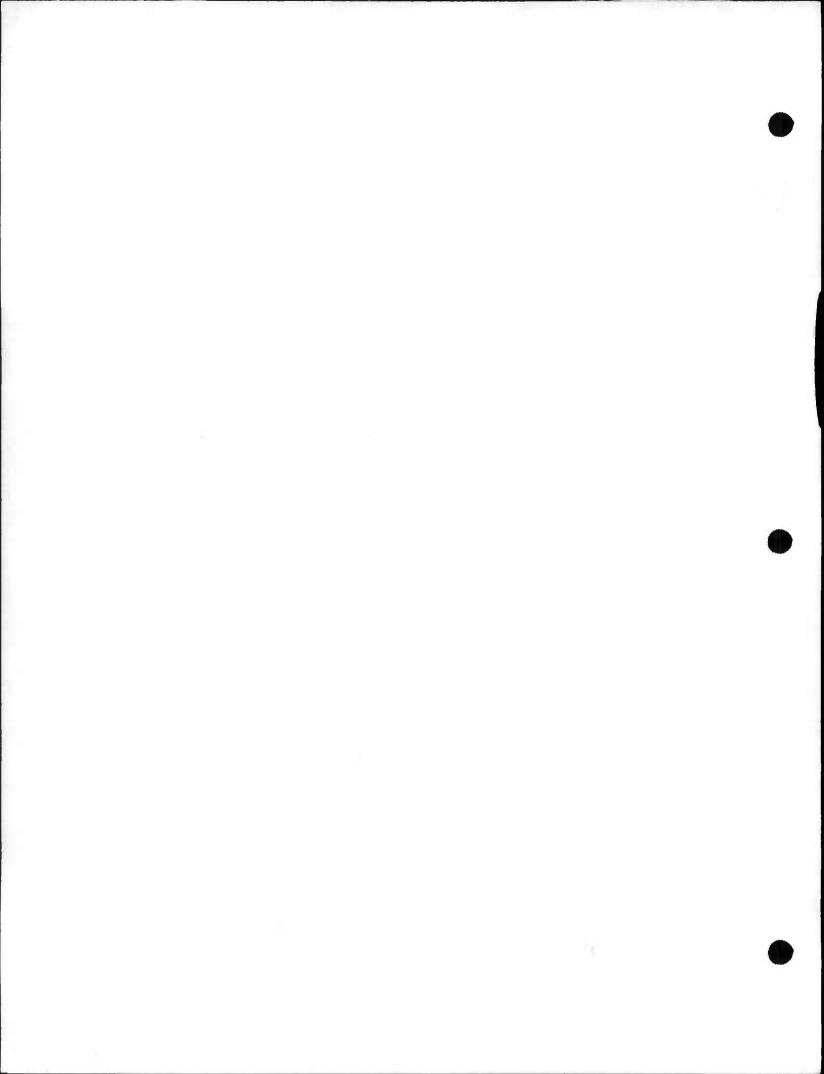
REGISTRAR				CERTIF	·IC/	AIEO	IF DE	AIH		REG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE (	OF DEATH	v	YEAR	3. TIME OF DEATH
Eunice I	. Vond	derembse						5.0		uary			9:39 PM
4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In	yrs. last birthday)	IF.	UNDER 1 YEA		NDER 24 HRS.	7. DATE C	OF BIRTHO	-	8. BIRTI	HPLACE (State or Foreign
577-24-475	1	1   M 2   F	60	YRS.	MOR	NTHS DAY	'S HOU	RS MIN.		Day, Year)	111	Count	
9e. FACILITY NAME (If not in		- 11	69	,	100	Jan. 5, 1922  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUP					NTY OF D	rginia	
PENINSULA			ΛT			SALIS			EAIN				
		T HOSE I.I	AL		L	OWPTP	DUKI				MIG	COMIC	30
RESIDENCE OF DEC	10b. COUNTY	,		100 00	TV TV	OWN OR LO	CATION						10d. INSIDE CITY
44	IUB. COUNT			10c. Cr									LIMITS?
Maryland	Mor	itgomery			]	Rockv	rille						1 X YES 2 NO
100. STREET AND NUMBER							10f. ZIP (	CODE			10g. CIT	IZEN OF	WHAT COUNTRY?
700 Burgu	ndy Dr	rive					2	0850			Un:	ited	States
11, MARITAL STATUS		12. WAS DECEDEN				13. WAS	DECENDE	NT OF HISPA	NIC ORIGIN	? (Specify Yea	or No-	14. RAC	E — American Indien,
1 Never Merried 2	Merried	FORCES? 1						NO Speci		lican, atc.)		Spec	k, White, atc.
3 Widowed 4 Divo	rced	11 123, GIVE V	AN ON DAI	E3		Ι	159 2 M	NO Speci	ry.			Spec	White
15. DEC	EDENT'S EDU	CATION		6a. DECEDENT	s usi	JAL OCCUP	PATION		16b.	KIND OF BUS	SINESS/IN	DUSTRY	
	y highest grade		_	(Give kind of	work	done during	most of w	rorking	M	ontgo	merv	COIII	ntv
Elementary/Secondary (0	12)	College (1-4 or 5	')								_		-
12					Ċ.	lerk				olice	_	artmo	SIIC
17. FATHER'S NAME (First, M	iddle, Last)						18. 1			liddle, Malden	Sumeme)		
Dewey Ba	rnett							Stel	la Da	ye			
19a. INFORMANT'S NAME (7	ypa/Print)			19b. MAILIN	G AD	DRESS (Str	eet and Nu	mber or Rural	Route Numb	er, City or Tow	n, State, Zi	p Code)	
Cathy Barr	У			H.C.	R	t. Bo	x 56	, Wes	tover	, Mar	ylan	d 2	1871
20e. METHOD OF DISPOSIT			20b. I	PLACE OF DISPO				<del></del>					own, State
1 WBuriel 2 - Cremetic	n 3 🗆 Rem	oval from State		other place)						Fal:	lş Ç	hurc	
4 Donation 5 Other  21. SIGNATURE OF FUNERA		CENCEE		tional	Me	emori	al P	ark	AOII ITY	lvir	gini	a	
			O MC	0381		Rob	ert	A. Pu	mphre	y Fun	eral	Home	e/
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  M00381  Parbara Jomemullan Lawrence  Modert A. Pumphrey Funeral Home/ Rockville, Inc. 300 West Montgomery Avenue, Rockville, Maryland 20850-2805													
23. PART I. Enter the d	V				not								Approximate
		List only one car			HOC	onter the	111000	dynig, ad	OII OII COIC	nec or resp	notory an	Tout,	Interval Between
IMMEDIATE CAUSE (Fin	nei			0 -		.7/		1		0			Onset and Death
disease or condition	$\rightarrow$	· (AU	Sex	tul	2	He	an	7 -	ter)	lux	>		
		DUE TO	OR AS A	CONSEQUENCE	OF):	0	0	1					
		· Muse	121	Wied		ditt	10	role	-jan	f			
Sequentially list condit		PUE TO	(OR AS A	CONSEQUENCE	OF):	1	1						
If any, leeding to imme ceuse. Enter UNDERLY						1							
CAUSE (Disease or inju	iry	C. DUE TO	(OR AS A C	CONSEQUENCE	OFI:								+
that initiated events resulting in deeth) LAS	т				. ,								
		d									-		<del>_</del>
PART II. Other aignifica	ant condition	na contributing to	death bu	t not reaulting	in t	he under	lving cat	ise alven li	n Part I.	24a, WAS AN	AUTOPSY	24	b. WERE AUTOPSY FINDINGS
							, , , ,			PERFO		100	AVAILABLE PRIOR TO COMPLETION OF CAUSE
									—	1 TYES 2	ON K		OF DEATH?
													1 YES 2 NO
25. WAS CASE REFERRED T	O MEOICAL					2	6, PLACE	OF DEATH (C	heck only on	10)			
EXAMINER?  1 YES 2 X NO		HOSPITAL:	ER/Outpe	tient 3 🗆 DOA		THER:	Home #	☐ Residence	a $\square$ nee	r (Spenific)			
27. MANNER OF OEATH		28a. DATE O		28b. T	_		INJURY			CRIBE HOW	INJURY O	CCUREO	
A STATE OF THE PARTY OF THE PAR	Pending		Day, Year)	1	NJUR	Y	WORK?						
2 Accident	Investigation							2 NO	1				
	Could not be		of INJURY - , etc. (Specif	- At home, farm	, stre	et, factory,	office			ATION (Street or Town, State)		er or Rural	Route Number,
4 Homicide	determined												
29e, CERTIFIER 1 X CER	TIFYING PHYS	SICIAN: To the best of	f my knowle	dae, death occu	rred a	et the time.	date end	place, and di	e to the cer	use(s) and ma	nner ee si	ated:	
contact only													(a) and manner as stated.
- MEL				- investige	-rotts	y opini	on, westil	Source at II		Since practe, al	202 10	00000	(ay arms transfer an attend.
296. SIGNATURE AND TITLE	E OF CERTIFIE	R //_	11					LICENSE N					D (Month, Day, Year)
1 Seria	mu	y H	lle	Sin				30	743			2/-	23/91
30. NAME AND ADORESS O	F PERSON WI	HO COMPLETEO CAL	JSE OF DEA	H (ITEM 27) (7)	pe, Pri	int)					1	1	1 1
BENJAMIN	20.4	eyer i	Quid	cu ile	200	15+	St	. 5K	lishe	my N	14.	21	801
31. DATE FILED (Month, Day,	'0'1	32. REGISTR	AR'S SIGNA	The same	2	173.							
WIDK 114	91	June	vin account	-Afredhern	100								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mous after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

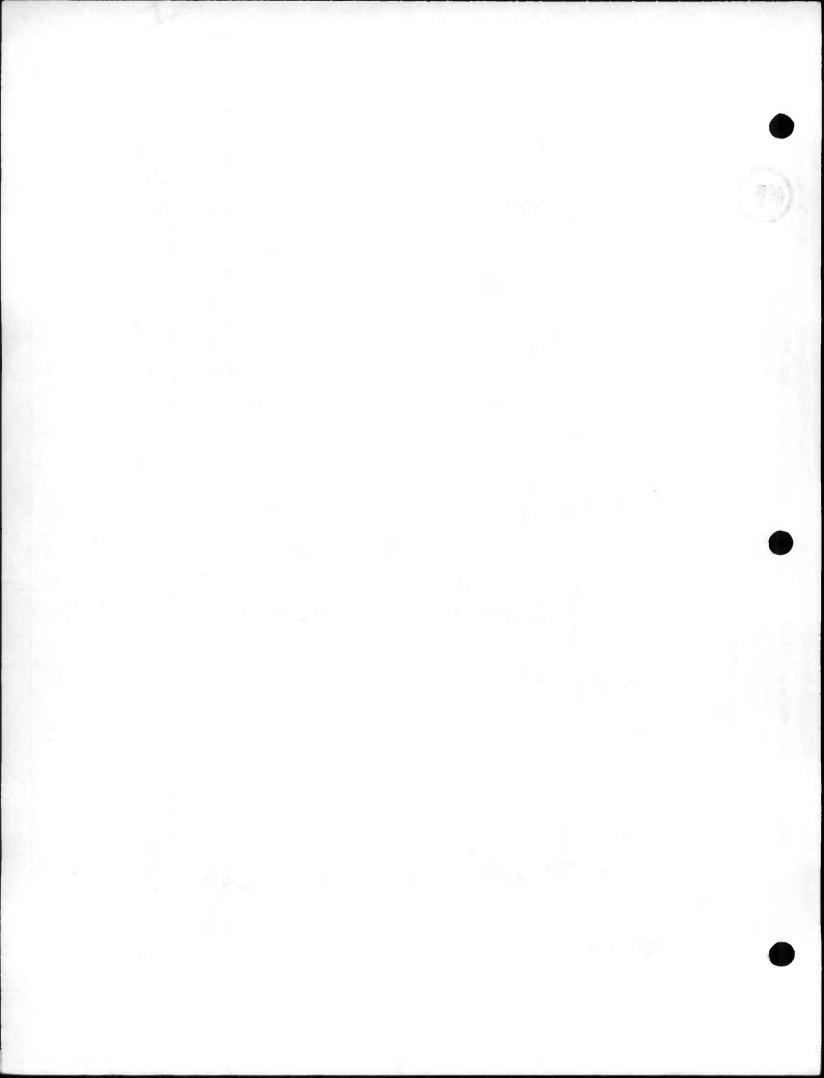
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



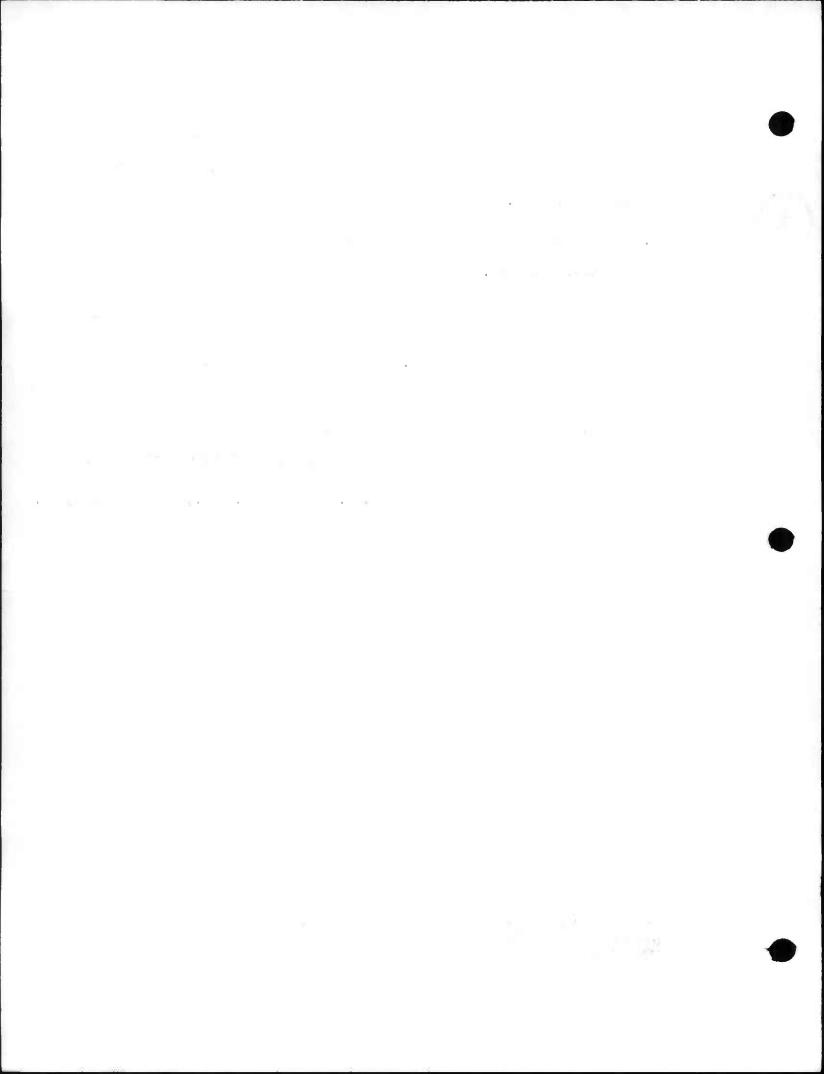
(6		S. Salon	)
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within z-riours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. From	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF MONTH	DEATH	YEA	3. TIME OF DEATH	
	STELLA			VASSI	LOPO	ULOS				Februa				
	4. SOCIAL SECURITY NUMB			6. AGE (In yrs. less	-	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF (Month, Di	ey, Year)	Co	RTHPLACE (State or Foreign puntry)	
	214-74-2086		1 M 2 TF	92	YAS.	BONTING	DATE	HOUNS	mirt.	MAY 10	, 189	8 G	RÉECE	
_	9a. FACILITY NAME (If not in:	stitution, give s	treet and number)			9b. CITY	9b. CITY, TOWN OR LOCATION OF DEATH 9c. CO					c. COUNTY O	F DEATH	
6	3905 ILFORD					SI	LVER	SPR	ING			MONT	GOMERY	
5	RESIDENCE OF DEC	10b. COUNT	Y		10c. CIT	Y, TOWN (	OR LOCA	ION					10d, INSIDE CITY	
DIRECTOR	MARYLAND		TGOMERY						TNC				LIMITS?	
	10e. STREET AND NUMBER	HON	IGOMEKI			211		SPR			T-	IO. CITITEN C	1 YES 2 NO	
A	3905 ILFORI	DOAD					"		- 0906					
FUNERAL	11. MARITAL STATUS	ROAD	12. WAS DECEDENT	EVER IN U.S. AR	MED	12	WAS DEC			NIC ORIGIN? (S	Specify Year or	US		
	1 Never Merried 2	Merried		YES 2 XN			if yes, sp		n, Mexica	in, Puerto Rice			IACE — American Indian, Sleck, White, etc.	
8	3 🕅 Widowed 4 🗌 Divo	rced	11 125, 0112 15	IN ON DATES				225 110	Specif	у.		,	pecity: WHITE	
E	15. DEC	EDENT'S EDU	CATION			USUAL O				16b. KII	ND OF BUSIN	ESS/INDUSTR	Y	
COMPLET	Elementary/Secondary (0		College (1-4 or 5+)	- Elfo	Do NOT u	se retired.)	during mi	St OF WORKS	19					
4	6				HOM	EMAKI	ER							
Ö	17. FATHER'S NAME (First, M.	iddle, Last)						16. MOT	HER'S NA	ME (First, Midd	tile, Melden Su	meme)		
BE	NICK VALKO	)						AT	HENA	ANGEL	OPOUL	OS		
10	19a. INFORMANT'S NAME (7	ype/Print)		191	. MAILING	ADDRES	S (Street a	nd Number	or Rural	Route Number,	City or Town,	State, Zip Code	)	
=	WILLIAM_VAS	SSOS	(SON)	3	905	ILFO	RD R	OAD	SIL	VER SP	PRING,	MARYLA	ND 20906	
	20a, METHOD OF DISPOSITI		oval from State	20b. PLACE other pie	ece)	-		netery, crer	natory or		20c. LOCA	TION — City o	r Town, State	
	4 Donation 6 Dother	(Specify)	-	GLENW	OOD						WASH	INGTON	, D.C.	
	21. SIGNATURE OF FUNDAL SERVICE LICENSEE FRANCIS J.									CILITY	FINED	AT HOM	T TNC	
	> huh	.1).	110	melu									R., MD. 20901	
	23. PART I. Enter the di	lseases, or	complications that	caused the de	ath. Do	not enter	the mo	da of dy	Ing, suc	h as cardiac	or reapire	tory arrest,	Approximata	
	ahock, or heart fellure. Est only one cause on each line.  IMMEDIATE CAUSE (Final													
	disease or condition SIDIC FAITIMONIA -													
	resulting in death)  a											0		
z		-	DI AM	FTHT	10	カケ	-//	20	FIZ	11/	1771	1	2 moull	
은	Sequentially list conditi if any, leading to imme-		DUE TO	OR AS A CONSE	UENCE C	PF:	11.	/	1	GAN	GARE	NE	- 1011	
2	cause. Enter UNDERLY! CAUSE (Disease or inju		· DIABO	FIES	1/1	190	12	N	DE	1E1	VUE	VT	VOTTY.	
E	that initiated events resulting in death) LAS		DUE TO (	DR AS A CONSEC	DUENCE C	OF):								
CERTIFICATION	resulting in death) Exo		d											
	PART II. Other algnifica	nt condition	na contributing to	death but not r	eaulting	in the u	ndarlyIn	g cause	given in	Part 1. 24	Ia. WAS AN AL		24b. WERE AUTOPSY FINDINGS	
MEDICAL	MAL	1/11	TRIT	100							PERFORM		AMAILABLE PRIOR TO COMPLETION OF CAUSE	
8										'	☐ YES 2.	(NO	OF DEATH?	
										_			1 TES 2 NO	
AN	25. WAS CASE REFERRED TO	O MEDICAL			-		26. P	ACE OF D	FATH (C)	heck only one)				
PHYSICIAN	EXAMINER?		HOSPITAL:	ED/Outnotines 2	□ DOA	OTHE	R:	1		6 Other (S	Daniel III			
Ξ̈́	27. MANNER OF DEATH		28a. DATE OF	INJURY	28b, Til	_		URY AT	eskience			URY OCCURE	D	
		Pending	(Month, Da	ly, Year)	IN	JURY M	W	PRK? YES 2 [	□ NO					
8	a D a consta	Investigation Could not be	28e. PLACE OF	F INJURY — Al ho	me, ferm,	street, fac			_	28f. LOCATI	ON (Street and	d Number or Ru	ural Route Number	
		determined	building,	etc. (Specify)						City or 1	Town, State)			
COMPLETED	29s. CERTIFIER 1 CERT	TIFYING PHYS	ICIAN: To the best of	mu knowledge de	ath name	and at the	time det	and plan	and du	to the severe	(a) and man			
₹	and /												use(a) and manner as stated.	
8	296. SIGNATURE AND TITLE				DESTR.	- 20-								
8	296. SIGNATURE AND TITLE	1	Carl	111	M	M		29c. LIC	ENSE NU	-97 L	6	29d. DATE SIG	NED (Month, Day Year)	
2	30. NAME AND ADDRESS OF	F PERSON WA	O COMPLETED CALLS	E OF DEATH OTT	H 27) /3-	Delet)		V	10	127		)	0' 11	
							A 17173	HE	LITTE	А ТОМ	MADST	MID 20	006	
	RAFAEL A.  31. DATE FILED (Month, Day,			13018	GEUI	CGLA	AVE	NUE,	WHEA	ALUN,	MAKYLA	מאה לח	900	
	MAR O 4	'91	gulia D	andson-R	indell	2								
		4.7												



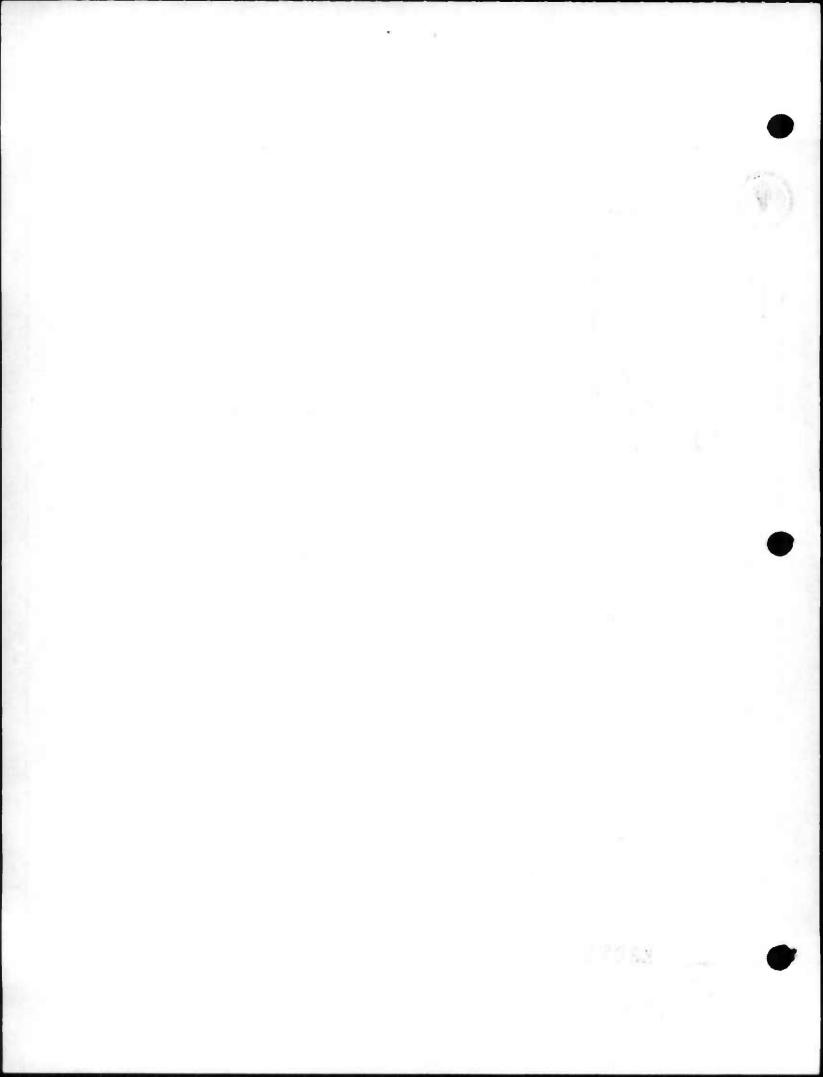
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2ours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached anythin 70 hours after death with the State hand of Health and Mental Hoolene prior to burial, committing.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
A	ECI	2
OR	DIR	te
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王	五	5
2	22	3 3

	1 - STATE REGISTRAR	0.11.12 01 1.11.1	CI	RTIF	ICATE	OF	DEATH		REG. NO			0/10/
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE	OF DEATH			3. TIME OF DEATH
	MARTA	VICENTY						MAR	CH 3.	19	91	9:15 A M
	4. SOCIAL SECURITY NUMBER	8. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTI	IPLACE (State or Foreign
	214-27-2338	1 M 2 TF	88	YAS.	MONTHS	DAYS	HOURS MIN.	MAY	h, Day, Year)	902	Count	UNGARY
	9e. FACILITY NAME (If not institution, give s	treet end number)	- 00		9b. CITY	. TOWN C	R LOCATION OF DE				INTY OF D	
DIRECTOR	11002 MIDDLESH						KVILLE				NTGO	
2	10a. STATE 10b. COUNTY	1	-	10c. CIT	Y, TOWN C	OR LOCAT	ION					10d. INSIDE CITY
		IGOMERY			ROCI	KVIL						LIMITS? 1 X YES 2 NO
PUNERAL	100. STREET AND NUMBER  11002 MIDDLI	ESHIRE PL	•			101	20852			10g. CI		WHAT COUNTRY?
B	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2 K	MED NO		II yes, sp	ENDENT OF HISPAN ecify Cuben, Mexica 2 NO Specify	in, Puerto		or No—	14. RACI Blac Spec	E — American Indian, k, White, etc.
EIED	15. DECEDENT'S EDU- (Specify only highest grade		18e. DE	CEDENT'S	USUAL O	CCUPATIO	ON st of working	16b	. KIND OF BU	SINESS/IN	DUSTRY	
<u>.</u>	Elementary/Secondery (0-12)	College (1-4 or 5+)	Ma	. Do NOT u	se retired.)	auring mo	st or working					
┇		4		RET.	- TEA	ACHE	R		PH	YSIC	AL E	DUCATION
COMPL	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First,	Middle, Maiden	Sumame)		
ш	EDE	WOLTER					A	UGUS	TA	FA	RKAS	
ן מ	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	S (Street a	nd Number or Rural i	Route Num	ber, City or Tow	n, State, Z	ip Code)	
2	EVA REGGIO			S	AME	AS	ITEM #	10				
	20a, METHOD OF DISPOSITION		20b. PLACE	OF DISPO	SITION (No	me of cer	netery, crematory or		20c. LC	CATION -	- City or To	own, State
	1 Donation 5 Other (Specify)	oval from State	CH	IAMB:	ERS	CRE	MATORY	3/6/9	91 Riv	rerd	ale	Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			22.	NAME A	D ADDRESS OF FA	CILITY			0	
	> 2/2/2/-P	Land Di	man Al	1/000	03 77	7.7	CITALDED		Tata	~~	T T PT 100	20910
=	23. PART I. Enter the diaeaes, or	complications that	anned the di	MOOO	AT M.	NV .	CHAMBER	5 00	· LINU ·	ارق و	LVER	SPRING, MD.
NOI	shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediata	Ca DUE TO	GELTON AS A CONSE	QUENCE O	10	ka	t 7.	ais	luck	ind	1	Interval Between Onset and Death
CEMILLICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST	d	OR AS A CONSE			's T	ey	<u>A</u>	esea			
N: MEDICAL	PART II. Other algorificant condition	na contributing to	daeth but not	resulting	in the ur	nderlyin	g cause given in	Part i.	24e. WAS APPERFO	RMED?	7 241	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Ž	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF DEATH (Ch	heck only o	ne)			
2	EXAMINER? 1 ☐ YES 2 💢 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE		ne 8 A Residence	8 🗆 Oth	er (Specify)			
Y PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28e. DATE OF (Month, De	INJURY ly, Ybar)	28b, TII		28c. IN.	IURY AT DRK? YES 2 NO		SCRIBE HOW	INJURY O	CCURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be datermined	28e. PLACE OF building,	FINJURY — At heate, (Specify)	ome, farm,	street, lec	tory, offic	e		CATION (Street or Town, State		er of Rural	Route Number,
COMPLE	29a. CERTIFIER (Check only 2 MEDICAL EXAMINE											e) end manner ee stated.
BE C	29b. SIGNATURE AND TITLE OF CENTIFIE	1	>	2		4.	29L LICENSE NU	MUER 2	7751	29d. Da	KTE SIGNE	D (Mongh, Day, Year)
2	NO NAME AND TO SECURE OF SECURE	an Posetti como di	r or elim			140	VI VI	-	1101			3/4/4/
-	DR. TIBOR J.		100000000000000000000000000000000000000	SECTION AND	hinter of	ST.	s., VI	ENN	A, VA			1 1
	MAR 05 91	Julia D	B'S SIGNATURE									



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-, Jours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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1	FOR STATE REGISTRAR	TATE OF MARY		ARTMENT OF I		MENTAL HYGIEN	E	07100			
	1. DECEDENT'S NAME (First, Middle, Lest)	Vinc		elen M. V:		2. DATE OF GEATH	"2 Q"	EAR 3. TIME OF DEATH			
		V	(In yrs. last birthde	ly) IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)			
	189-12-5468 1 1 Graph Page 18   1 Graph Page 18		68 YRS		OR LOCATION OF DI	April 17, 1	922 F	Pennsylvania			
NO.	Suburban Hospital	and numbery		Bethesda Montgomery							
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY			CITY, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?			
	Maryland Montgo	mery	t	Bethesda 1	1. ZIP CODE		10g, CITIZEI	1 YES 2 X NO			
FUNERAL	6012 Wilmett Road				20	0817		ed States			
B	1 N Noune Married 2 Narried	WAS DECEDENT EVER FORCES? 1 VE IF YES, GIVE WAR OR	S 2 NO	If yes, s		NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) fy:	s or No— 14	RACE — American Indian, Black, White, atc. Specify: White			
	15. OECEOENT'S EDUCATION (Specify only highest grade company)		(Give kind	T'S USUAL OCCUPAT	ON ost of working	16b. KIND OF BU	SINESS/INDUS	TRY			
COMPLETED	Elementary/Secondery (0-12)	ollege (1-4 or 5+) 2		ive Secre	etary	Oil Com	pany				
NO.	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, Middle, Malden					
BE	John Vince				Anna Ri						
2	John J. Vince					Route Number, City or Tow Chevy Chase					
	20e. METHOD OF DISPOSITION 1 Burlet 2 XI Cremation 3 Removal	from State	Ob. PLACE OF DIS	POSITION (Name of c	metery, cremetory or	20c. LO	CATION - CIT	y or Town, State			
	4 Donation 5 Other (Specify)		Suburbar	Cremato	NO ADDRESS OF F		er Spi	ring, Maryland			
	· Elen X	1. Rage	P			Services,		ng, MD 20910			
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feliure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
4	PART II. Other significant conditions of	ontributing to death	but not result	ing in the underlyi	ng cause given in	Part I. 24s. WAS APPERFO		24b. WERE AUTOPSY FINDINGS			
PHYSICIAN: MEDICA	Meunstoid a	this				1 TYES		COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
NAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	- Grandy			PLACE OF DEATH (C	theck only one)					
YSIC	1 U YES 2 XONO 1	OSPITAL:				6 Other (Specify)					
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending      Accident Investigation	28a. DATE OF INJUR (Month, Day, Yea.		INJURY V	LJURY AT KORK?	28d. DEŞCRIBE HOW	INJURY OCCU	RED			
8	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJU building, etc. (S	IRY — At home, fa	rm, street, factory, of	lce	28f. LOCATION (Street City or Town, State		r Rural Route Number,			
COMPLET	one)					se to the cause(e) and more time, date and place, e		d. cause(e) and manner as stated.			
BE	29b. SIGNATURE AND TITLE OF CONTINUES	Las my	,		29c. LICENSE NO.	UMBER	29d. DATE: ▶ 3	SIGNED (Month, Day, Year)			
5	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF	DEATH (ITEM 27)	(Spo., Print)	Rettes	edy my	1. 2	0814			
	31. DATE FILED (Month, Day, Well) MAR 05 91	32. REGISTRAR'S S	SON AGOD	002							



permit, Pages 1, 2, 3 shou

DIRECTOR

FUNERAL

BY

COMPLETED

BE

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injury, or other traumatic CERTIFICATION

TO THE HOSPITAL OF THE FUNERAL D DE filed within 72 ho

MEDICAL

PHYSICIAN:

BY

ETED |

COMPLE

8 2

91 07169 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEOENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2 DATE OF DEATH YEAR OOLFOR MANGE 7:45 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs, last birthday) 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS MONTHS HOURS 1 M 2 F YRS 2.4 28 5676 1904 MARYLAND 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Crofton Arundel Crafton Nursing Home Anne 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY 10a. STATE Anne Arundel Md. Crofton 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 10a. STREET AND NUMBER 10f. ZIP CODE Reidel Road 21114 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. Specify. III te If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: FORCES? 1 YES 2 NO 1 Never Merried 2 Merried 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION ecify only highest grade comple 18h KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 5+) Housewife Homemaker 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surname) Walter S Crandell Avery Mary 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Ann Whay Delma Ave. Pasadena Md. 20a METHOD OF DISPOSITION
1 Burlal 2 Cremetion 3 Removal from State 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 4 Donation 5 Other (Specify) Glen Burnie, Md. Glen Haven Cemetery PL-SUGRATURE OF FUNERAL SERVICES ICE 22. NAME AND ADDRESS OF FACILITY Taylor Funeral Chapel Annapolis, Md WIN 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. Ust only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition\_ 3D DEPSIS resulting in death) DUE TO (OR AS A CONSEQUENCE OF): URINARY TRACT INFECTION POSSIBLY Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST

AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL HOSPITAL: OTHER: 1 | YES 2 100 1 | Inpatient 2 | ER/Outpatient 3 | DOA me 5 Residence 6 Other (Specify) 27. MANNER OF DEATN 28e. DATE OF INJURY 26d. DESCRIBE HOW INJURY OCCURED 26b. TIME OF 26c. INJURY AT WORK? 1 Natural 8 Pending м 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — AI home, farm, atreel, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 4 Homicide

CERTIFIER (Check only one)

2 NECLOSITY SECTION OF THE CONTROL OF

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data and piece, end due to the cause(e) and manner as stated.

24s. WAS AN AUTOPSY

1 YES 2 NO

296. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNEO (Mogith, Day, Year)
Par Dillatt ) a law		2/13/01
Harauson (M)		2/7/7/
30. MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)		

ATHEROSCLEROTIC

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

CARDIO

24b. WERE AUTOPSY FINDINGS

## FOR 1 . STATE

	REGISTRAR	CE	RITIFIC	CATE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	A.		Whitt	"ngton	2. DATE OF DEATH DA	> 9	SAR SAR M
1	220-52-0294	5. SEX 8. AGE (In yrs. lest	YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	49	BIRTHPLACE (State or Foreign Country)
	9e. FACILITY NAME (If not institution, give stre		.9	b. CITY, TOWN (	R LOCATION OF DE	ATH	9c. COUNTY	Y OF DEATH
Ē	PENINSULA GENERA	L HOSPITAL		SALISE	URY		WIC	OMICO
<u>ا</u>	10e, STATE 10b, COUNTY	+	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
5	Md. Som	Erski		WES	arr			1 🗌 YES 2 💢 NO
FUNERAL DIRECTOR	RT-1 Box 13	B		101	2187	/	10g. CITIZE	N OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 1 YES 2 □ N IF YES GIVE WAR OR DATES		If yes, sp		IIC ORIGIN? (Specify Yes n, Puerto Ricen, etc.)	or No- 14	I. RACE — American Indian, Black, White, etc. Specify:
	15. DECEDENT'S EDUCA	1101-1111	CEDENT'S III	SUAL OCCUPATION	- \	18b, KIND OF BUS	INESS (INDIES	DINCA
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	ompleted) (Gi	ive kind of wo	rk done during mo	st of working	- India Kind of Bos	, T	(
PL	12	College (1-4 or 6+)	LAB	OVEY		1 ruck	Dry	TOEF
Š	17. FATHER'S NAME (First, Middle, Last)	11++1 L			16. MOTHER'S NA	ME (First, Middle, Meiden	Surname)	
BE	Bransley	WhiTlington			Dorol	hy M. U	DISE	
5	198. INFORMANT'S NAME (Type/Fint)	1++++	b. MAILING A	DDRESS (Street a	- 10 -	Route Number, City or Town	n, State, Zip Co	ode)
	JEHN MILL.	hillinglou K	OF DISPOSIT	50 × 13 -	B WES		do L	y or Town, Stats
	20e-METHOD OF DISPOSITION  1 Burlel 2 Cremellon 3 Remon  4 Donellon 6 Other (Specify)	val from State other pla	ece)	TIBER (	3 L 10 DE	101	95TON	ly or lown, states
	21. SIGNATURE OF PUNERAL SERVICE LICE	INSEE	WFI	22. NAME A	ND ADDRESS OF FA		7 9	21833
	Pfulley 6.	llaw		103	Hample	En AUE. Pr	TACKS	ss Annemal.
	23. PART I. Enter the diseases, or co shock, or heart fellure. L	omplications that caused the de lat only one cause on each line		t antar the mo	de of dying, suc	h ss cardiac or reapi	ratory arrea	at, Approximata interval Between
	IMMEDIATE CAUSE (Finel disease or condition	Route Mi	000.	di	un har	4		Onset and Death
	reaulting in death)	DUE TO (OR AS A CONSE	QUENCE OF	sica 1	Myora	402		
,		he ser fall	eu.		0			
힏	Sequentially list conditions, if eny, leading to immediate	DON TO OR ALL A CONSE	QUENCE OF):		( H	e. De - 1	00	00
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disesse or Injury	nemous Tic	ar	reura	- (prov	rully sic	KE C	cue)
TIF	that initiated events resulting in death) LAST	All I DO S	Low	1100		,		İ
CEF		Juna 1	ruce	ace				
	PART II. Other significent conditions	(11)	resulting in	the underlyin	g cause given in	Part I. 24s. WAS AN PERFOR		24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL	Reparoneg	ely				1 NES 2	l 🗆 NO	OF DEATH?
Ξ	, ,	/				_		1 YES 2 NO
AN:	25. WAS CASE REFERRED TO MEDICAL				LAGE OF BEATH (C)			
PHYSICIAN	EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Ch			
НХ	27. MANNER OF DEATH	280. DATE OF INJURY	28b. TIME	OF 28c. IN	JURY AT	6 Other (Specify) 26d. DESCRIBE HOW	NJURY OCCU	PRED
ВУ Р	1 Natural 6 Pending 2 Accident Investigation	(Month, Day, Year)	INJU		YES 2 NO			
ED B	3 Suicide 8 Could not be	28e. PLACE OF INJURY — Al he building, etc. (Specify)	ome, ferm, at	reet, factory, offi	00	26f. LOCATION (Street City or Town, State)		r Rural Route Number,
ETE	4 Homicide determined							
MPLET	one)	CIAN: To the best of my knowledge, de						Parameter and the second of the second
CON	2 MEDICAL EXAMINER	3: On the basis of examination and/or	Investigation	, in my opinion,	death occured at the	time, date end place, er	nd due to the	ceuse(s) and manner es stated.
BE (	29b. SIGNATURE AND TITLE OF CONTIFIER	al de			29c. LICENSE NU	MBER 27	29d. DATE	SMINED (Month, Day, Year)
0	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALINE OF DEATH #55	M 97 /F	Delett	N318	8 /	11	1/9/
	560 RIVERSIDE DR	B206 SALISBUR	X Met	PENAN	0 2/80	, WALTE	RL	ischick MP.
	31. DATE FILED (Month, Day, Year)  MAR - 4 191	32. REGISTRAR'S SIGNATURE Aulia Davidson	70 .					

TO BE COMPLETED BY FUNERAL DIRECTOR	
COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	
TO BE	

STATE	0F	MARYLAND						MENTAL	HYGI	ENE
			CERT	IFICATE	OF	DEAT	ГН		REG.	NO.

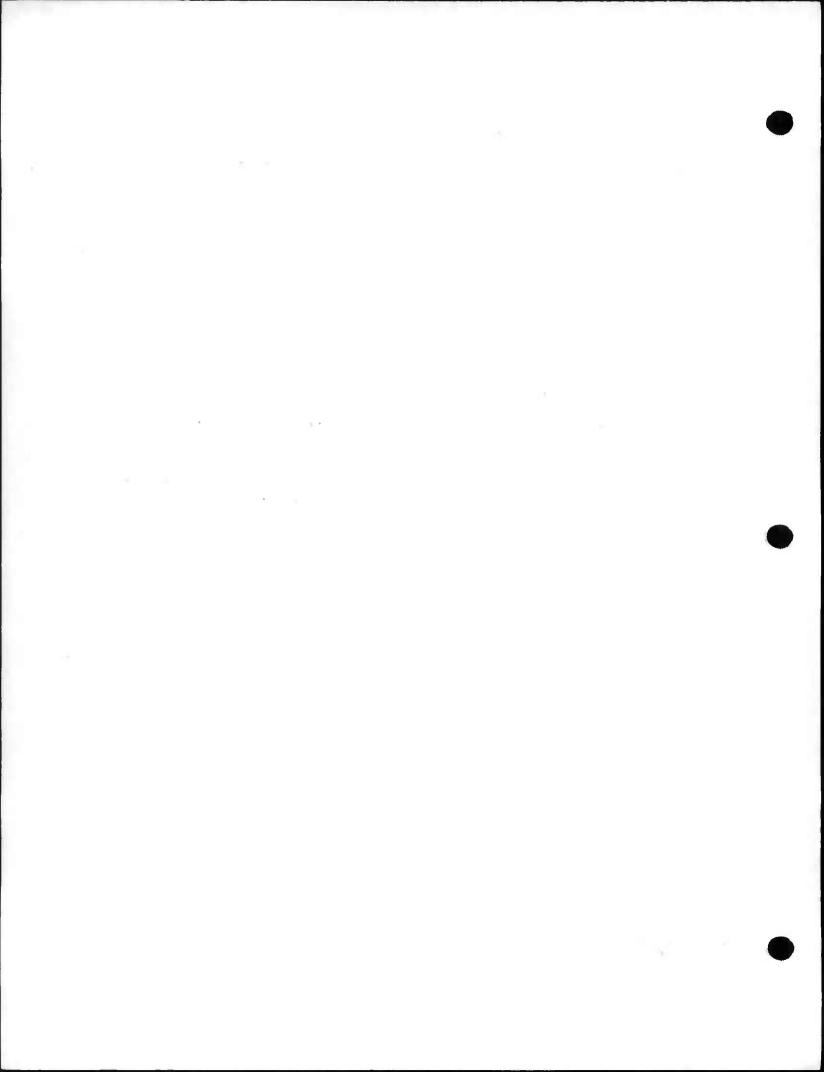
1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM CERTIFIC			IENTAL HYGIENI REG. NO.	E	01111
1. DECEDENT'S NAME (First, Middle, Last)	JULIAN B.	ly hit	Snat	m	2. DATE OF DEATH DA	Ž6 1991	3. TIME OF DEATH 14 30 M
4. SOCIAL SECURITY NUMBER 213-16-8410	1)X M 2 🗆 F	78 YRS. MOI	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11–08–12	8. BIRT Cour M.	FHPLACE (State or Foreign aryland
PENINSULA GENERA			CCITY, TOWN O	R LOCATION OF DEA JRY	NTH	9c. CDUNTY DF WICOMI	
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT  MD  Som			OWN OR LOCAT				10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER 10f. ZIP CODE							1 TYES 2 NO
Rt. 2 - Hopew	ell / P.O. Bo 12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES	U.S. ARMED			C ORIGIN? (Specify Yea	or No = 14. RA	CE — American Indian, ick, Whita, atc.
1 Never Married 2 X Married 3 Widowed 4 Divorced	IF YES, GIVE WAR DR DA		1 TYES	2 NO Specify:	, Puerto Hican, atc.)		White
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	18a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mo- tired.)		_	t. of E	conomic &
H.S. Graduate 17. FATHER'S NAME (First, Middle, Last)	4 Years	Superv	isor	16, MOTHER'S NAM	Employ  RE (First, Middle, Melden		velopment
William L. Whi	tting	1		- 42-0-	C. Culle		
19a. INFORMANT'S NAME (Typo/Print)  Kathryn B. Whi	ttington			0 a,b,c,c	d,e,f,g	n, State, Zip Code)	
20a, METHOD OF DISPOSITION 0 3 — 1 M Burlal 2 — Cremation 3 — Herr 4 — Donation 5 — Other (Specify)	01-91 loval from State St	other place) - Paul's	Episco	netery, cremetory or pal Cemet	tery Mar	cation - City or ion Stat	Town, State
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE Buch	herry	Bra		Sons Funer St Cri		MD 21817
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Coronar DUE TO (OR AS A	CONSEQUENCE OF):	y o var	lisease Jaile	re		Interval Between Onset and Death
PART II. Other significant condition Severe Chris	ns contributing to deeth be		the underlying	/	Part I. 24a. WAS AN PERFOR	MED?	4b. WERE AUTOPSY FINDINGS AMAILLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		THER:	LACE DF DEATH (Che			
27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	F 28c. IN.		28d. DESCRIBE HOW I	NJURY OCCURED	
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, atc. (Spe	/ — At home, farm, stre	et, factory, offic	ia .	28f. LOCATION (Street City or Town, State)		al Route Number,
one)	SICIAN: To the best of my know ER: On the basic of examination						e(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUN		29d. DATE SIGN	50 (Month/Day, Year)
30. NAME AND ADDRESS OF PERSON W	12.11	EATH (ITEM 27) (Type, Pr		2020	Salis	6400	MD 2180/
31. DATE FILED (Month, Day, Year) MAR - 4 '91	32. REGISTRAR'S SIGN	NATURE	# .	Q 6 3 6	Jacks	swig	/· ( ) & / ( )

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STATE	0F	MARYLAND /	DEPARTMENT	0F	<b>HEALTH</b>	AND	MENTAL	HYGIENE
		C	ERTIFICATE	0	F DEAT	ГН		REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIENI REG. NO.	E ,	0 / 1 / 1
,	1. DECEDENT'S NAME (First, Middle, Last) MABEL	В.		+01		2. DATE OF DEATH DA		
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	TEV	IF UNDER 24 HRS.	7. DATE OF BIRTH		RTHPLACE (State or Foreign
1	197-16-6586	1 □ M 2 🕅 F 91	YRS.	ONTHS DAYS	HOURS MIN.	FEB. 24 , 1	ann co	SALISBURY, MD
TOR	PENINSULA GENERA			SALISBU		ain .	WICOM	
DIRECTOR	10e. STATE 10b. COUNTY	ICOMICO		TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
ا دِ	10e. STREET AND NUMBER			•	ZIP CODE		10g. CITIZEN C	F WHAT COUNTRY?
IER/	1007 FAIRG	1007 FAIRGROUND DRIVE 21801					USA	4
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Merried  2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S.ARMED FORCES? 1 YES 2 NO If yes, specify Cuban, Mexicen, Puerto Rican, 1 YES 2 NO Specify:				n, Puerto Rican, etc.)		ACE — American Indian, lack, White, etc. pecify: BLACK	
	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	16a. DECEDENT'S U	rk done during mo	N at of working	16b. KIND OF BUS	SINESS/INDUSTR	У
COMPLETED	Elementary/Secondary (0-12) 8th	Collegn (1-4 or 5 +)	DOMEST			HOUSE	KEEPER	
BE CON	17. FATHER'S NAME (First, Middle, Last) GEORGE	A. CARROLL			18. MOTHER'S NAI	ELLA BIRO		
TO B	190. INFORMANT'S NAME (Type/Print)  CAROLYN M. McKI	E				CLAND, MD.		
	20a. METHOD OF DISPOSITION  1X Burlel 2 Cremation 3 Remo	oval from State	BREEN ACRE	S MEMOF	netery, cremetory or RIAL PARK	SAL	CATION — CITY O LISBURY	, MD. 21801
	21. SIGNATURE OF FUNERAL SERVICE LIC	Jallez			DADDRESS OF FA LLEY MEM BURY, MD		PEL, RT	E. 2, BOX 920
	23. PART I. Enter the diseases, or o shock, or heert fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	List only one cause on	each line.  A CONSEQUENCE OF:	t enter the mo	of dying, auci		ratory arrest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):		6'			
PHYSICIAN: MEDICAL C	PART II. Other algnificant condition	/ 0	but not resulting in	the underlyin	g ceuse given in	Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Ch	eck only one)		
SIC	EXAMINER?	HOSPITAL:		OTHER:	e 5 🗆 Reeldence	6 Other (Specify)		
Y PHY	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)		RY WO	URY AT DRK? YES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCURE	D
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJUI building, atc. (Sp	RY — At home, ferm, at secify)	reet, factory, offic	•	281. LOCATION (Street City or Town, State)	end Number or Ru	ral Route Number,
COMPLETED	cool only	CIAN: To the best of my kno						see(s) and manner as stated.
B	29b. SIGNATURE AND TITLE OF CERTIFIES	1 au			29c. LICENSE NUI	MBER	29d. DATE SIG	NED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF C	DEATH (ITEM 27) (Type, I	orini) 11 St.	eat S	0. 0. mo	2/80	1
3	31. DATE FILED (Month, Day, Mar)	/32. AEGISTHAD'S SIG	son-Randiec		-0	al. Md.		

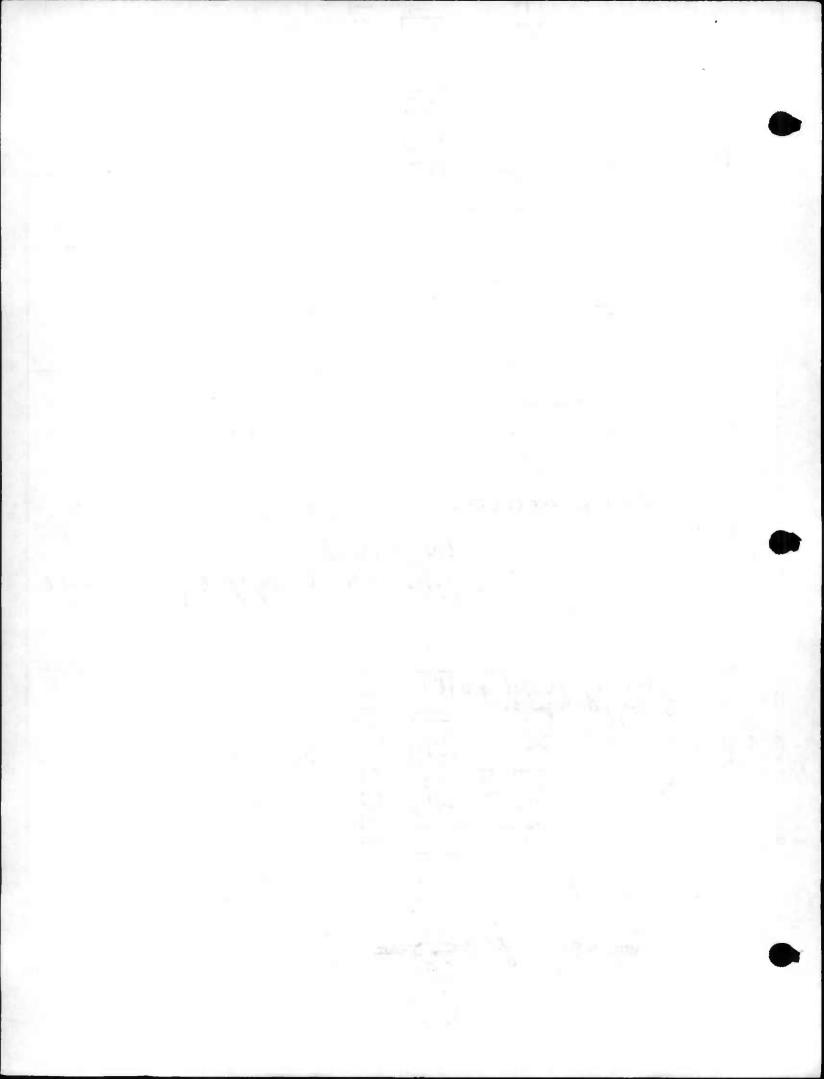


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examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
ii.	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
e funeral director, page 5 should be detached f	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for
r death. Page 6 may be retained by the hospita	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospita

12

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYL	ND / DEPART	TMENT OF H	EALTH AND N	MENTAL HYGIENE REG. NO.		7170
1. DECEDENT'S NAME (First, Middle, Last	Larner	11/11/			2. DATE OF DEATH DAY	YEAR 9.	TIME OF DEATN 6:30 A M
4. SOCIAL SECURITY NUMBER		in yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BIRTNPL	ACE (State or Foreign
145-12-9959	1 - M 2 - XF 68		MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 7/19/22	N.J	
9a: FACILITY NAME (If not institution, give	street end number)		96. CITY, TOWN C	A LOCATION OF DE		c. COUNTY OF DEAT	
#18 Aveley I	arm		East	ton		Talb	ot
RESIDENCE OF DECEDENT  100. STATE  100. COUN	TY	10c. CITY	Y, TOWN OR LOCAT	ION		10	Id. INSIDE CITY
MD T						1	LIMITS?
10e. STREET AND NUMBER	10s. STREET AND NUMBER				16	og. CITIZEN OF WHA	AT COUNTRY?
#18 Aveley I	Farm			21601		USA	
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 2 NO	If yes, sp		IIC ORIGIN? (Specify Yee or n, Puerto Rican, atc.)	Specify:	American Indien, Thite, etc.
15. DECEDENT'S ED (Specify only highest grad	de completed)	16a. DECEDENT'S (Give kind of w	vork done during mo		16b. KIND OF BUSINE	ESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)	Home	maker		Own I	Home	
17. FATHER'S NAME (First, Middle, Last)	4	Поше	maxer	16 MOTHER'S NA	ME (First, Middle, Meiden Sun		
Herbert B. J	arner				ian L. Ro		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		Route Number, City or Town, S		
John A. Will	l, Jr.	#18	Avele	y Farm	P.O. Box	279 Eas	ton, MD
20a. METHOD OF DISPOSITION 1 Derial 2 X Cremetion 3 Re	moval from State of c	PLACE AND DATE	or other place)			ION — City or Town	
4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE 1		astern	22. NAME AN	ID ADDRESS OF FA	rium Geo:	rgetown	, DE
-	MERCERON	)	New	nam Fun	eral Home	eet Eas	ton. MD
23. PART I. Enter the diseases, or		the death. Do n					Approximate
IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. Clar only one cause on all	diac G	Erres.	1			Interval Between Onset and Desth
	DUE TO (OR AS A	CONSEQUENCE OF	Pi CAN	dom	yonet.		In
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	F):		100		1
cause. Enter UNDERLYING CAUSE (Disease or injury	C. DUF TO (OR AS A	CONSEQUENCE OF	n.				
that initiated events resulting in death) LAST	4						
DART II Other circlificant and des	one annialbudi - to discit t		to also contains a		Bank I an amakan		
PART II. Other significant condition	one contributing to death b	ilur	in the underlyin	g cause given in	Part i. 24s. WAS AN AU PERFORME	D? A	PERE AUTOPSY FINDINGS VAILABLE PRIOR TO OMPLETION DF CAUSE
& He now to	en sin	muy			1 _ YES 2 _	NO O	F DEATH?
3 19 100	y control				_	'	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL		A John		ACE OF DEATH (Ch	eck only one)		
EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outp	atient 3 DOA	OTHER: 4   Nursing Nor	e 5 Residence	6 Other (Specify)		
27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM INJ	JURY WO	URY AT	28d. DEŞCRIBE HOW INJU	JRY OCCURED	
2 Accident Investigation		Al beautiful		YES 2 NO	201 1001701	Alumbac : 6 15	de Abresta
3 Suicide 6 Could not b	26e. PLACE OF INJURY building, atc. (Spec	— Al nome, farm, s	street, factory, offic	•	261. LOCATION (Street and City or Town, State)	Number or Hural Hou	te Number,
cont only	/SICIAN: To the best of my know						
2 MEDICAL EXAMI	NER: On the basis of examination	n end/or investigatio	on, in my opinion, o	eeth occured at the		lue to the cause(e) a	
Wmb	wood ]	MI	)	DOS	?715	► 03	0991
30. NAME AND ADDRESS OF PERSON	Wood	E	45/00	M	d 216	0/	
MAR 0 5 '91	32. REGISTRAR'S SIGN	ATURE Rand	ell			,	



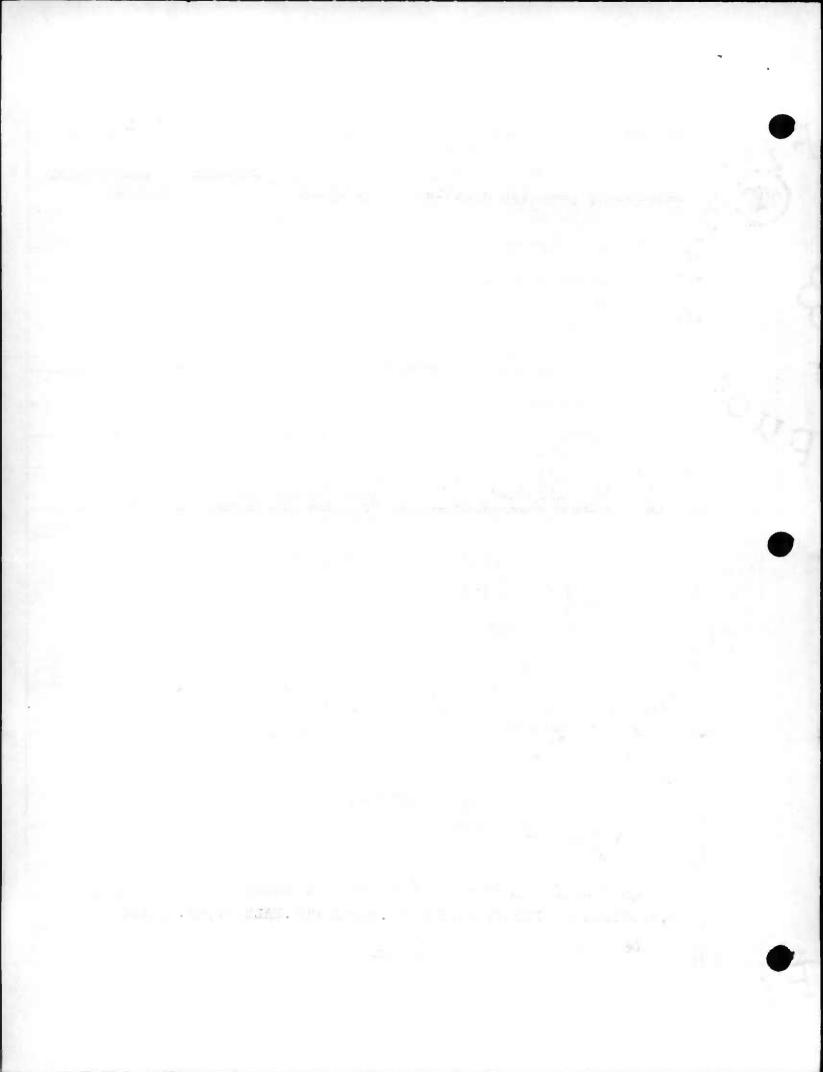
	HOU
	24
60,	within
687	executed
X	90
. B(	tificate
Q	93
S, D	death
Ö	F
OR	that
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	errai on arrending PHYSICIAN. The law requires that the death certificate be executed within 24 his
_	*
TA	P S
5	AN
OF	PHYSICI
×	NG
5	ND
VIS	ATTE
0	ac
	PITAL

DECEDENT'S NAME (First, Middle, Last) Earle F		arl Lamson		VILL.	cam?	son	2. DATE MONTH	OF DEATH	3 9	3. TIME OF DEATH 10:25
I, SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs	. lest birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE	DF BIRTH		BIRTHPLACE (State or Foreign
218-16-5350	1 💢 M 2 🗆 F	84	YRS.	MONTHS	DAYS	HOURS MIN.	Mar	Dey. Years	1906	Federals b
De. FACILITY NAME (If not institution, give						OR LOCATION OF D	EATH			TY OF DEATH
Memorial Hos	pital			E	Cast	on			Tal	.bot
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	ry		10c. CfT	TY, TOWN O	OR LOCAT	TION	_			10d. INSIDE CITY
laryland Car	oline	oline Federa		deralsburg  101. ZIP CODE  21632				LIMITS?		
Rt. 3, Box 19	197							U.	S. A.	
II. MARITAL STATUS I Never Married 2 Married B Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	NO	1	If yes, sp	ecity Cuben, Mexic 2 NO Speci	an, Puerto I		s or No-	14. RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S ED	UCATION to completed	16a	. DECEDENT'S	USUAL O	CCUPATIO	ON set of weeking	16b.	KIND OF BU	SINESS/INDU	JSTRY
Elementary/Secondary (0-12)	College (1-4 or 5 +		Me. Do NOT u	ise retired.)				ood		
7. FATHER'S NAME (First, Middle, Last)		1 1	Good	VLSI	1110	16. MOTHER'S N			- Sumamal	
Robert Trice						Lula				
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	G ADDRESS	S (Street a	and Number or Rural				Code)
Hazel T. Will	i.ams on		Rt.	3, B	Box	197, F	eder	alsbu	irg,	Maryland
20e. METHOD OF DISPOSITION    X Buriel   2   Cremation 3   Ref	moval from State	20b. PL	ACE ANO DAT	E OF OISP	OSITION	(Name	OAT			aty or Town, State
Uner (Specify)		11101	a HA ALL	NOO	mot	0 11 11	7 1.7 X	141 1	- A X T A	n. Md.
1. SIGNATURE OF FUNERAL SERVICE L	ICENSEE / V/Z	Woo	o da gematos			ery  ND ADDRESS OF F		/4/ 6	asto	n, Md.
23. PART I. Enter the diseases, or ahock, or heart failure disease or condition	complications the	of caused the	e death. Do	not antar	the mo	X 43 ode of dying, su	ch as care	DEK	PALS	BURG
23. PART I. Enter the diseases, or shock, or heart failure immediate cause (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	complications the List only one cau  a. Due To  DUE TO	of caused the	e death. Do lina.  NSEQUENCE C	not enter	the mo	ND ADDRESS OF F	ch as care	DEK	PALS	BUR G./
23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	complications the List only one cau  a. Due To  b. Due To  c. OUE TO	OR AS A COM	e death. Do line.  Secure course cour	not antar	the mo	NO ADDRESS OF F X 43 Inde of dying, Su Rean	ACILITY  Second as corrections  LUCUS  LUCIS	DEK	PALS plratory arre	SBUR G
23. PART I. Enter the diseases, or shock, or neart failure immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	complications the List only one cau  a. Due to b. Due to c. Oue to d. One contributing to	(OR AS A COM	e death. Do line.  NSEOUENCE CONSEQUENCE C	not antar	the mo	NO ADDRESS OF F X 43 Inde of dying, Su Rean	ACILITY  Second as corrections  LUCUS  LUCIS	DEK	PALS  Idratory arre	BUR GUN est, Approximate Interval Bet Onset and I
23. PART I. Enter the diseases, or shock, otheart failure immediate cause (Finel disease or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	complications the List only one cau  a. Due to Due to C. Oue contributing to Due to C.	(OR AS A COM	e death. Do line.  NSEOUENCE CONSEQUENCE C	not enter  Picoppi:  DFJ:  DFJ:  In the ur	the mo	NO ADDRESS OF F X 43 Inde of dying, Su Rean	ACILITY  Con see cerc  The desired and the see cerc  The desired a	24a, WAS AI PERFO	PALS  Idratory arre	24b. WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
23. PART I. Enter the diseases, or shock, or neart failure immediate CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions or conditions in the conditions of t	a. DUE TO  b. DUE TO  c. OUE TO  d. OUE TO	(OR AS A CON	NSEQUENCE CONSEQUENCE ot enter  Picorpi:  OFF:  OFF:  OTHER	the mo	NO ADDRESS OF F	n Part I.	24a. WAS AP PERFO 1 UYES	PALS  Idratory arre	24b. WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?	
23. PART I. Enter the diseases, or shock, or neart failure immediate CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and the conditions is conditionally in the conditions of the conditions in the conditions in the conditions is conditionally in the conditions i	complications the List only one cau  a. DUE TO b. DUE TO c. OUE TO d. HOSPITAL:	(OR AS A COM	e death. Do line.  NSEOUENCE CONSEQUENCE C	not enter  Picoppi:  OFF:  OFF:  OTHEL 4   Nur	the mo	DO ADDRESS OF F	n Part I.	24a. WAS AP PERFO 1 UYES	NAUTOPSY RMED?	24b. WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?  1 YES 2 NO
23. PART I. Enter the diseases, or shock, otheart failure immediate cause (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions.  25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER DF DEATH	complications the List only one cau  a. DUE TO b. DUE TO c. OUE TO d. HOSPITAL: 1 Inpetient 2 28s. OATE OF (Month), D 28s. PLACE OF (Month), D 28s. PLACE OF (Month), D	(OR AS A COM	e death. Do line.  NSEQUENCE CONSEQUENCE C	not enter  OF):  OF):  OF):  OTHEL 4 Nur ME OF LJURY M	r the mo	DADDRESS OF F	n Part I.	24a. WAS AI PERFO 1 VES  OF (Specify) SCRIBE HOW	NAUTOPSY RMED? 2 NO	24b. WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?  1 YES 2 NO
23. PART I. Enter the diseases, or shock, otheart failure mock, ot	complications the List only one cau  a. DUE TO  b. DUE TO  c. OUE TO  d. ONS CONTRIBUTING TO  HOSPITAL: 1 Ingestion 2 [ 28a. OATE OF (Month, E) 28a. PLACE Of building.	(OR AS A COM (OR A	o death. Do line.  NSEQUENCE CONSEQUENCE C	not enter  OF):  OF):  OF):  OF):  In the ur  OTHEL  4   Nur  ME OF  JURY  M  , street, fect	time, dete	IND ADDRESS OF F	n Part I.	24a. WAS AN PERFO 1 VES  ATION (Street or Town, State use(e) and me	NAUTOPSY RMED? 2 NO INJURY OCC	24b. WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION OF CALOF DEATH?  1 YES 2 NO.
23. PART I. Enter the diseases, or shock, otheart failure immediate cause or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions in the cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions.  25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER DF OEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined conditions.  29. CERTIFIER (Check only one) 2 MEDICAL EXAMINERS IN MEDICAL	complications the List only one cau  a. DUE TO  b. DUE TO  c. OUE TO  d. OUE TO  d. OUE TO  28a. OATE OF (Month).  28c. PLACE C building.  SICIAN: To the best of size.	(OR AS A COM (OR A	e death. Do line.  NSEQUENCE CONSEQUENCE C	not enter  OF):  OF):  OF):  OF):  In the ur  OTHEL  4   Nur  ME OF  JURY  M  , street, fect	time, dete	IND ADDRESS OF F	n Part I.  281. LOC.  281. LOC.  281. LOC.  281. LOC.  281. LOC.  281. LOC.  281. LOC.	24a. WAS AN PERFO 1 VES  ATION (Street or Town, State use(e) and me	N AUTOPSY RMED? 2 NO INJURY OCC and Number (1)	24b. WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?  1 YES 2 NO
23. PART I. Enter the diseases, or shock, or heart failure mock, or	complications the List only one cau  a. DUE TO  b. DUE TO  c. OUE TO  d. OUE TO  d. OUE TO  28a. OATE OF (Month).  28c. PLACE C building.  SICIAN: To the best of size.	(OR AS A COM (OR A	e death. Do line.  NSEQUENCE CONSEQUENCE C	not enter  OF):  OF):  OF):  OF):  In the ur  OTHEL  4   Nur  ME OF  JURY  M  , street, fect	time, dete	DADDRESS OF F	n Part I.  Part I.  28f. LOC.  28f. LOC.  City  UMBER	24a. WAS AN PERFO 1 VES  ATION (Street or Town, State use(e) and me	N AUTOPSY RMED? 2 NO INJURY OCC and Number of the due to the 29d. DATE	24b. WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?  1 YES 2 NO  SURED  or Rural Route Number,  ed. e ceuse(e) end menner es sta

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within convours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attend be filed within 72 hours after death with the State Dept. of Heatth and Mental H IMPORTANT: If I tem 28 is marked, or I tem 23 shows any injury, or

-	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		MENT OF H		MENTAL HYGIEN REG. NO.	E	07175	
1	1. DECEDENT'S NAME (First, Middle, Lest) MELVIN	EDWARD		WR	IGHT	PHORUARY	27 199	3. TIME OF DEATH 9:24A M	
		5. SEX 6. AGE (in yrs. 1)	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 7-28-1907	Co	IRTHPLACE (State or Foreign ountry) Shington DC	
OR	PHYSICINAS MEMORIAL HOSPITAL  9b. City, town or location of Death LA PLATA							LES	
FUNERAL DIRECTOR	Maryland Ch	harles		town on Locat				10d. INSIDE CITY LIMITS? 1 YES 2 X X 90	
BAL	#7 Green Meadows [	Drive			20640	·	10g. CITIZEN O	OF WHAT COUNTRY?	
à l		12. WAS DECEDENT EVER IN U.S. FORCES? 1 X YES 2 [ IF YES, GIVE WAR OR DATES  WW II		13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes n, Puarto Rican, etc.)	s or No- 14. F	RACE — American Indien, Bleck, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondery (0-12)		DECEOENT'S US (Give kind of wor Me. Do NOT use I	SUAL OCCUPATION of the done during more retired.)	ON st of working	16b. KINO OF BU	siness/industr		
MO	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Meiden		C	
	Lodge T. Wright, S	Sr.			Annie	M. Atwell	1		
D BE	190. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow			
일	Beatrice Wright		#7 Gre	en Mead	dows Driv	/e, Indian			
	20e. METHOD OF DISPOSITION 1. Burlel 2 Cremation 3 Remod 4 Derivation 5 Other (Specify)	oval from Stata TP1	or place)	emorial	Gardens	Wa	aldorf,	or Town, State Maryland	
	21. SIGNATURE OF FUNERIAL SERVICE LIVE Michael	Blankenship	M00857	Huntt P. O.		Home Waldorf,			
	23. PART I. Enter the disesses, or conshock, or heart feliure. L. IMMEDIATE CAUSE (Finel disesse or condition resulting in death)	omplications that caused the List only one cause on each I	line.				iratory arrest,	Approximate interval Between Onset and Death	
SATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING								
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A CON	ISEQUENCE OF):	:					
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Aux Color for Conditions Contributing to death but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 ves 2 NO  1 ves 2 NO  1 ves 2 NO  1 ves 2 NO								
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P OTHER:	LACE OF DEATH (Ch	neck only one)			
XSI	1 TYES 2 NO	1 De Inpatient 2 DER/Outpatient 28a. DATE OF INJURY		4 Nursing Hor	ne 5 🗆 Residence	6 Other (Specify) 28d. DESCRIBE HOW			
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	M 1 🗆	ORK? YES 2 NO				
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A building, etc. (Specify)	t home, firm, se	reet, factory, ome	CO .	281. LOCATION (Street City or Town, State		Jurel Route Number,	
COMPLETED	(Crieck orny	CIAN: To the best of my knowledge IR: On the basic of examination and						suse(e) and menner as stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	- (Allending	7		D 125		≥ 9d. DATE SI	GNED (Month, Day, Year)	
F	G, SHANKAR, MD	7 CPOST OFFI	CE RD	· CENNA	CTR, WI	ADORF, MD	206	02	

32. REGISTRAR'S SIGNATURE
Filha Davidson-Randall



Wisniewski

Wishiewski

YRS.

8. AGE (In vrs. last hirthday)

70

Spral

2. DATE OF DEATH 2-27-91 MONTH DRY 27 91 91 7. DATE OF BIRTH

3. TIME OF DEATH 0529 AM a. BIRTHPLACE (State or Foreign New Jersey

(Month, Day, Year)
Dec. 3, 1920 9b. CITY, TOWN OR LOCATION OF DEATH

Cockville

DAYS

IF UNDER 1 YEAR | IF UNDER 24 HRS.

9c. COUNTY OF DEATH Montgomen

10g. CITIZEN OF WHAT COUNTRY?

RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE

man

Se. FACILITY NAME (If not institution, give street end number)

Maryland

Shadu

4. SOCIAL SECURITY NUMBER

215-10-7405

Cecil

Grove Adventist

Bertha

1 M 2 X F

5. SEX

10c. CITY, TOWN OR LOCATION Elkton

10d. INSIDE CITY 1 YES 2 X NO

10a. STREET AND NUMBER

2234 East Old Philadelphia Road

21921

10f. ZIP CODE

U.S.A. 14. RACE — American Indien, Black, White, atc.

11. MARITAL STATUS

DIRECTOR

FUNERAL

BY

COMPLETED

BE

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notified at

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medical

traumatic event,

other t

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injury,

shows any

23

Item

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marked, with with

49

28 Hem

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

funeral

filled in by the fi

completely filled rial, cremation, the

attending physician and con mal Hygiene prior to burial,

n signed by the attent f Health and Mental h requires that the death

t. of

N.

OR ATTENDING PHYSICIAN: The

HOSPITAL

certificate has been the State Dept. of

After t

FUNERAL DIRECTOR: within 72 hours after

TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

1 Never Merried 2 Married

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES

Bertha

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuben, Mexican, Puerto Ricen, atc.) 1 TES 2 NO Specify:

White

3 🔀 Widowed 4 🗌 Divorced

15. DECEDENT'S EDUCATION (Specify only highest grade comp

16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.)

Elementary/Secondery (0-12) 8

College (1-4 or 5+)

Homemaker

16b. KIND OF BUSINESS/INDUSTRY

17. FATHER'S NAME (First, Middle, Last)

Alexander Huminski

18. MOTHER'S NAME (First, Middle, Meiden Surneme) Zabruska Bertha

19a. INFORMANT'S NAME (Type/Print)

Thomas

19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

Germantown, MD 20874

Linda Wisniewski

20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or

20c. LOCATION — City or Town, State

20a. METHOD OF DISPOSITION March 2, 1991
1 Suriel 2 Cremetton 3 Removal from State
4 Donetton 5 Other (Specify)

Immaculate Conception Cemetery Cherry Hill, Maryland

19623 White Saddle Drive

Approximate Interval Between

21. SIGNATURE OF FUNERIAL SERVICE LICENSEE

NAME AND ADDRESS OF FACILITY Funerals, P.A. Bow and Stockton Streets Elkton, MD 21921

23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart.fellure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death)

Compertive Heart Failure Biventrionlar QUE TO (OR AS A CONSEQUENCE OF):

**Onset and Death** I scheme heart disease

Sequentially ilst conditions, if any, leading to immediate . Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

OUE TO (OR AS A CONSEQUENCE OF): PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I.

24b. WERE AUTOPSY FINDINGS 24a. WAS AN AUTOPSY AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO

29d, DATE SIGNED (Month, Day, Year)

► 2/27/91

maghinity 5
25. WAS CASE REFERRED TO/MEDICAL

retinenathe resighment memopathy morder didens 28. PLACE OF DEATH (Check only one) OTHER:

1 YES 2 NO

**EXAMINER?** 1 YES 2 NO 27. MANNER OF DEATH

1 Natural

2 Accident

3 Sulcide

Inpatient 2 ER/Oulpatient 3 DOA 28a. DATE OF INJURY 5 Pending

4 - Nursing Home 8 - Residence 6 - Other (Specify) 28b. TIME OF 28c. INJURY AT WORK?

28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

8 Could not be determined 4 Homicide 29a CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner ee stated.

26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

911 Eussell Avenue

DUE TO (OR AS A CONSEQUENCE OF): Aostri Stepons

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER

29b. SIGNATURE AND TITLE OF CERTIFIER

BYRL O. JOHNSON

0-19042 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

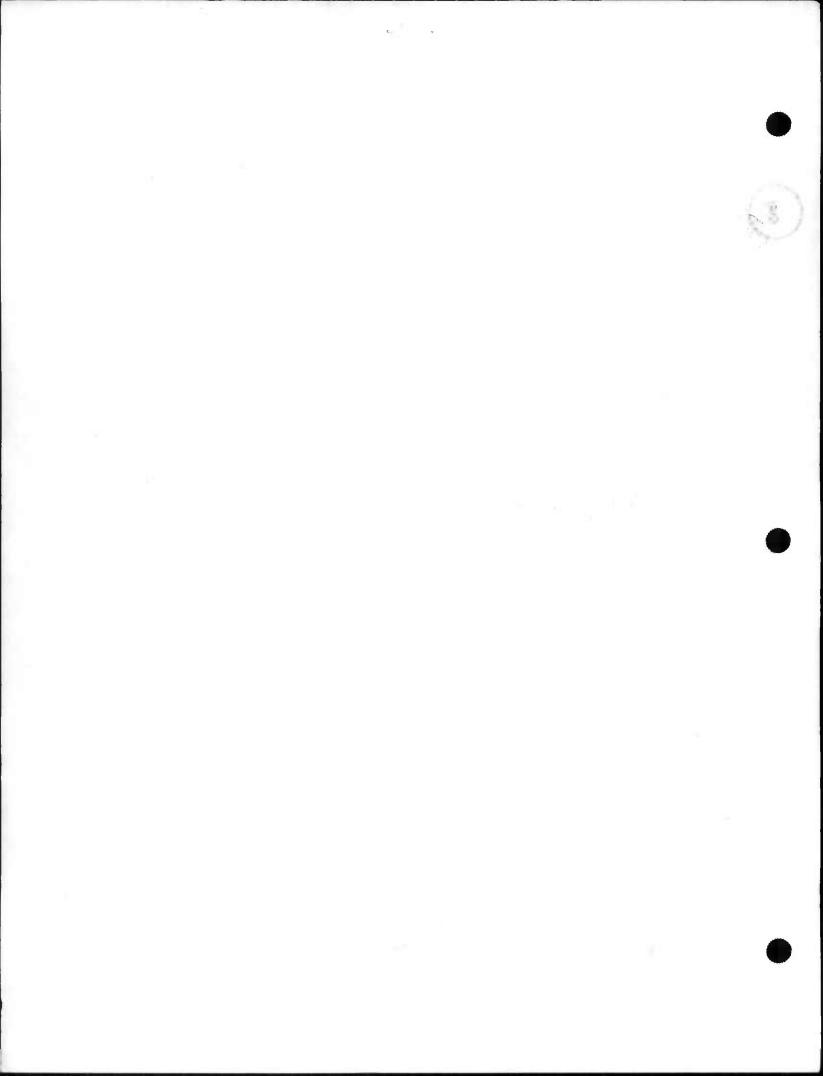
GaitLeriburg, md. 20879

31. DATE FILEO (Month, Day, Year)

'91 MR 0 1

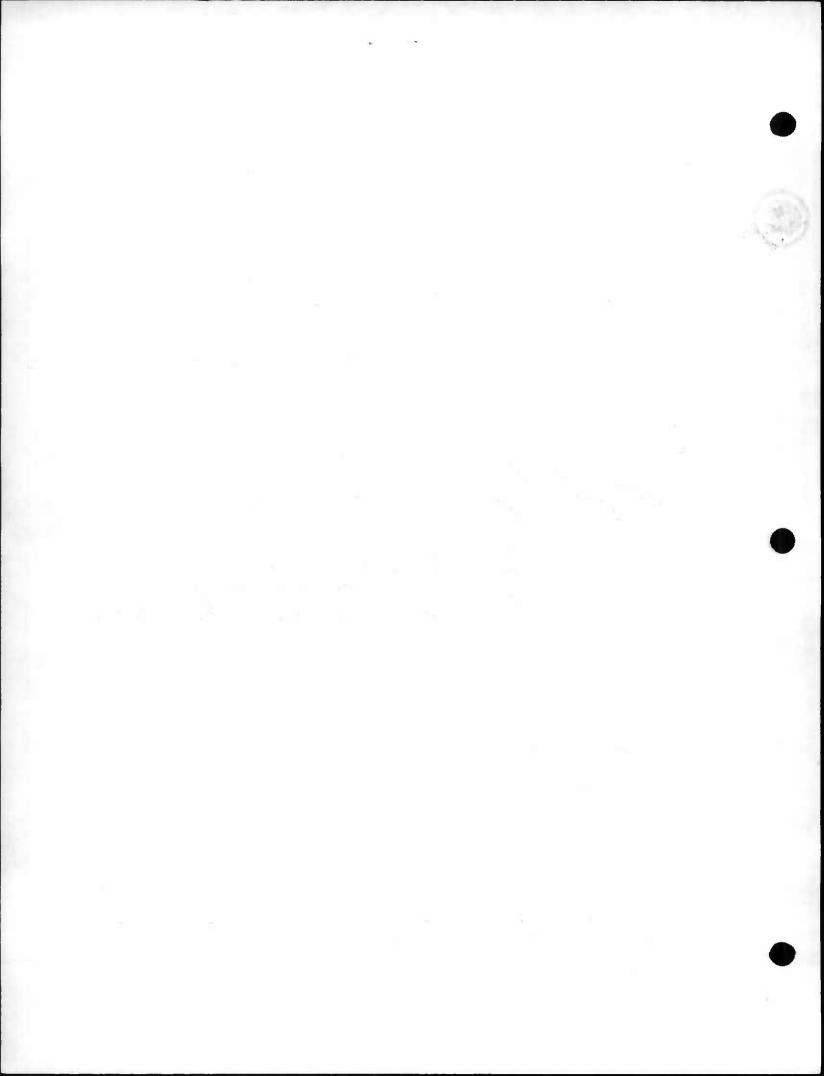
32. REGISTRAR'S SIGNATURE ndalle Sulia Davidson-Ab

DHMH-16 Rev 1/89



FOR

1	- STATE REGISTRAR	Ollill D	CF	ERTIF	ICATE C	F DE	ATH	RE	G. NO.		
	1. OECEOENT'S NAME (First, Middle, Lest)							2. DATE OF D	EATH	VEAR	3. TIME OF OEATH
	Gwinell C.	h					2 MONTH	27	91	1815 M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	it birthday)			DER 24 HRS.	7. DATE OF BI	RTH	a. BIRTI	HPLACE (State or Foreign
	264-40-0075	1 🗆 M 2 📈 F	59	YRS.	MONTHS DAY	YS HOUR	IS MIN.				LORDIA
	9e. FACILITY NAME (# not institution, give st	treet and number)			9b. CITY, TOY	WN OR LOC	ATION OF DE			PAY YEAR 7 91  S. BIRTH COUNTY F  9C. COUNTY OF D  CECI  109. CITIZEN OF V  IISA  14. RACE Speci  USINESS/INDUSTRY  ING MAN  IN Surneme)  WIN, State, Zip Code)  CTTY MD  OCATION — City or To  CLEON SP  HOME  ID 21915  piratory arreat,  PANDOPSY  PANDOPSY  PANDOPSY  OR MAN  OCATION — City or To  CLEON SP  OCATION — CITY —	
norcalon	UNINON HOSPITA	L			ELKI	'ON_		2. DATE OF DEATH DAY 2 27 91 8/8/ 8/8/2 27 91 8/8/ 8/8/2 27 91 8/8/ 8/8/2 27 91 8/8/ 8/8/2 27 91 8/8/ 8/8/2 27 91 8/8/ 8/8/2 27 91 8/8/ 8/8/2 27 91 8/8/ 8/8/2 27 91 8/8/ 8/8/2 27 91 8/8/ 8/8/2 27 91 8/8/ 8/8/2 27 91 8/8/ 8/8/2 27 91 8/8/ 8/8/2 27 91 8/8/ 8/8/2 27 91 8/8/ 8/8/2 27 91 8/8/ 8/8/2 27 91 8/8/ 8/8/2 27 91 8/8/ 8/8/2 27 91 8/8/ 8/8/2 2/1/32 8. BIRTHPLACE (Stan Country) FLORD 16d. INSIDIL INSID	CECI	L	
	10a. STATE 10b. COUNTY	4		10c. Cl7	TY, TOWN OR LO	DCATION			10d. INSIDE CITY		
	MARYLAND CE	CIL		CI	HESAPE	AKE	СТТҮ	7		9c. COUNTY OF DEATH  CECIL  10d. INSIDE CITY LIMITS? 1  YES 2 NO  10g. CITIZEN OF WHAT COUNTRY?  USA  OF NO— 14. RACE — American Indian, Black, White, atc.  SpecWHITE  INESS/INDUSTRY  NG MANUFACTUR  Surname)  AND 29115  ATION — City or Town, State  LEON SPRINGS.  HOME  21915  Retory arreat, Approximate interval Bets	1 YES 2 NO
	10e. STREET AND NUMBER	<u> </u>				101. ZIP C		-	10:	. CITIZEN OF	WHAT COUNTRY?
	SYCAMORE HALL	FARMS				21	1915			USA	
TO LONG !	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. ARI			DECENDEN	T OF HISPAI			lo- 14, RAC	E — American Indian.
5	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 MAR OR DATES	10		NES 2 K			POP DEATH DAY YEAR 2. TIME OF 27 91 8. BIRTHPLACE (State Country)  PEBIRTH Day, Year) 8. BIRTHPLACE (State Country)  PEDIDON, Year) 9c. COUNTY OF DEATH CECTI.  10d. INSID LIMIT 1 YES  10g. CITIZEN OF WHAT COUNT ILMIT 1 YES  10g. CITIZEN OF WHAT COUNT ILMIT 1 YES  10g. CITIZEN OF WHAT COUNT ILMIT 1 YES  10g. CITIZEN OF WHAT COUNT ILMIT 1 YES  PEDIDON SPECIAL PROPERTY IN THE PROPER		
	15, OECEDENT'S EDU	CATION	16a. DE	CEDENT'S	S USUAL OCCUI	PATION	- Non	16b. KINE	OF BUSINE	SS/INDUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5 +	+) We.	. Do NOT u	use retired.)						RACE — American Indian, Black, White, atc.  SpectWHITE  (RY  ANUFACTURING  de)  MD 29115  or Town, State  SPRINGS: FI.
COMPLETED	UNKNOWN		MED	ICAI	SUPP	LIES	MAN	UFACTI	URING	MAN	UFACTURING
	17. FATHER'S NAME (First, Middle, Last)										
	JOHN CRIBBS						SARA	SMIT	H		
	19e. INFORMANT'S NAME (Type/Print)		191	b. MAILIN	G ADDRESS (Str	reet and Nurr	nber or Rural	Route Number, Ci	ity or Town, St	ste, Zip Code)	
	IRA C. WINCH			PO	BOX 2	86,	CHES	APEAKI	E CIT	Y. MD	29115
	20a. METHOD OF OISPOSITION  1 Burlel 2 Cremation 3 Rem	ioval from State	20b. PLACE other pla	OF DISPO	OSITION (Name o						
	4 Donation 8 Other (Specify)				JRST C				DELE	ON SP	RINGS FI
	21. SIGNATURE OF FUNERAL SERVICE	ENSEE /	/						- AT 11	.0149	
	borden	11/									
	23. PART i. Enter the diseases, or	complications the	it coused the de	eeth. Do	not enter the	mode of	dying, suc	ch as cardiac	or reapirato	orv arreat,	
	shock, or heart failure.	List only one	se on each line	b	1 -	- 0					interval Between
	iMMEDIATE CAUSE (Final disease or condition	(	0-	1	10000	. ()		- (,		M	P
	resulting in death) s. Oue TO (OR AS A COMESCUENCE OFF)										
		( 0	20 8	1	0 (1	last as	1.				
CENTIL ICALION	Sequentieily list conditions, if any, isading to immediate	DUE TO	(OR AS A CONSEC	QUENCE !	1 1 m	70	1	1)	1	7)	
	cause. Enter UNDERLYING	· Col	min		11/2	Luc	-Vani	de l'u	laner	a//4	en O
	CAUSE (Disesse or Injury that initiated events	DUE TO	(OR AS A CONSEC	OUENCE (	DIF):	4		0		Jun	
	reaulting in death) LAST	4									
	PART ii. Other significant condition	contribution to	does but not	iting	to the under	t day only	- sheet is	Dom t   gan	THE AN AUT		THE ALTERNATION PROPERTY.
	PART II. Other significant condition	is contributing to	deeth but not i	resulting	In the under	lying caus	se given in	Part I. 24s.			b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
DICAL								10	YES 2	NO	OF DEATH?
THISIOISIN. IIIE											1 YES 2 NO
											4
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPIJAL			OTHER:	6. PLACE O	OF DEATH (C	heck only one)			
	1   YES 2   10	1 if Theatlant 2	ER/Outpatient 3	-	4 Nursing						<u> </u>
	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF (Month, C		26b. TII	JURY	c. INJURY A' WORK?		28d. DEŞCRIB	BE HOW INJU	RY OCCURED	
	1 Affiturel 5 Pending Investigation		Country of the Countr			YES	2 NO				
	3 Suicide 8 Could not be	28s. PLACE O building.	OF INJURY - AL-ho	arme, form,	, street, factory,	office				Number or Rural	Route Number,
	4 Homicide determined	TO VERNINGER									
	290. CERTIFIER (Check only	ICIAN: To the best of	E my knowledge di	eath occur	rred at the time,	date and p	lece, and du	e to the cause(e	) and manner	as stated.	
	cord oray	7 P									e(e) end menner ee stated.
	296. SIGNATURE AND TITLE OF CENTIFIE	///	/					- 17101120001			
	1	n.l.N	MILL	-					1		
2	30. HAME AND ADDRESS OF PERSON WI	HO COMPLETED CAL	OF DEATH (ITE	Sugar On	on, Print)		00101		1	4/ 40	/91
Н	TOPPING TANKE IN THE TOPPING										
						TEC D	CACCE	, LIKE	עורי, ויוני	2192	1
	MAR 0 5 91	grelia d	AB'S SIGNATURE	endell	2						



DIRECTOR

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CERTIFICATION

PHYSICIAN: MEDICAL

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HOSPITAL FUNERAL ( within 72 h

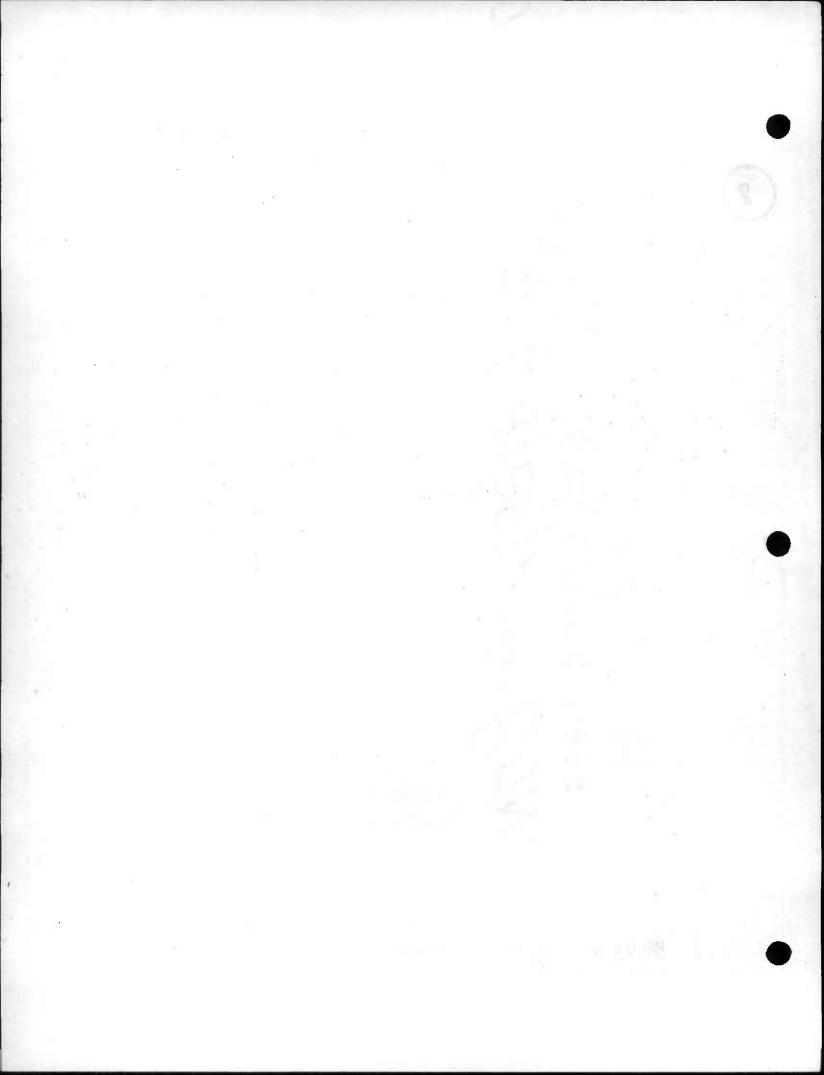
TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 1

-	_	
5, BALTIMORE, MARYLAND 21203-3146	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.  DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. In the state begin, of Health and Mental Hybride prior to burial, cremation, or removed.	toth, the incurred stating must be notined at once.
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<b>ATIA</b>	AN: The	III I
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NO	After to death	IS Mar
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	R ATTEI RECTOR urs after	97 W
ō	0 00	Ę

1. DECEDENT'S NAME (First, Middle Last) 2. DATE OF DEATH 3. TIME OF DEATH Patricia H. White 02/27/91 4:00p 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign DAYS HOURS 152-34-4333 1 - M 23/53/F 46 YRS. 08/09/44 N.Y. N.Y 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 4 Glyndon Ct. Reisterstown Baltimore Co RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD 1 YES 2 NO Baltimore County Reisterstown 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4 Glyndon Ct. 21136 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-FORCES? 1 YES 25000 NO IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puarto Rican, etc.) 1 Never Married 2 Married 1 TES 2 NO Specify: Specify: 3 Widowed 4 Divorced **Black** 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16h KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) 12 yrs. Data entry Accounting Firm 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Unknown Unknown 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Robert E. White 4 Glyndon Ct Reisterstown. MD 21136 20a. METHOD OF DISPOSITION
1X Burial 2 ☐ Cremailon 3 ☐ Ramoval from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Monmouth Memorial Park Cem. 4 Donation 6 Other (Specify) Tinton Falls, NJ 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 11824 Reisterstown RD Eline Funeral Home Reisterstown, MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart fallure. List only one cause on each line. Interval Betwe Onset and Death IMMEDIATE CAUSE (Final disease or condition DUE TO OR AS A CONSEQUENCE OF): reaulting in death) Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 TES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA ng Home 5 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 26s. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending м 1 YES 2 NO Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be 4 Homicide 29a, CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SJONED (Month, Day, Year) bullen 1 ms 028792 Mureno 1 2/29/9 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) OWING MILE, WD Howard JACOSS, ms LO CIUSSIGNOS DIR #14 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Sulia Davidson Rondalle

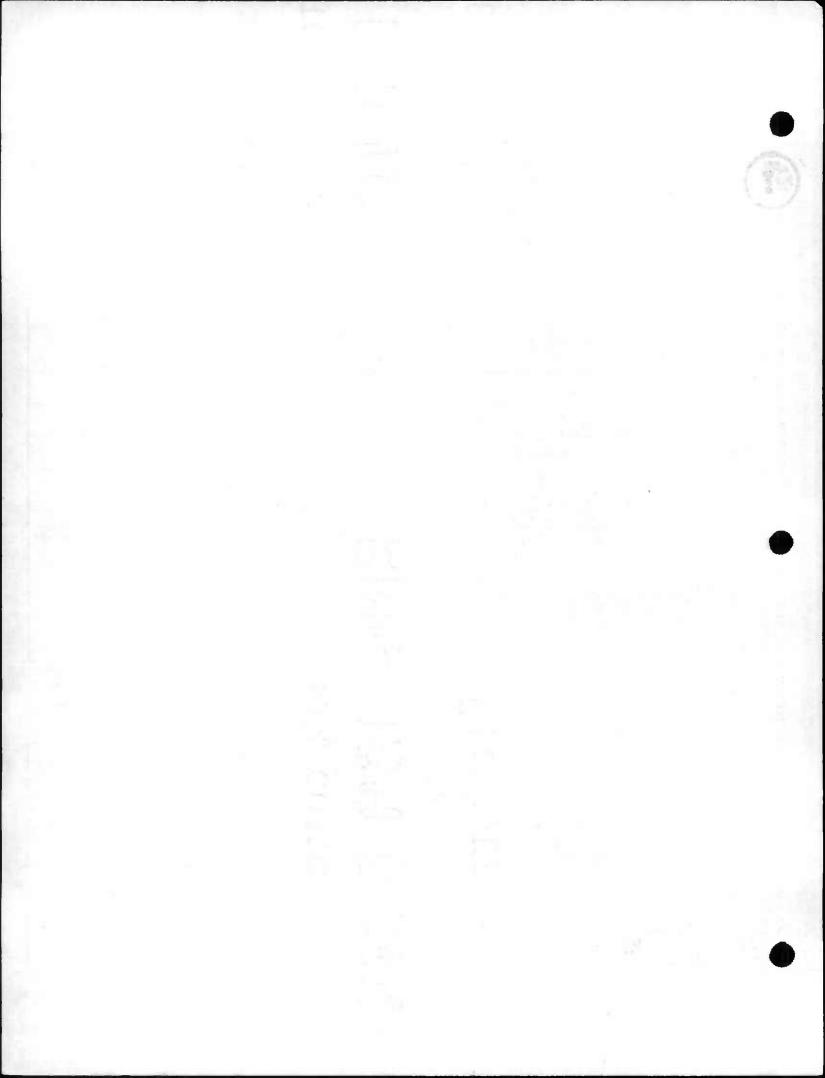
1 - 24

1 - STATE REGISTRAR	SIAIE UT W					ALTH AND I	MENTA	REG. NO			
1. DECEDENT'S NAME (First, Mirkyle, Last)  Merle M. Wales						2. DATE OF OEA MONTH March				FAR 3.	3. TIME OF OEATH 5:25 P
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le		IF UNDER 1		IF UNDER 24 HRS.		OF BIRTH	8.	BIRTHPL.	ACE (State or Foreign
220-44-3034	1 🗆 M 2 😿 F	94	YRS.					22, 1			onsin
	9e. FACILITY NAME (II not institution, give street and number)  Vindobona Nursing Home					k Heigh			9c. COUNTY	eder:	
RESIDENCE OF DECEDENT  10e, STATE 10b, COUNTY 10e											d. INSIDE CITY
Maryland Montgomery			IOC. CIT	10c. CITY, TOWN OR LOCATION				LIMITS			LIMITS?
100. STREET AND NUMBER		Silver Spring					10g, CITIZE		T COUNTRY?		
15101 Inter	15101 Interlachen Drive					20906			Unite		
11. MARITAL STATUS	1. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S.			13. WAS DECENDENT OF HISPANIC ORIGIN?					? (Specify Yes or No 14. RACE American Indian		
1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES GIVE WAR OR DATES			If yes, specify Cuben, Mexicen, Puerto  1 YES 2 X NO Specify:				Specify:			White
15. DECEDENT'S ED		16a. D	ECEDENT'S	USUAL OC	CUPATION	4501	16b	KIND OF BU	SINESS/INDUS	TRY	
(Specify only highest grade Elementery/Secondary (0-12)	College (1-4 or 5 -		Bive kind of v b. Do NOT us	vork done al re-retired.)	uring most	or working					
12			Secre-	tary/	Cler	k	A	gricul	tural	App.	Liances
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME (First, Middle, I				Middle, Maiden			
Everett Cramer	erett Cramer							Wilso	son		
19a. INFORMANT'S NAME (Type/Print)				ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Co.							
Robert O. Wales						ve, Mid	dlet	-			21769
20g. METHOD OF DISPOSITION 1 A Burlal 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)  Parklawn Memorial Park  Rockville, Marvland											
21. SIGNATURE OF FUNERAL SERVICE	Barbara Jom Mullen Lawrence M00381  Barbara Jom Mullen Lawrence M00381  Robert A. Pumphrey Funeral Home/ Rockville, Inc. 300 West Montgomery Avenue, Rockville, Maryland 20850-2805										
disease or condition resulting in desth)  a. Feve of Unknown Origin  OUE TO (OR AS A CONSEQUENCE OF):  Cerebrousscular Aleidert  CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
resulting in death) LAST	resulting	in the underlying cause given in Part I.			Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 12 NO		24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?			
	nellite	15						1 TES	2 NO		MILABLE PRIOR TO OMPLETION OF CAUSE
	nellite	73						1 TYES	2 NO	0	MILABLE PRIOR TO OMPLETION OF CAUSE
Diabetes /	nellite	//							T NO	0	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
Diabetes  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		-	QTHER		CE OF DEATH (CH	eck only o		2 NY NO	0	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 (XNO	HOSPITAL:	☐ ER/Outpatient	-	4 Nurs	t: ling Home	5 🗆 Reeldence	8 🗆 Oth	ne) er (Specify)		1	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 (XNO)  27. MANNER OF DEATH  1 (X) Natural 5 Pending	HOSPITAL: 1 Inpatient 2 Information 2 28e. DATE OF (Month, D.	☐ ER/Outpatient	28b. TIM	4 Nurs	t: ling Home 26c. INJU WOR	5 - Reeldence	8 🗆 Oth	ne) er (Specify)	INJURY OCCU	1	MILABLE PRIOR TO OMPLETION OF CAUS F DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 (NO)  27. MANNER OF DÉATH  1 (Natural 5 Pending)	HOSPITAL: 1 Inpatient 2 2 289. DATE OR (Month, D	☐ ER/Outpatient	28b. TIM	4 X Nurs	t: ilng Home 26c, INJU WOR 1 YE	5 - Reeldence RY AT K?	8 Othic	ne) er (Specify) SCRIBE HOW	INJURY OCCU	D 1	MILLABLE PRIOR TO OMPLETION OF CAUSE POEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 XNO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not b determined  29e. CERTIFIER (Check only)  1 CERTIFVING PHY	HOSPITAL: 1 Inpatient 2 2 289. DATE OR (Month, D	ER/Outpatient FINJURY ley, Year)  PF INJURY — At h etc. (Specify) I my knowledge, d	28b. TIM INJ	4 Nurs IE OF IURY M street, factor	t: sing Home 26c. INJU WOR 1 YE ory, office	5   Reeldence RY AT K7 S 2   NO	8 Othic 28d, OE 28d, OE 281, LOC City	or (Specify) SCRIBE HOW CATION (Street or Fown, State	end Number or	REO Rural Rou	MILLABLE PRIOR TO  OMPLETION OF CAUSI F DEATH?  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 VAIO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not b determined  29e. CERTIFIER (Check only)  CERTIFVING PHY	HOSPITAL: 1   Inpatient 2   28e. DATE OF (Month, D) 28e. PLACE Of building,  YSICIAN: To the best of elements of e	ER/Outpatient FINJURY ley, Year)  PF INJURY — At h etc. (Specify) I my knowledge, d	28b. TIM INJ	4 Nurs IE OF IURY M street, factor	t: ilng Home 26c. INJU WOR 1 YE ory, office me, date e pinion, de	5   Reeldence RY AT K7 S 2   NO	8 Othic 28d. OE 281. LOC City to the ce time, date	or (Specify) SCRIBE HOW CATION (Street or Fown, State	end Number or	REO REO Rural Rou	MILLABLE PRIOR TO  OMPLETION OF CAUSI F DEATH?  YES 2 NO
25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1   YES 2   YNO  27. MANNER OF DÉATH  1   Netural 5   Pending Investigation   Pend	HOSPITAL: 1   Inpatient 2   28e. DATE OF (Month, D) 28e. PLACE Of building,  YSICIAN: To the best of elements of e	ER/Outpatient FINJURY ley, Year)  PF INJURY — At h etc. (Specify) I my knowledge, d	28b. TIM INJ	4 Nurs IE OF IURY M street, factor	t: ilng Home 26c. INJU WOR 1 YE ory, office me, date e pinion, de	5  Recidence RY AT K7 SS 2 NO and place, and due ath occured at the	8 Othic 28d. OE 281. LOC City to the ce time, date	or (Specify) SCRIBE HOW CATION (Street or Fown, State	end Number or or or or or or or or or or or or or	REO REO Rural Rou	MILLABLE PRIOR TO  MAPLETION OF CAUS  F DEATH?  YES 2 NO  te Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   YANO  27. MANNER OF DEATH  1   YES 2   YANO  2   Accident 3   Suickle 6   Could not b determined  290. CERTIFIER (Check only one) 2   MEDICAL EXAMI	HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, D 28e. PLACE Of building, YSICIAN: To the best of INER: On the basic of e	ER/Outpatient FINJURY ey, Year)  FINJURY — At h. etc. (Specify)  I my knowledge, dexamination end/or	28b. TIM IN.	A Nursell OF JURY M street, factor od at the tiron, in my op	t: ilng Home 26c. INJU WOR 1 YE ory, office me, date e pinion, de	5  Recidence RY AT K7 SS 2 NO and place, and due ath occured at the	8 Othic 28d. OE 281. LOC City to the ce time, date	or (Specify) SCRIBE HOW CATION (Street or Fown, State	end Number or	REO REO Rural Rou	MILLABLE PRIOR TO DIAPLETION OF CAUS F DEATH?  YES 2 NO to Number,



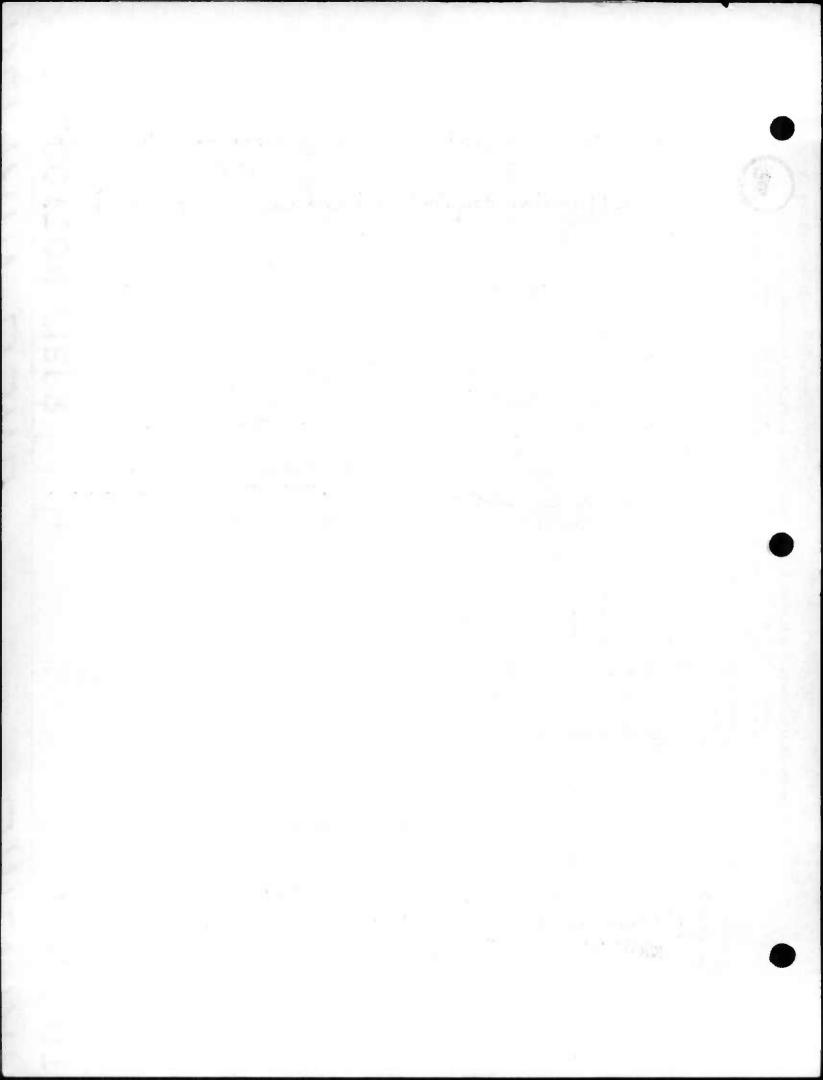
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xecuti	and c	natic
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AL S	State	Item
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ATTE	CTOR	28
L 08	DIR	Item
SPITAL	VERAL	100
E HO	E FUA	HTA
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the find within 70 hours after death with the State Dest of Health and Mental Hunlane prior to burial cremation or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
		_

1 - STA		STATE OF MARYL	AND / DEPARTM				HYGIENE REG. NO.			
1. DECED	DENT'S NAME (First, Middle, Last)	Last)					OEATH	3. TIME OF OEATH		
	KATHER	RINE V. WILL	IAMS			Feb	7:05 Pm			
4. SOCIA	AL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	BIRTH 6.	BIRTHPLACE (State or Foreign Country)		
	7-24-6750 LITY NAME (If not institution, give s	1 M 2 F 7	8 YRS.		R LOCATION OF DE	Aug ]	12,1912	Maryland Y OF DEATH		
	6108 Dry Leaf Path Columbi					oia Howard				
10e. STAT	10e. STATE 10b. COUNTY 10c. CI				ION			10d. INSIDE CITY		
Mar	ryland Ho	ward	Co	Columbia				1 TES 2 NO		
I 10e. STR	EET AND NUMBER			101	ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?		
61	.08 Dry Leaf	Path			21044		U.S	. A.		
	11. MARITAL STATUS  1 ☐ Never Married 2 ☐ Merried  2 ☐ Merried  2 ☐ Merried  3 ☐ Merried 2 ☐ Merried  3 ☐ Merried  4 ☐ Divorced  12. WAS OCCEDENT EVER IN U.S FORCES? 1 ☐ YES 2 IF YES, GIVE WAR OR DATES			If yes, spe	ENDENT OF HISPAN petty Cuben, Mexicer 2 NO Specify	n, Puerto Rica	in, etc.)			
<u> </u>	15. DECEDENT'S EDU (Specify only highest grade	JCATION completed)	16e. DECEDENT'S USU (Give kind of work life. Do NOT use re	JAL OCCUPATIO	N st of working	16b. KI	ND OF BUSINESS/INDUS			
Eleme WOO 17. FATHE	entary/Secondary (0-12)	College (1-4 or 5+)					None			
₹ —	7th Grade		Domest:	ic			None			
O 17. FATHE	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NAI	ME (First, Midd	fle, Malden Surname)			
~	Frank Tyle	r	405 MAH BIO 40	DDF00 (December 1)		ertru	Olty or Town, State, Zip O	Cook		
0	(	Daughter)			Leaf Pa			, Md 21044		
	Betty King	201				DATE		<del></del>		
1 🗆 Bur	20e. METHOD OF DISPOSITION  1 Duriel 2 Cremetion 3 Removal from State 4 Donation 6 Other (Specify)									
21. SIGN	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  SNOWDEN FUNERAL HOME P.A. 20850 246 N. Washington St. Rockwille Me									
Z Sequer If any, cause.	shock, pr heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or as a consequence on:  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING  Interval Between Onset and Death  DUE TO (or as a consequence on:  DUE TO (or as a conse									
that in	CAUSE (Disease or injury that initiated events resulting in death) LAST									
	ii. Other significant conditio	ns contributing to death b	out not reaulting in t	he underlyin	g cause given in		PERFORMED?	24b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO		
ÿ								<u> </u>		
O EXA	CASE REFERRED TO MEDICAL	HOSPITAL:		THER:	ACE OF DEATH (Ch					
× 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YES 2 NO	1   Inpetient 2   ER/Out			e 5 Residence			IRED		
	27. MANNER OF DEATH  28e. DATE OF INJURY  1 Natural 6 Pending Investigation  1 Vectors									
	2 Accident Investigation 3 Suicide 6 Could not be determined  28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Street end Number or Rural Route Number, City or Town, State)									
254 CEF (Che one)	ock only CERTIFYING PHY	SICIAN: To the best of my know								
8 11			attor investigation,	in my opinion, c			na piece, and aue to the	cause(s) and manner as stated.		
H V	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
	ANA H	HO COMPLETED CAUSE OF DE	(ITEM 27) (Type, Pr	ATO	Aus	. 7	BANT. H	12. 2122		
31. DATE	FILED (MAR 0 4 '91	32. REGISTHAR'S SIGN		A	. 100		J	0103		



examiner must be notified at once.  TO BE COMP	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detacheral.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filled within 72 hours after death with the State Dept. of Health and Mental Hydlene prior to burtal, cremation, or removal.
or death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- frouts after death. Page 6 may be retained by the hosp

1, OECEOENT'S NAME (First, Middle, &	ast)			2 DATE	OF OEATH	3. TIME OF OEATH
Helwe	wh	ite		HONTH Fe	6 26.19	91 7P
4. SOCIAL SECURITY NUMBER 577 38 4739	5. SEX 8. AGE		F UNDER 1 YEAR SF UNDER 24 HOURS M	Month,	DE BIRTH / , Day, Year) 5 / 2 5	8. BIRTHPLACE (State or Foreign Country) Syria
se. FACILITY NAME (If not institution,	morial Hos	pital	River L	OF OEATH	9c. COU	INTY OF DEATH
RESIDENCE OF DECEDENT 10a. STATE 10b. CO Maryland Mo:		10c. CITY, 1	TOWN OR LOCATION LVER Spring			10d. INSIDE CITY LIMITS?  1 YES 2 NO
100. STREET AND NUMBER 821 Heron Dri	ve		101. ZIP CODE	ITIZEN OF WHAT COUNTRY?		
11. MARITAL STATUS  1 Never Married 2 🛣 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2X NO	13. WAS DECENDENT OF H If yee, specify Cuben, M 1 YES 2 NO	exican, Puerto R		14. RACE — American Indian, Black, While, etc. Specify: White
15. DECEDENT'S (Specify only highest Elemegtery/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Las	EDUCATION grade completed)  College (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i Housew)	SUAL OCCUPATION  k done during most of working relied.)	18b.	KIND OF BUSINESS/IN	DUSTRY
17. FATHER'S NAME (First, Middle, Las			18. MOTHER		liddie, Malden Surname)	
19a. INFORMANT'S NAME (Type/Print)		if Nassif	DDRESS (Street and Number or I	obtaina		- 0-41
Gabriel White			1 Heron Drive			
20a, METHOD OF DISPOSITION  1 Burlel 2 Cremetion 3   4 Donation 5 Other (Specify)	Removal from State	other place)	ION (Name of comotory, cromator			City or Town, State
21. SIGNATURE OF FUNERAL SERVICE	E West	A was	shington Ceme 22. NAME AND ADDRESS O Hines/Rina			mp.Ave.S.S.Md.
IMMEDIATE CAUSE (Final disease or condition						
resulting in death)	DUE TO (OR AS.  Chron	a consequence of:	out failm	i Iwa		Onset and De
	DUE TO (OR AS	A CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:		ilwu e		Officer and De
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are supplied to the condition of	c. DUE TO (OR AS .	A CONSEQUENCE OF):	ion	_	24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDIN
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the condition of the condition of the cause of the caus	d.  DUE TO (OR AS.  DUE TO (OR AS.  DUE TO (OR AS.  DUE TO (OR AS.  DUE TO (OR AS.  DUE TO (OR AS.	A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in	ion	n in Part I.	24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the condition	DUE TO (OR AS.  DUE TO (OR AS.  DUE TO (OR AS.  d.  Sittions contributing to death I	A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in	28. PLACE OF DEAT  THER: Nursing Home 8 Resid  OF 28c. INJURY AT WORK?	H (Check only on page 6 Dither	24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the condition	DUE TO (OR AS.  DUE TO (OR AS.  DUE TO (OR AS.  DUE TO (OR AS.)  d.  DUE TO (OR AS.)  d.  DUE TO (OR AS.)  d.  DUE TO (OR AS.)  d.  DUE TO (OR AS.)  d.  DUE TO (OR AS.)  d.  DUE TO (OR AS.)  d.  DUE TO (OR AS.)  d.  DUE TO (OR AS.)  DUE TO (OR AS.)  d.  DUE TO (OR AS.)	A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in  patient 3 DOA 4  28b. TIME INJUIN	the underlying cause give  28. PLACE OF DEAT  OF LOW LOW LOW LOW LOW LOW LOW LOW LOW LOW	H (Check only on once 6 Other	24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO e) r (Specify) CRIBE HOW INJURY OF	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the condition of the condition	DUE TO (OR AS.  DUE TO (OR AS.	A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in  patient 3 DOA 4  28b. TIME INJUF  Y — At home, farm, sta	28. PLACE OF DEAT  THER: Nursing Home 8 Resid  OF 28c. INJURY AT WORK?  M   YES 2   N  set, factory, office	H (Check only on ence 6 Other 28d. DES	24e. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  o)  r (Specify)  ACRIBE HOW INJURY OF Town, State)	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PART II. Other significant concerning in yes 25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2- NO  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2- NO  27. MANNER OF OEATH  1 Natural 8 Pending investigate in yes of the province of the	DUE TO (OR AS.  DUE TO (OR AS.  DUE TO (OR AS.  DUE TO (OR AS.)  d.  DUE TO (OR AS.)  d.  DUE TO (OR AS.)  d.  DUE TO (OR AS.)  DUE TO (OR AS.	A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in  patient 3 DOA 4  28b. TIME INJUF  Y — At home, farm, sta	28. PLACE OF DEAT  THER: Nursing Home 8 Resid  OF 28c. INJURY AT WORK?  M   YES 2   N  set, factory, office	H (Check only on once 6 Other 28d. DES 0	24e. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  e)  r (Specify)  CRIBE HOW INJURY OF Rown, State)  ree(s) and manner as at and place, and due to	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  CCURED  or or Rural Route Number,
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the condition of the condition	DUE TO (OR AS.  DUE TO (OR AS.	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in  petient 3 □ DOA 4  28b. TIME INJURY  Y — At home, farm, structly on and/or investigation,	28. PLACE OF DEAT  28. PLACE OF DEAT  THER:	H (Check only on once 6 Other 28d. DES 0	24e. WAS AN AUTOPSY PERFORMED?  1  YES 2 NO  1  YES 2 NO  1  Specify)  1  CRIBE HOW INJURY OF Rown, State)  1  State and Number Rown, State and Place, and due to 1 2ed. DA	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  CCURED  or or Rural Route Number,  sted.  the cause(e) and manner as stated.



1. OECEDENT'S NAME (First, Middle, Last)

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(4			Ì
1	3	9	Ą
			emit

BALTIMORE, MARYLAND 21203-3146

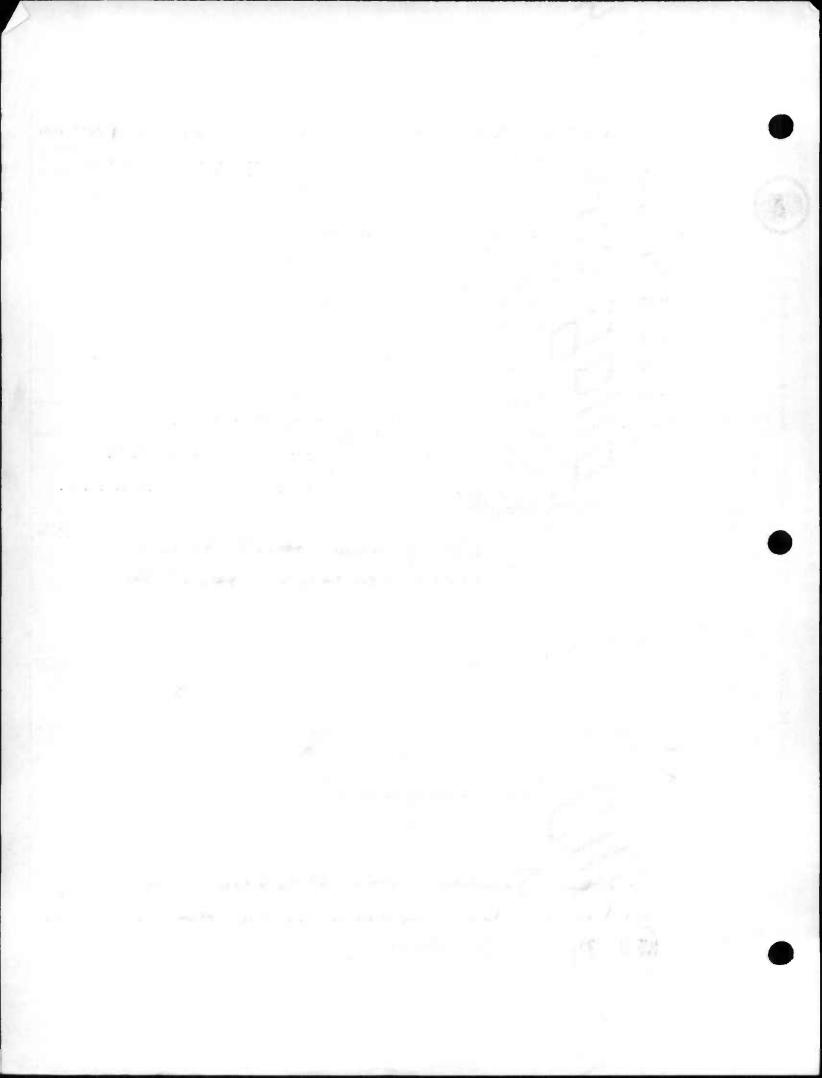
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2+ fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1. OECEDENT'S NAME (First, A	Hiddle, Last)	= 0.		مديا	2	TAR	٠. ۵	2. DATE OF DEAT	DAY -	QYEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBE			GE (In yra. last		F UNDER 1 YE		DEN 24 HRS.	7. DATE OF BIRT	Н	8, BIRT	HPLACE (State or Foreign
212 03 6918		1 - M 2 AF 89			ONTHS DA	NYS HOUR	B MIN.	(Month, Day, Ye 11/30/	01	Coun	m) rginia
99. FACILITY NAME (If not inst 1316 Fenwice	itution, give stre					www.or.coc			9c. CO	UNTY OF	
RESIDENCE OF DECE											
Maryland	MC	ontgomery			ver S	Spring	3				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
1316 Fenwi	.ck Lar	ie				101. ZIP CI	901		10g. CI	USA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 No Nover Married 2 Nover Married 2 Nover Married		12. WAS DECEDENT EVE FORCES? 1 YOU IF YES, GIVE WAR OF	R IN U.S. ARI ES 2 M R DATES	MEO IO	If ye		iban, Mexic	NIC ORIGIN? (Speci an, Puerto Rican, et ly:		Bias	E — American Indian, ek, White, etc. city: White
	DENT'S EDUCA		16a. OE	CEDENT'S U	SUAL OCCU	PATION	dia	16b. KINO O	F BUSINESS/II	DUSTRY	
Elementary/Secondary (0-1 1/12		College (1-4 or 5+)	- life.	Clerk		ng most of wo	rany	C &	P Tele	phon	e Co.
17. FATHER'S NAME (First, Mid James Andr		atman				18. M		AME (First, Middle, M e Bruce	alden Surname)		
190. INFORMANT'S NAME (Type Helena S. Ye			198	6213				Riverdal		Cip Code)	
20a METHOO OF OISPOSITIO	N 3   Remov	ral from State	20b. PLACE other ple FO1	of Disposit	non (Name	of cometery, of	rematory or cery		e LOCATION - Brentw		
21. SIGNATURE OF PINERAL	SERVICE LICE	Salis	D			es/Ri			ew Ham	p.Av	e.S.S.Md.
Sequentially list condition if eny, leading to immedicause. Enter UNDERLYIN CAUSE, (Disease or Injury that initiated events	ete IG	DUE TO (OR A	AS A CONSEC	DUENCE OF):		zlev	ote	c H	art	De	. 0200
PART II. Other significen	d.	contributing to deet	h but not r	esulting in	the unde	riving caus	e alven ir	Part I 240 W	AS AN AUTOPS	v 24	b. WERE AUTOPSY FINDING
								PI	ERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?						26. PLACE O	F DEATH (C	heck only one)			
VES 2 NO		HOSPITAL: 1   Inpatient   2   ER/C	Outpatient 3		OTHER:  Nursing	Home 5	Residence	6 Other (Specif	y)		
27. MANNER OF DEATH	ending restigation	28s. DATE OF INJUI (Month, Day, Yes	RY er)	26b. TIME INJU	RY	G. INJURY AT WORK?		28d. OE\$CRIBE I	HOW INJURY O	CCURED	
3 Suicide 6 C	ould not be stermined	28e. PLACE OF INJI building, etc. (3		eme, farm, st	reet, factory,	, office		281. LOCATION (S City or Town,		er or Rura	Route Number,
10		IAN: To the best of my ki									(e) and manner as stated.
29b. SIGNATURE AND TITLE		Tand	Que	U	an		LICENSE NU		29d. D.	ATE SIGNE	10 (Month, Day, Year) 27-91
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUSE OF	DEATH (ITE		-	10)	50-	1505	ALE		78.00
31. DATE FILED (Month, Day, MAR O 1	91	32. REGISTRAR'S S Julia Javi		S-	218	101	Sco	usin t	Ave	7	Seedta



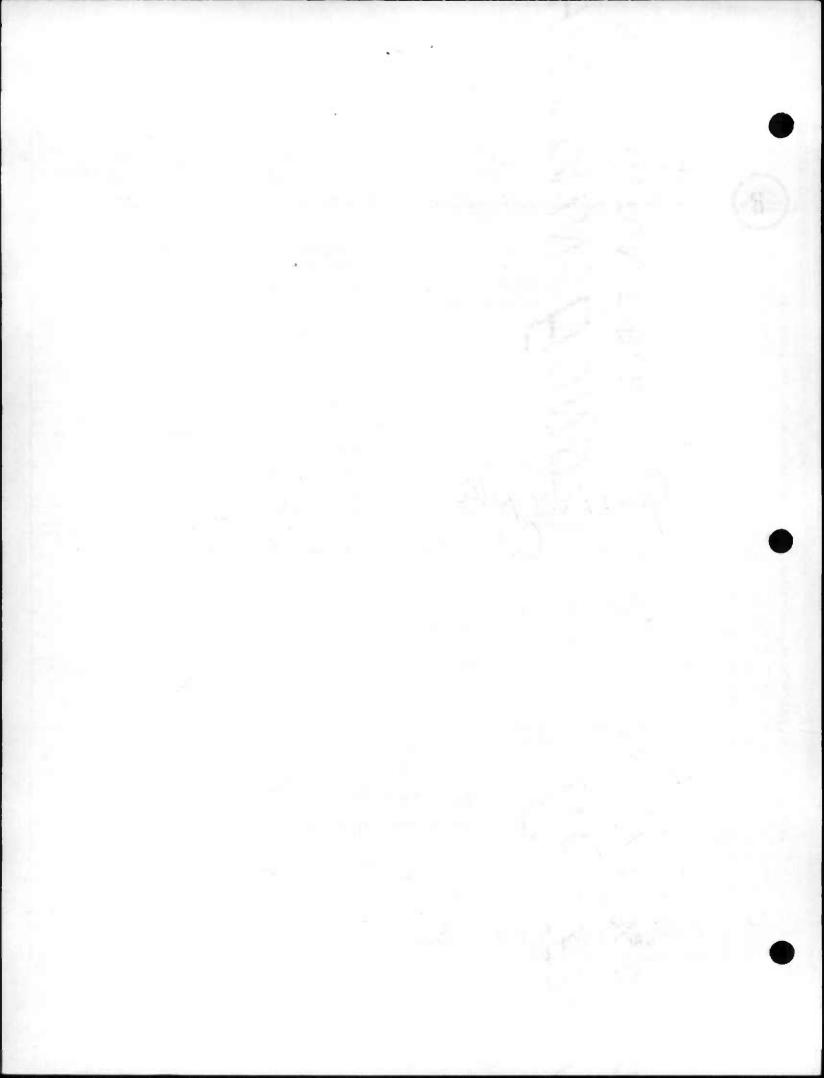
Ε	9	0	7	8	

	1 - STATE REGISTRAR		CI	ERTIF	ICATE OI	DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH			3. TIME OF DEATH
	Naoma	R.	Win	ters			Feb. 28	AY	YEAR	8:10 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. las		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	, i	1 /	PLACE (State or Foreign
	579-10-0478	1 □ M 2 🕅 F		YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	-07-	Country	
			75	Trio.			NOV.14,			ASH. D.C.
~	9a. FACILITY NAME (If not institution, give a					OR LOCATION OF D	EATH	9c. COUN	ITY OF DE	ATH
Ö	Circle Manor Nu	rsing Hom	le		Kens:	ington		Mon	rtgom	ery
DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT								10d, INSIDE CITY	
E				100. 011				LIMI		
		IGOMERY			KENSI					1X YES 2 NO
¥	10e. STREET AND NUMBER				1	Of. ZIP CODE		10g. CITIZ	ZEN OF W	HAT COUNTRY?
<b>E</b>	10231 CAR	•			20895		l t	J.S.	A.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	VER IN U.S. ARMED 13. WAS OECENDENT OF HISPANI YES 2. NO ff yes, specify Cuben, Mexican			NIC ORIGIN? (Specify Ya	a or No—		- American Indian, White, etc.
	1 Never Married 2 Married	IF YES, GIVE W			1 🗆 YI	S 2 NO Speci	y:		Specif	,
ВУ	3- Widowed 4 □ Divorced									WHITE
	15. DECEDENT'S EDU (Specify only highest grade		16a. DE	CEDENT'S	USUAL OCCUPAT	TION	16b. KIND OF BU	SINESS/IND	USTRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5	Ha	Do NOT u	se retired.)					
립	10		I	EMPL	OYEE		DR	Y CI	LEAN	ERS
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	ME (First, Middle, Maiden	Surname)		
	RUFUS M	SHE	חר			AN	NA	PET	ΓV	
B	19e. INFORMANT'S NAME (Type/Print)	0.11		b. MAILING	ADDRESS (Street		Route Number, City or Tox			20876
5	LINDA M. (	CARTER								ANTOWN, MD
	20a. METHOD QF DISPOSITION	ARIER	001 101 405			carnetery, crematory or		CATION —		
	1 🗆 Buriel 242 Cremetion 3 🗆 Ren	oval from State	other p	lace)						
	4 Donation 5 Other (Specify)	and the same	-   CHAN	BER.	S CRE	MATORY_	3/1/91 1	RIVE	RDAL	E. MD
	21. SIGNATURE OF FUNERAL SERVICE LI	enger /	1		22. NAME	ANO AOORESS OF F	S:	LLVE	R SP	RING, MD.
	De 21/2// (1)	anle	MC	0009	1 W. W	. CHAMB	ERS CO.	INC.		20910
	23. PART I. Enter tha diseeses, or	complications the	t coused the de	eath. Do					eat.	Approximate
	shock, or heert fellure.	List only one cau	ise on each line	n.				,		Intarval Between
	IMMEDIATE CAUSE (Final disease or condition		CORONAF	XY /	ARTERY	DISEAS				Onset mark oth
	resulting in death)		onary		RTERL	1 115	ease			years
		DUE TO	(OR AS A CONSE	OUENCE O	F): /					1
N	Sequentially list conditions, Cur 70 (OB AS A CONSEQUENCE OF									
Ĕ	If any, leading to immediate	OUE 10	(OR AS A CONSE	A CONSEQUENCE OF):						ì
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	C.								
E	that initiated events resulting in death) LAST	006 10	(OR AS A CONSE	OUENCE (	r):					i
CERTIFICATION		d								<u> </u>
	PART II. Other significant condition	na contributing to	daath but not	reaulting	In the underly	ing ceuse given is	Part I. 24s. WAS AI	N AUTOPSY	24b.	WERE AUTOPSY FINDINGS
DICAL	THYPERTENS	ON					PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ā	Hyperlens						1 YES	2 NO		OF DEATH?
Ž	ALZHEIMER'S	Piseas	e							1 YES 2 NO
ä		DIDENC	, Li							
CF	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				PLACE OF DEATH (C				
_	1 TYES 2 NO	1 Inpatient 2	ER/Outpetient	3 🗆 DOA	4 ZX Nursing H	ome 5 🗆 Rasidence	8 Other (Specify)			
S		28a. DATE OF		28b. TIN	ME OF 28c.	NJURY AT WORK?	28d. DESCRIBE HOW	INJURY OC	CURED	
HYS	27. MANNER OF DEATH					YES 2 NO	l .			
Y PHYSICIAN: ME	Natural 5 Pending	(Month, E					1			
BY	Natural 5 Pending 2 Accident investigation	(Month, E	F INJURY — At h	ome, farm,		10000 10 0000	28t. LOCATION (Street		or Rural A	oute Number,
BY	Netural 5 Pending investigation	(Month, E	OF INJURY — At he etc. (Specify)	ome, farm,		10000 10 0000	281. LOCATION (Street City or Town, State		or Rural R	oute Number,
BY	T Netural 5 Pending 2 Accident investigation 3 Suicide 8 Could not be determined	28e. PLACE (building,	etc. (Specify)		street, factory, of	fice	City or Town, State	9)		oute Number,
BY	Thetural  2 Accident  3 Suicide 4 Homicide  29e. CERTIFIER (Check only)	28e. PLACE (building,	etc. (Specify)	eath occur	street, factory, of	fice ste and place, and do	City or Town, State	enner as atal	ted.	
BY	Thetural  2 Accident  3 Suicide 4 Homicide  29e. CERTIFIER (Check only)	28e. PLACE (building,	etc. (Specify)	eath occur	street, factory, of	fice ste and place, and do	City or Town, State	enner as atal	ted.	
COMPLETED BY	Thetural  2 Accident  3 Suicide 4 Homicide  29e. CERTIFIER (Check only)	28e. PLACE Coulding.	etc. (Specify)	eath occur	street, factory, of	fice ste and place, and do	City or Town, State to the cause(s) and me time, data and place, a	enner as atal	ted. ne cause(a	
BE COMPLETED BY	5 Pending investigation 3 Suicide   S Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	28e. PLACE Coulding.	etc. (Specify)	eath occur	street, factory, of	fice ste and place, and do , death occured at th	City or Town, State to the cause(s) and me time, data and place, a	enner as atal	ted. ne cause(a	and menner as stated.
COMPLETED BY	5 Pending investigation 3 Suicide   S Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	(Month, I	etc. (Specify)  I my knowledge, d  examination and/or	eath occur investigati	street, factory, of	fice ste and place, and do , death occured at th	City or Town, State to the cause(s) and me time, data and place, a	enner as atal	ted. ne cause(a	and menner as stated.
BE COMPLETED BY	Thetural 2 Accident 3 Suicide 4 Homicide  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN  29b. SIGNATURE AND DIRES OF CERTIFIE  30. NAME AND ADDRESS OF PERSON W	28e. PLACE (building, or other basis of a series)  ER: On the basis of a serie	etc. (Specify)  I my knowledge, d  examination and/or	eath occur investigati	street, factory, of red at the time, d on, in my opinion s, Print)	ate and place, and do, death occured at the 29c. LICENSE NI	e to the cause(e) and me e time, data and place, a	enner as stati	ted. ne cause(a E SIGNED	and menner as stated. (Moylith, Day, Year)
BE COMPLETED BY	T Natural 2 Accident 3 Suicide 4 Homicide  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN  29b. SIGNATURE AND DRESOF CERTIFIE	(Month, I	etc. (Specify)  I my knowledge, d  examination and/or	eath occur investigati	street, fectory, of red at the time, of on, in my opinion a, Print) 4115 C	ate and place, and do, death occured at the 29c. LICENSE NI	City or Town, State to the cause(s) and me time, data and place, a	enner as stati	ted. ne cause(a E SIGNED	and menner as stated. (Moylith, Day, Year)

BALTIMORE, MARYLAND 21203-3146

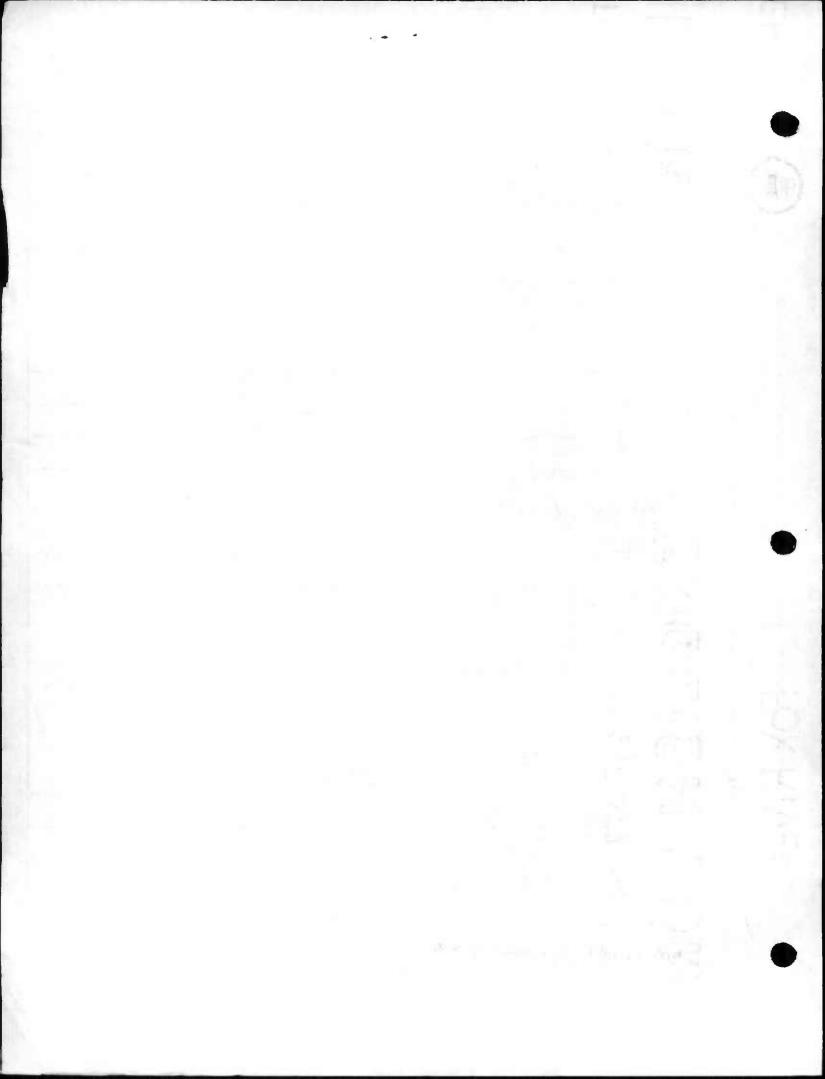
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deam centificate within 24-nours after death. Yage 5 may be retained by the hospital or attending physician.  THE HOSPITAL OR ATTENDING A Set as been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Place, A filled within 25 hours after death with the State Dept. of Health and Memial Hygiene prior to burial, cremation, or removal.  FORTIANT: It item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146
* * * ******	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
	hin 72 hours after death with the State Dept. of Health and Mental Hyghene prior to burial, cremation, or removal.

	1. DECEDENT'S NAME (First, AMANDA	Middle, Last)	Hart				WE	AVER		Month March	DAY	199	YEAR	6:45A	W
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. les	11111	IF UNDER	R 1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF E (Month, De	HRTH y, Year)			HPLACE (State or Forei	gn
	213-22-3846 9a. FACILITY NAME (# not in		1 M XXF	84	YRS.	9h CITY	TOWN (	OR LOCATIO	ON OF DE	08-1	8-190		NTY OF		_
2	Memorial Ho	spital		al Cente	er			land					Lega		
FUNERAL DIRECTOR	10a. STATE MD	Allega			10c. CITY, TOWN OR LOCATION  Cumberland,							10d. INSIDE CITY LIMITS?  XIX YES 2 \( \square\) ND			
2	100. STREET AND NUMBER 446 Pennsy		101. ZIP CODE 21502 '							10g. CIT		WHAT COUNTRY?			
5	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo	TEVER IN U.S. AR Service 1 (1)  AR OR DATES	YES 2 XXO				13. WAS DECENDENT OF NISPANIC ORIGIN? (Specifi If yes, specify Cuben, Maxican, Puerto Rican, ste 1 YES XXNO Specify:					E — American Indian, ck, White, etc. chy: white			
COMPLEIED	15. DEC (Specify only Elementary/Secondary (to 12	(G.	16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of with the Do NOT use retired.)  housewife				g		or aus		DUSTRY				
3	17. FATHER'S NAME (First, M. James E. I									ME (First, Middle Belle		,	2		
O DE	19a. INFORMANT'S NAME (1		R. Sewell					and Number	or Rural I	Route Number, C	Olty or Town	, State, Zi	p Code)	21502	
	20a, METHOD OF DISPOSIT		oval from State	20b. PLACE	OF DISPO	SITION (N	ame of ce		natory or		20c. LOC		City or 1	Town, Stata	
	21. SIGNATURE OF FUNERA	16	22. NAME AND ADDRESS OF FACILITY Scarpelli Funeral Home Cumberland, MD 21502												
MEDICAL CERTIFICATION	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- thet initiated events resulting in death) LAS	diata ING Iry	b	(OR AS A CONSEC (OR AS A CONSEC	DUENCE O	F):									
	PART II. Other significa	ent condition	ne contributing to	death but not i	resulting	In the u	ndertyln	g cause (	given in	215	PERFOR	MEDT	24	b. WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?  1 YES 2 NO	USE
	25. WAS CASE REFERRED T	O MEDICAL					26. P	LACE OF D	EATH (Ch	eck only one)			$\perp$		
3	EXAMINER?		HOSPITAL:	ER/Outpetient 3	□ DOA	OTHE 4 - Nu		ne 5 🗆 Re	esidence	8 Other (Sp	pecify)				
	12	Pending Investigation	28a. DATE OF (Month, D		28b. TIN	ME OF JURY M	W	JURY AT ORK? YES 2	] NO	28d. DEŞCRI	BE NOW IP	NJURY O	CURED		
	Y Accident 3 Suicide 8 4 Homicide	Could not be determined	28e. PLACE O building,	F INJURY — At he etc. (Specify)	ome, ferm,	atreet, fac	ctory, offi	DB			ON (Street a own, State)	and Numbe	or Or Rural	Route Number,	Ī
COMPLE	Yant X	/	ICIAN: To the best of ER: On the basis of as											(a) end manner as sta	ted.
O DE C	296 SIGNATURE AND TITLE	OF CERTIFIE	R		y	V	5	Pac ric	ENSE NUI	MOER		29d. DA	Z (	D (Month, Day, Year)	
	on. NAME AND ADDRESS O	is_		Memoria	al Ho		tal	Medic	al I	Buildi	ng, (	Cumb	erla	nd, MD 2	15
	31. DATE FILED (Mopel), Ogy.	6 1991	12 REGISTRA												



	REGISTRAR		CE	RTIFIC	ATE OF	DEATH	F	EG. NO.		
1	1. DECEDENT'S NAME (First, Middle, Last)	ROBERT	W.		ILLISO		2. DATE OF		91 YEAR	3. TIME OF DEATH 6:00 p
	4. SOCIAL SECURITY NUMBER 214-32-3728		. AGE (In yrs. lest	77	UNDER 1 YEAR WITHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I	BIRTH		PLACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give  Memorial Hos  RESIDENCE OF DECEDENT			96		mberland	ATH	9c. C	Alleg	
DIRECTOR	10e. STATE 10b. COUNT  FL Dade	Υ		10c. CITY, TO	OWN OR LOCAT	TION				10d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 1030 NE 80th Sti	reet			3.	3138			SA	VHAT COUNTRY?
BY	11. MARITAL STATUS  Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1	YES 2XXN		If yes, sp	ENDENT OF HISPAN ecify Cuban, Maxican XX NO Specify.	, Puerto Rica		Specia	— American Indian, c, White, etc. hy: nite
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondery (0-12)		(Gi	ve kind of work Do NOT use re	JAL OCCUPATION done during motional.)	DN ist of working		ID OF BUSINESS/		
OMP	12 17. FATHER'S NAME (First, Middle, Last)		as	st. ma	anager	18. MOTHER'S NAI		ig Thre		ıstries
BE C	Marshall Willis	on				Lillia				
2	Mr. & Mrs. Mars	nall Willi				and Number or Rural R Avenue Cu				
	Mr. & Mrs. Marshall Willison 912 Piedmont Avenue Cumberland, MD 2  20a. METHOD OF DISPOSITION  A Donation 3 Removal from State  4 Donation 5 Other (Specify)  Date 20c. Location - Cumberla  Philiticlest Burial Park 3/7 Cumberla									wn, State
	21. SIGNATURE OF FUNERAL SERVICE L	7 XCa	pell	1	Scarr Cumbe	pelli Fun erland, M	eral I D 2150	Hame 12		
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	R AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION	PUENCE OF):	- Fuu unod	gal + p	rcy	donor	Now.	onset and D ) Well w Sye
MEDICAL (	PART II. Other significant condition	na contributing to de	eath but not n	esuiting in t	ha underlyin	g cause given in		e. WAS AN AUTOP: PERFORMED?		WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES PLACE OF DEATH (Check only one)  26. PLACE OF DEATH (Check only one)  7 HOSPITAL:  1 VES PLACE OF DEATH (Check only one)  4 Nursing Home 5 Residence 6 Other (Specify)									
BY PH	27. MANNER OF DEATH  27. Matural 5 Pending Investigation	28a. DATE OF IN (Month, Day,	Year)	28b. TIME O	M 1	JURY AT DRK? YES 2 NO	28d. DESCR	BE HOW INJURY	OCCURED	
	3 Suicide 8 Could not be datermined	28e. PLACE OF building, et	INJURY — At ho c. (Specify)	me, farm, stre	et, factory, offic		281. LOCATION OF T	ON (Street and Nun own, State)	nber or Rural f	Route Number,
COMPLETED	one)	SICIAN: To the best of m								a) and manner so state
TO BE C	296. SIGNATURE AND TITLE OF CERTIFI	Clim				29c. LICENSE NUN D 2540		29d. 1	3-4	(Month, Day, Year)
_	30. NAME AND ADDRESS OF PERSON W Dr. William La					land, MD	2150	2		
	MAR 0 7 1991	32 REGISTRAR	SIGNATURE							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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funeral director, page 5 should be detached

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	The	9	te	E
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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 4- nours after de	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to bunal, cremation, or removal.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical ex
-	F	F	ŏ	=

91 07186 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH MONTH 2-25-0450 Elizabeth Watson 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign DAYS HOURS 83 214-22-4646 1 M 2 T F YRS. 12-3-07 West Va. 9c. COUNTY OF DEATH Ba. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Washington Adventist Hospital Takoma Park P.G. RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. P.G. Upper Marlboro 1 YES XX NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 15211 Candy Hill Road 20772 USA 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 14. RACE — American Indian, Bleck, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-FORCES? 1 YES 2. If yes, specify Cuban, Mexican, Puerto Rica

1 YES NO Specify: 1 Never Merried 2 Married SpecWy: White BY 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) COMPLETED 16b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only highest grade complet Elementary/Secondary (0-12) College (1-4 or 5 +) P.G. Board of 12 Teacher 4 Education 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumame) Walter Somerville Nell Zinn BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Jerry L. Watson Same as 10a-10f. 20s. METHOD OF DISPOSITION

XX Buriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cametery, cramatory or 20c. LOCATION - City or Town, State State Veterans Cem. Cheltenham, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lee Funeral hOme, Inc. 6633 Old Alexander Ferry Road Clinton, Md. 20735 23. PAPT I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximete ahock, or heart fellure. List only one cause on each line. **Onset and Death IMMEDIATE CAUSE (Finel** disease or condition DUE TO (OR AS A CONSEQUENCE OF): 12H. resulting in death) CORONARY ARTERY DISEASE, LEFT MAIN CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): 2H. ACUTE CAUSE (Disease or injury that initiated events ATHEROSCIEROSIS resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY MEDICAL BY PASS GRAFTS, FUERGENTY 1 | YES 2 | NO t TYES 2 NO PHYSICIAN:

25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (Check only one)								
EXAMINER?  1 YES 2 NO	HOSPITAL: 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ D		OTHER: 4   Nursing Home 5   Residence 6   Other (Specify)						
27. MANNER OF DEATH  1 Netural 6 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be datarmined	28a. DATE OF INJURY (Month, Day, Year)	b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO						
	28e. PLACE OF INJURY — Al home, 1 building, etc. (Specify)	form, street, fact	261. LOCATION (Street and Number or Flural Floute Number, City or Yown, State)						

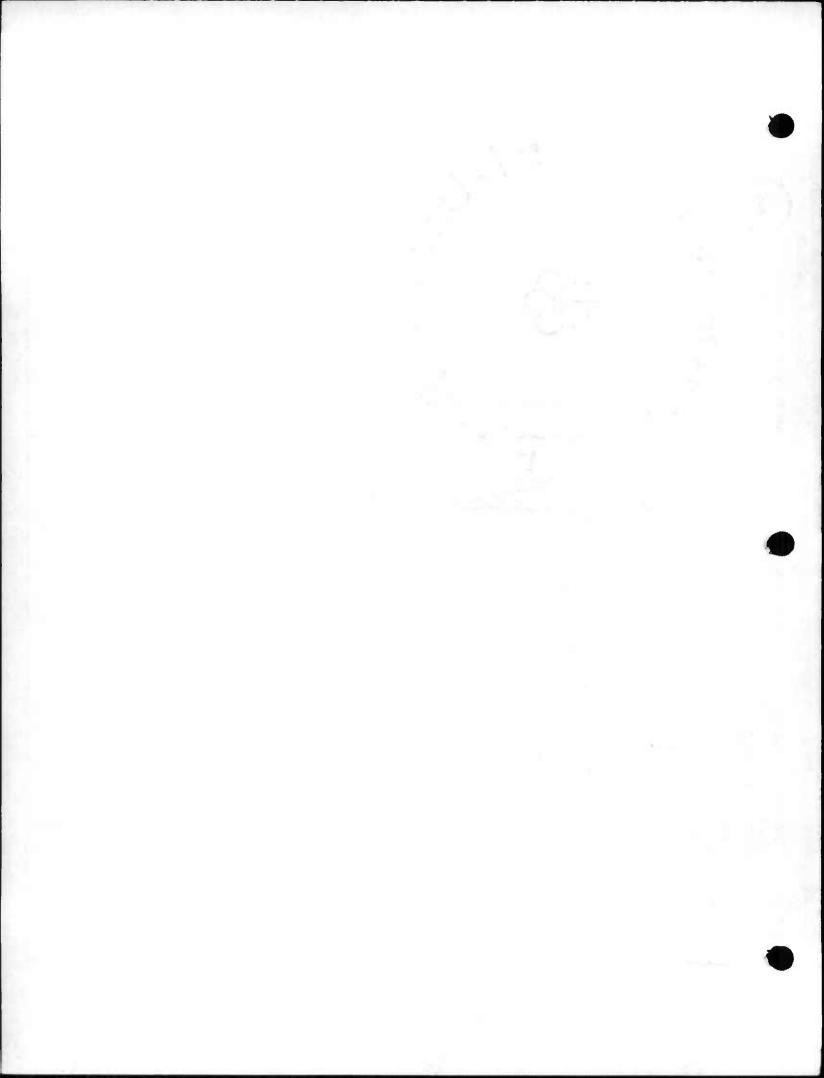
(Check only	1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.
one)	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(a) and me

296. SIGNATURE AND VITLE OF CENTIDER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1706 NEW HAMPSHILE AUE. N.W. LOASH.DC. 20009 LUIS A. MISPIRETA MD

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE FEB 28 '91 Lulia Davidson-Randolla



BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages is filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO		
		RIAM WEA	VER			2. DATE OF DEATH MONTH March 3,	1991 YEAR	3. TIME OF DEATH
	219-36-3739	□ M 2 X) F 94	M 2 K) F 94 YRS. MONTHS DAYS HOURS MIN.				1897 Per	HPLACE (State or Foreign hy) insylvania
POR	98. FACILITY NAME (if not institution, give street 119 North Potomac				S town	EATN	Washir	
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY  Maryland Wash	ington		town on Locat				10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	100. STREET AND NUMBER 119 North Potom				10f. ZIP CODE 21740			WHAT COUNTRY?
ВУ	1t. MARITAL STATUS  1 XX Never Merried 2 Merried  3 Widowed 4 Divorced	WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	K NO	If yes, sp		IIC ORIGIN? (Specify Yes n, Puerto Rican, atc.)	or No— 14. RAC Blec Spec	E — American Indian, ik, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elamentary/Secondary (0-12)  12  15a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  School Teacher						School S	ystem
COM	17. FATHER'S NAME (First, Middle, Lest)  18. MOTNER'S NAME (First, Middle, Meiden Surname)							
John Lewis weaver Carrie Marshall A							inbaugn	
2	198. INFORMANT'S NAME (TyperPrint)  199b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  190b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)  190b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)  190b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
	20s. METHOD OF DISPOSITION 1 XBurial 2 Cremation 3 Removal 4 Donation 6 Other (Specify)	from State Othe	er place)		ry 3-6-		cation - City or T	own, State
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Andrew K. Coffman Funeral Home, In 40 E. Antietam St., Hagerstown, Md								
CERTIFICATION	shock, or heart fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A COM	Carlio NSEQUENCE OF MOTO E NSEQUENCE OF	):	farction any Ve	roel dir	ave	Interval Between Onset and Death Sminity
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.    Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part II.   Part II. Other significant conditions contributing to death but not resulting in the underlying cause given							
CIAP	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26. PI	ACE OF DEATH (C)	eck only one)		
YSI	1 WES 2 CNO 1	Inpatient 2 ER/Outpatier	t 3 DOA	4 Nursing Nom		6 Other (Specify)		
ВУ РН	27. MANNER OF DEATN  1 News 6 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	JRY WO	URY AT PRK? YES 2 NO	28d. DESCRIBE NOW	INJURY OCCURED	
	3 Sulcida 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY — A building, atc. (Specify)	At home, ferm, et	treet, factory, offic		261. LOCATION (Street City or Town, State)	and Number or Rural )	Route Number,
COMPLETED	anal —	N: To the best of my knowledge on the basis of examination and						(a) and manner as stated.
BE	20b. SIGNATURAL AND THE OF CENTIFIED	mel			DOY 3	MBER 3.59	29d. DATE SIGNE  ▶ 3/4	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO CO KUBERT Brull,		9 Pato	Print) -Mac f.	Tre, 14	agerslow	N, MD	21740
	31. DATE FILED (Morrith, Day, Year)  MAR 6 '91  Julia Jauridson-Randalle							

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BALTIMORE, MARYLAND 21203-3146

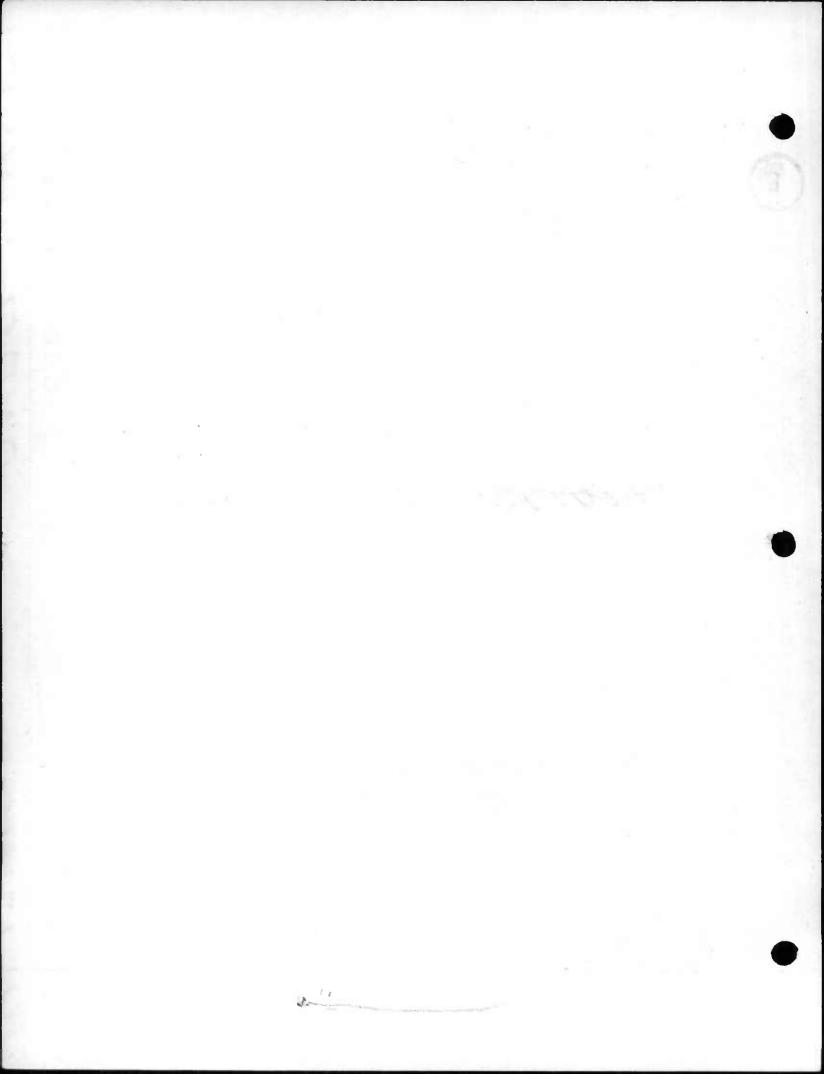
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 wours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

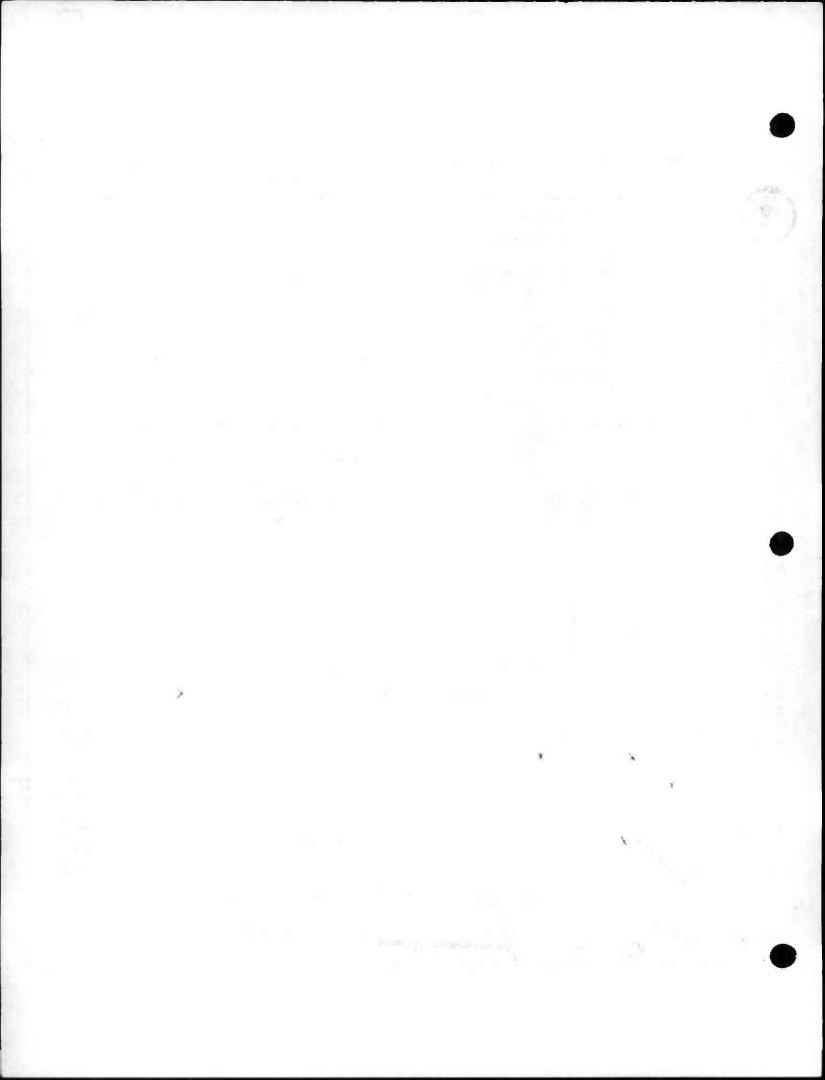
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

6. AGI	PR IN U.S. ARES 2 THE REST 2 THE	t birthday) YRS.  10c. CITY Hag  MED 4D  CEDENT'S 1 No kind of w Do NOT use emake  b. MAILING OUTE OUTE	#FUNDER : MONTHS 9b. CITY, Hage 7, TOWN OF CETST 13. W. If If If If If If If If If If If If If	TOWN OF TSTO	ZIP CODE  1740  ENDENT OF HISPA ecity Cuben, Mexic 2 SKMO Speci	T. DATE OF BIRTH (Month, Day, Year)  1. J. — G. — G. — G. — G. — G. — G. — G.	9c. COU WasI  10g. CIT U U USINESS/INI	S. A.  14. RACE Black, Specify	ATH OTI  10d. INSIDE CITY LIMITS? 1 YES 2\( \) NO  HAT COUNTRY?  — American Indian, White, etc.
6. AGI	GE (In yrs. less  GE IN U.S. AR  ES 2 AR  R DATES  16e. DE  (G. Home	t birthday) YRS.  10c. CITY Hag  MED 4D  CEDENT'S 1 No kind of w Do NOT use emake  b. MAILING OUTE OUTE	#FUNDER : MONTHS 9b. CITY, Hage 7, TOWN OF CETST 13. W. If If If If If If If If If If If If If	TOWN OF TSTO	HOURS MIN.  OR LOCATION OF DO  OWN  TION  ZIP CODE  1 7 4 0  ENDENT OF HISPA ecity Cuban, Mexic 2 [XNO Speci	7. DATE OF BIRTH (Month, Day, Year)  //	9c. COU WasI  10g. CIT U U USINESS/INI	BIRTHPE Country)  INTY OF DE hingt  IZEN OF WI  14. RACE Black, Specify	PLACE (State or Foreign  ATH  OTI  10d. INSIDE CITY LIMITS?  1 YES AND NO HAT COUNTRY?
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CE ENT EVER 1   YE'S WAR OR	PRINUS ARES 2 TAN DATES  16a. DE (G) Illia.  HOM:	MED HO NOT use emake	Hage Town or gerst  13. W Iff 1  USUAL OCCUPACIONE done de cretined.)	R LOCAT OWN 101 2 MAS DEC 1 yes, specify yes, specify yes, specify resolution of the following model of the follow	TION  TION  TION  TION  TON  TON  TON  T	INIC ORIGIN? (Specify Year, Puerto Rican, etc.)  18b. KIND OF BL	9c. COU WasI  10g. CIT U U USINESS/INI	IZEN OF WI S.A.  14. RACE Black, Specify	OTI  10d. INSIDE CITY LIMITS?  1 YES 2 NO HAT COUNTRY?  — American Indian, White, etc.
CCE ENT EVER 1  YE E WAR OR	PR IN U.S. ARES 2 THE REST 2 THE	Hag  MED  MED  MED  MO  MED  MO  MO  MO  MAILING  OUTE  OF DISPOSICE!	Hage Town or gerst  13. W Iff 1  USUAL OCCUPACIONE done de cretined.)	R LOCAT OWN 101 2 MAS DEC 1 yes, specify yes, specify yes, specify resolution of the following model of the follow	TION  TION  TION  TION  TON  TON  TON  T	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)  18b. KIND OF BL  AME (First, Middle, Maidel	Wasl  10g. CIT  U  USINESS/INI	IZEN OF WI S.A.  14. RACE Black, Specify	On  10d. INSIDE CITY LIMITS?  1 YES 2 NO HAT COUNTRY?  — American Indian, White, etc.
CCE ENT EVER 1  YE E WAR OR	PR IN U.S. ARES 2 THE REST 2 THE	Hag  MED  MED  MED  MO  MED  MO  MO  MO  MAILING  OUTE  OF DISPOSICE!	13. W. H. H. H. H. H. H. H. H. H. H. H. H. H.	AAS DEC 1 yes, specified yes, specif	I. ZIP CODE  1740  ENDENT OF HISPA eolify Cuban, Mexic 2 [3KMO Speci	an, Puerto Rican, etc.) fly:  16b. KIND OF BL  AME (First, Middle, Melder	10g. CIT	S . A .  14. RACE Black, Specify	10d. INSIDE CITY LIMITS? 1 YES NO HAT COUNTRY?  — American Indian, White, etc.
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ENT EVER 1 YES E WAR OR	P DATES  16a. DE (G)  16a. DE (G)  16a. DE (R)  19a. R)  20b. PLACE other pia	Hage  CEDENT'S to the kind of who had be make  b. Mailing .  OUTE  OF DISPOSITED	13. W If 1 USUAL OCCUPANT done do e retired.)	10/1 2 AAAS DEC f yee, apo	ENDENT OF HISPA celty Cuban, Maxic 2 KNO Special Cuban, Maxic 2 KNO Special Cuban, Maxic and Max	an, Puerto Rican, etc.) fly:  16b. KIND OF BL  AME (First, Middle, Melder	U De or No—	S.A.  14. RACE Black, Specify	LIMITS?  1 YES 2 NO  HAT COUNTRY?  — American Indian,  White, etc.
ENT EVER 1 YES E WAR OR	P DATES  16a. DE (G)  16a. DE (G)  16a. DE (R)  19a. R)  20b. PLACE other pia	MED  AD  CEDENT'S I  No kind of w  DO NOT use  emake  b. MAILING  Oute  Of DISPOSICE!	13. W. If 1 1 USUAL OCCUPANT done do e retired.)	AAS DEC f yee, spe U YES	1740 ENDENT OF HISPACE PORT OF	an, Puerto Rican, etc.) fly:  16b. KIND OF BL  AME (First, Middle, Melder	U De or No—	S.A.  14. RACE Black, Specify	— American Indian, White, etc.
ENT EVER 1 YES E WAR OR	P DATES  16a. DE (G)  16a. DE (G)  16a. DE (R)  19a. R)  20b. PLACE other pia	MED  AD  CEDENT'S I  No kind of w  DO NOT use  emake  b. MAILING  Oute  Of DISPOSICE!	13. W. If 1 1 USUAL OCCUPANT done do e retired.)	AAS DEC f yee, spe U YES	1740 ENDENT OF HISPACE PORT OF	an, Puerto Rican, etc.) fly:  16b. KIND OF BL  AME (First, Middle, Melder	U De or No—	S.A.  14. RACE Black, Specify	- American Indian, White, etc.
ENT EVER 1 YES E WAR OR	P DATES  16a. DE (G)  16a. DE (G)  16a. DE (R)  19a. R)  20b. PLACE other pia	CEDENT'S INTO MAILING SOLDED	USUAL OCTOR done do e retired.)	MAS DEC f yee, spe YES	ENDENT OF HISPA ecity Cuban, Mexic 2 NO Special No Spec	an, Puerto Rican, etc.) fly:  16b. KIND OF BL  AME (First, Middle, Melder	JSINESS/INI	14. RACE Black, Specify	White, etc.
ENT EVER 1 YES E WAR OR	P DATES  16a. DE (G)  16a. DE (G)  16a. DE (R)  19a. R)  20b. PLACE other pia	CEDENT'S INTO MAILING SOLDED	USUAL OCTOR done do e retired.)	MAS DEC f yee, spe YES	ENDENT OF HISPA ecity Cuban, Mexic 2 NO Special No Spec	an, Puerto Rican, etc.) fly:  16b. KIND OF BL  AME (First, Middle, Melder	JSINESS/INI	14. RACE Black, Specify	White, etc.
1 VE WAR OR	P DATES  16a. DE (G)  16a. DE (G)  16a. DE (R)  19a. R)  20b. PLACE other pia	CEDENT'S INTO MAILING SOLDED	USUAL OCTOR done do e retired.)	Yes, spe	ecity Cuban, Mexic 2 3(NO Speci	an, Puerto Rican, etc.) fly:  16b. KIND OF BL  AME (First, Middle, Melder	JSINESS/IN	Black, Specify	White, etc.
8+)	Home  16a. DE (G) iffe. Home	b. MAILING  OUTE  OF DISPOSE	usual occord done do retired.)	CCUPATIO	ON at of working	16b. KIND OF BL			White
	Homel Homel Homel Ro	b. MAILING  OUTE  OF DISPOSE	e retired.)  T  ADDRESS	during mo	at of working	AME (First, Middle, Melder		DUSTRY	WILLE
	Homel Homel Homel Ro	b. MAILING  OUTE  OF DISPOSE	e retired.)  T  ADDRESS	during mo	at of working	AME (First, Middle, Melder		DUSTRY	
	Home	emake  b. MAILING  oute  OF DISPOSE	ADDRESS		16. MOTHER'S N		n Surname)		
2	198 Ro 20b. PLACE other pla	b. MAILING	ADDRESS	(Street a			n Surname)		
2	Roother place	oute of DISPOSI		(Street a			n Sumame)		
2	Roother place	oute of DISPOSI		(Street a	Alice M	T11am			
2	Roother place	oute of DISPOSI		(Street a					
2	Roother place	oute of DISPOSI				Route Number, City or To	um Pine- w	in Cortal	
2	20b. PLACE	OF DISPOS	3 C						0.7.7.7
2	other pla	ece)				ike, Hager			
6	Dula	/	ITION (Nan	me of cen	netery, crematory or	20c. L	OCATION —	City or Tow	in, State
6		ney V	/alle	y M	em. Park	Co	ockey	svill	e, Md.
	Pa .		22. N	NAME AN	ND ADDRESS OF F	ACILITY			
2		1	/ M	IINN.	ICH FUNE	RAL HOME			
10	nx	ell	4	15	E. Wilso	n Blvd., Ha	gers	town,	Md.21740
TO (DR AS	AS A CONSE	DUENCE OF	):	MI	unani				Onset and De
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O (OR AS	AS A CONSE	DUENCE OF	7):						
O (OR AS	AS A CONSEC	DUENCE DF	):						
					g ceuse given i		N AUTOPSY PRMED?		WERE AUTOPSY FINDIN AMAILABLE PRIOR TO
mi	40	ene	ATT.	1		1 _ YES	2   NO		COMPLETION OF CAUSE OF DEATH?
									1 YES 2 NO
						_			
				00.51	400 OF 001011				
		T	OTHER		LACE OF DEATH (C	neck only one)			
	Dutpetient 3	□ DOA			na 5 🗆 Residence	8 Other (Specify)			
OF INJUR		28b. TIME	E OF URY	28c. INJ WO	JURY AT DRK?	28d. DEŞCRIBE HOW	INJURY OC	CURED	
			М		YES 2 NO				
OF INJU	URY At ho	ime, farm, s	treet, facto	ory, offic	:0	281. LOCATION (Street		or Rural Ro	oute Number,
ng, etc. (S)	арвсту)					City or Town, State	")		
				_					
	ation and/or	Investigation	n, in my op	pinion, d	leath occured at th	e time, data and place, a	and due to t	the cause(a)	and menner as stated
		-			29c LICENSE MI	MRFR	294 DA	TE SIGNED	(Month Day Year)
f axamina	M 7				D (40)	7		216	' (
f examinat		M 27) /Tma							
AUSE OF	DEATH (ITE		MI(		57 7	AKERSTOL	JN,	mo:	21748
AUSE OF	DEATH (ITE	33 h							
		of examination and/or	of examination and/or investigation	of examination and/or investigation, in my of the control of the c	of examination and/or investigation, in my opinion, of the control	of examination and/or investigation, in my opinion, death occured at the 29c. LICENSE NU.  D (\$0 ()  CAUSE OF DEATH (ITEM 27) (Type, Print)  Mi) 33 L M((() 57 ))	of examination and/or investigation, in my opinion, death occured at the time, data and place, a  29c. LICENSE NUMBER  D (8019  CAUSE OF DEATH (ITEM 27) (Type, Print)  Mi) 33 L M(LL ST MACELSTEA	of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the second of the time, data and place, and due to the time, data and place, and description of the time, data and place, and data and description of the time, data and data and place, and data and	CAUSE OF DEATH (ITEM 27) (Type, Print)



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Sage		2
rector,		must
Tuneral o	72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	It item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be no
Dy the	emoval.	dical e
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After	death	ш
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OIREC	hours	It item 28
A	2	22

* REGISTRAR		CERTIF	ICALE	OF DEA	I H	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last Frances		mer				2. DATE OF DEATH MONTH DA		YEAR 3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)	IF UNDER 1 Y			March 1,	1991	4:20 P.M	
214-09-2226	1 M 2 XF	87 YRS.		EAR IF UNDER	MIN.	(Month, Day, Year)	1904	Country) Maryland	
9s. FACILITY NAME (If not institution, gl	9a. FACILITY NAME (If not institution, give street and number)					ATH	9c. COUNT	Y OF DEATH	
Washington Cou	nty Hospital		Hag	erstow	n		Was	shington	
10a. STATE 10b. COU	NTY	10c. CIT	Y, TOWN OR	LOCATION				10d. INSIDE CITY	
	ashington	Ha	agerst				1 MITS?		
100. STREET AND NUMBER  331 South Po	tomac Street			10f. ZIP COD			10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
11. MARITAL STATUS	12. WAS DECEDENT EVI		1 42 148			C ORIGIN? (Specify Yes		4. RACE — American Indian,	
1 Never Married 2 Married  3 Widowed 4 Divorced	FORCES? 1 1 Y	ES 2 NO	If y		en, Maxican	, Puerto Rican, etc.)		Black, While, etc. Specify: White	
15. DECEDENT'S E (Specify only highest gr	DUCATION ade completed)	16a. OECEOENT'S	USUAL OCCI	UPATION ing most of worki	ing	16b. KIND OF BUS	SINESS/INDU	STRY	
Elementary/Secondary (0-12)	Elementary/Secondary (0-12) College (1-4 or 5 +)					Shoe Man	anufacturing		
17, FATHER'S NAME (First, Middle, Last)				18 MOT	HER'S NAM	AE (First, Middle, Maiden	Sumamel		
Franklin	D. Wak	enight			ora	S.	Kend1	Le	
19a. INFORMANT'S NAME (Type/Print) Elizabeth M. M	c Call					oute Number, City or Tow.			
20a, METHOD OF DISPOSITION		20b. PLACE ANO DAT	E OF OISPOS	ITION (Name				ity or Town, State	
1 Burial 2 Cremation 3 R 4 Donation 5 Other (Specify)		Rose Hill					gerst	own, Wash., Md.	
21. SIGNATURE OF FUNERAL SERVICE	el Braa	4	An		. Cof	fman Fune		ome, Inc. wn, Md. 21740	
Sequentisity list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR	AS A CONSEQUENCE OF	bert on	E No	sy	ples	end	,	
PART ii. Other algnificent condi	dtions contributing to dea	th but not resulting	in the unde	orlying ceuse	given in	Part i, 24a. WAS AN		24b. WERE AUTOPSY FINDING	
- De	rbette V	pellel	us I	<u> </u>		PERFOI		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL	HQSPITAL:		OTHER:	26. PLACE OF	DEATH (Che	eck only one)			
1 TES 2 NO		Outpetient 3 DOA		g Home 5 🗆 F	lasidenca	6 Other (Specify)			
27. MANNER OF DEATH  1 Netural 5 Pending	26a. DATE OF INJU (Month, Day, Y		ME OF 2	8c. INJURY AT WORK?		26d, DESCRIBE HOW	INJURY OCC	URED	
2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY — Al homa, farm, street, lactory, office 28f. LOCATION					26f. LOCATION (Street City or Town, State)		or Rural Route Number,		
29s. CERTIFIER (Check only 1	HYSICIAN: To the best of my							d.	
29b. SIGNATURE AND TITLE OF CERT			.,, .,						
290. SIGNATURE AND TITLE OF CERT	TI LINE	m	0.	29c. LIC	CENSE NUM	3 a	29d. DATE ▶ 3	SIGNEO (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON	WHO COMPLETEO CAUSE O	F DEATH (ITEM 27) (Typ	e, Print)	100	mI	21734		-0 11	
31, DATE FILED (Month, Day, Year)	32. REGISTRAP'S	SIGNATURE 70	1.00	VVI	14	V1 131			
MAR 6 91	32. REGISTRAR'S	railidson-land	المالات						



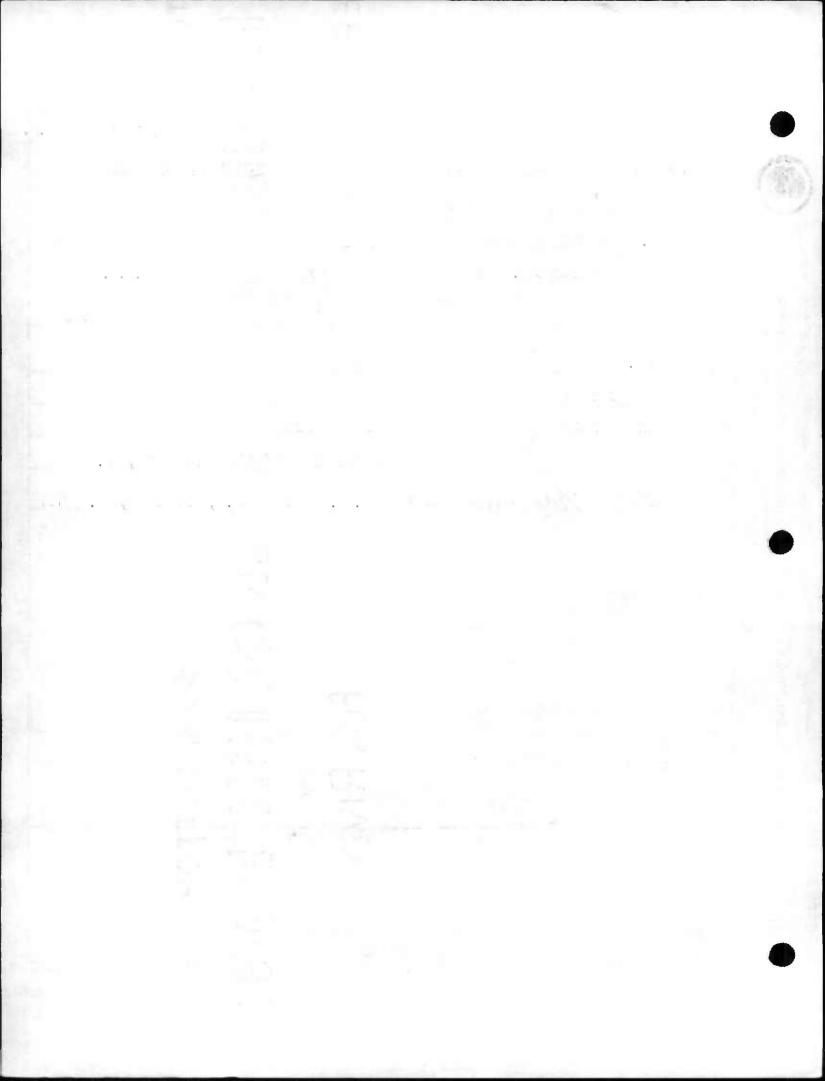
	1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF HEA		MENTAL HYGIE REG. N	and the second	9.1.107
1	1. OECEDENT'S NAME (First, Middle, Las	YOUNG	FANNIE	L. YOUN	C	2. DATE OF OEATH MONTH	DAY	YEAR 3. TIME OF
,	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)		F UNDER 24 HRS.	7. OATE OF BIRTH	1	8. BIRTHPLACE (State
	231-09-0018	1 - W 2 OF 8	8 YRS.	MONTHS DAYS H	OURA MIN.	(Month, Day Your)	02	Country) IRGINIA
100	Se. FACILITY NAME (If not institution, give			9b. CITY, TOWN OR	LOCATION OF OR	ATN	9c. COUN	TY OF DEATH
DIRECTOR	ANNE ARUNDEL	MEDICAL CE	ENTER	ANNAPO	LIS		ANNE	ARUNDEI
REC	10e. STATE 10b. COU	4TY	10c. Cl	TY, TOWN OR LOCATION	N			10d. INSIDE
	MARYLAND ANN	E ARUNDEL	ANI	NAPOLIS	IP CODE			1 YES
FUNERAL	2062 ASHLEY	DDTVE						EN OF WHAI COUNT
S	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECEN		IIC ORIGIN? (Specify Y	bs or No-	14. RACE — American
BY F	1 Never Merried 2 Merried 3 Nover Merried 4 Olvorced	FORCES? 1 YES	DATES		ty Cuben, Mexica X NO Specifi	n, Puerlo Rican, atc.)		Black, White, atc. Specify:
ED B	15. DECEDENT'S E	DUCATION	18a DECEDENTS	S USUAL OCCUPATION		16b. KIND OF B	IISINESS/IND	BLACK
	(Specify only highest gre Elementary/Secondary (0-12)	college (1-4 or 5+)	(Give kind of life. Do NOT u	work done during most of use retired.)	of working	1001101101011		
COMPL	VALUE OF THE PARTY		HOU	ESKEEPER				
COM	17. FATHER'S NAME (First, Middle, Lest) UNKNOWN			1		ME (First, Middle, Maide	m Sumeme)	
	19e. INFORMANT'S NAME (Type/Print)		19h MAZI IN	G ADDRESS (Street and		NKNOWN	wn State 7in	Codel
TO B	THERESA JONES			2 ASHLEY				
100	20e. METHOD OF DISPOSITION	20		SITION (Name of cemet		- Y-		City or Town, State
examiner musi	4 Donation 5 Other (Specify)	P	INELAWN	N MEM. PA	ARK ADDRESS OF FA		MAPOL	IS, MD.
The medical	23. PART I. Enter the diseases, c shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. List only one cause on	eech lina.	not enter the mode	of dyling, suc		piratory arr	est, Apprinten
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d.	A CONSEQUENCE (				Av	rystole
를	PART II. Other significant condit	Sp.	The second second	ff UTION	cause given in		AN AUTOPSY ORMED? 2 - NO	24b. WERE AUTO AMAILABLE I COMPLETIO OF DEATH? 1 YES
S snows any injury, N: MEDICAL CI								
ICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	CE OF DEATH (C/			
or Item 23		HOSPITAL:		OTHER: 4 Nursing Nome	5 - Residence	B   Other (Specify)	V INJURY OC	CURED
or Item 23	EXAMINER?  1 VES 2  27. MANNER OF BEATH  Netural 5 Pending	HOSPITAL: 1 Compatient 2 ER/Ou 28s. DATE OF INJURY (Month, Day, Year)	7 28b. TI	OTHER: 4 Nursing Nome ME OF JURY 28c. INJURY	5 - Residence		V INJURY OC	CURED
ED BY PHYSICIAN	EXAMINER?  1 VES 2  NO  27. MANNER OF BEATH	MOSPITAL:  1 Competient 2 ER/Ou  28a. DATE OF INJURY (Month, Day, Year)  28b. PLACE OF INJURY building, etc. (Sp	28b. Ti	OTHER:  4 Nursing Nome  ME OF 28c. INJURY WORK  1 YE	5 - Residence	8 Other (Specify) 28d. DESCRIBE HOV	et end Number	
If Item 28 is marked, or Item 23 MPLETED BY PHYSICIAN	EXAMINER?  1 VES 2 NO  27. MANNER OF BEATH  Netural 5 Pending Investigation  2 Accident 8 Could not determined  4 Homicide 8 Could not determined  29e. CERTIFIER 1 Check only	MOSPITAL:  1 Competient 2 ER/Ou  28a. DATE OF INJURY (Month, Day, Year)  28b. PLACE OF INJURY building, etc. (Sp	RY — At home, farm	OTHER: 4   Nursing Nome  ME OF USC. INJURY MOR! 1   YE , street, factory, office	5 Residence YY AT (?? S 2 NO	B Other (Specify)  28d. DESCRIBE HOTE  28f. LOCATION (Stre-City or Town, Ste	et end Number ite)	or Rural Route Number
If Item 28 is marked, or Item 23 MPLETED BY PHYSICIAN	EXAMINER?  1 VES 2 NO  27. MANNER OF BEATH  Netural 5 Pending Investigation  2 Accident 8 Could not determined  4 Homicide 8 Could not determined  29e. CERTIFIER 1 Check only	MOSPITAL: 1 propertient 2 = ER/Ou 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJUR be building, etc. (Sp  IYSICIAN: To the best of my kno	RY — At home, farm	OTHER: 4   Nursing Nome ME OF LURY WORN M 1   YE , street, factory, office	5 Residence YY AT (?? S 2 NO	8 Other (Specify) 28d. DESCRIBE HOV 28f. LOCATION (Stre- City or Town, Sta	et end Number nenner as ster end due to th	or Rural Route Number
TANT: If Item 28 is marked, or Item 23 COMPLETED BY PHYSICIAN	EXAMINER?  1 VES 2 MO  27. MANNER OF BEATH  1 Netural 5 Pending	MOSPITAL: 1 p inpertent 2 = ER/Ou 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJUR be be be be be be be be be be be be be b	RY — At home, farm ecify)  and or investigat	OTHER: 4   Nursing Nome  ME OF USC. INJURY M 28c. INJURY WORN 1   YE , street, factory, office	5 Residence TY AT TY S 2 NO  nd place, and du tith occured at the	8 Other (Specify) 28d. DESCRIBE HOV 28f. LOCATION (Stre- City or Town, Sta	et end Number nenner as ster end due to th	or Rural Route Number ted. ne cause(s) and manne

MADE THE REAL PROPERTY.

		FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.						
	1	1. DECEDENT'S NAME (First, Middle, Lest)	XXXXXXXXX THOMAS	OUNG JR.	2. DATE OF DEATH DAY	YEAR 3. TH	ME OF DEATH		
(P)		4. SOCIAL SECURITY NUMBER 5.	SEX 8. AGE (In yrs. last birthday M 2   F   4 / YRS.		7. DATE OF BIRTH (Month, Day, Year)	Country)	E (State or Foreign IHILL, MD.		
2, 3 sho	CTOR	9a. FACILITY NAME (If not institution, give atreed WASHINGTON A RESIDENCE OF DECEDENT	end number)  DVENTIST HOSPITAL	96. CITY, TOWN OR LOCATION OF DI TACOMA PARK		GEORGE'S			
. Pages 1,	DIREC	10a. STATE 10b. COUNTY	1	TY, TOWN OR LOCATION Silver SPRING			INSIDE CITY LIMITS? YES 2 NO		
insit permit.	A	10e. STREET AND NUMBER	ERTON TERRACE	101. ZIP CODE 20904	10	09. CITIZEN OF WHAT C	COUNTRY?		
or attending physician.	BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	R. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAL If yes, specify Cuben, Mexics 1 YES 2 NO Specif	nn, Puerto Ricarn, etc.)	No- 14. RACE — An Black, White Specify: BLAC	ta, etc.		
oital or attend	LETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12) HIGH SCHOOL	collega (1-4 or 5+) (Give kind of the Do NOT	'S USUAL OCCUPATION of work done during most of working use retired.)	16b. KINO OF BUSINE		ODEDATOR		
by the hospital be detached to at once.	E COMPLET	17. FATHER'S NAME (First, Middle, Last) CLAREN	CE THOMAS YOUNG	18. MOTHER'S NA	XXXXXX ( AME (First, Middle, Melden Sun ALICE E.		OPERATOR		
be retained ge 5 should ne notified	TO BE	190. INFORMANT'S NAME (Type/Print) ALICE E. YOUNG	19b. MAILII 105 (	GUMBY STREET, SNO	Route Number, City or Town, S WHILL, MD. 2	itets, Zip Code) 21863			
e 6 may rector, pa		26e. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ramove 4 Donation 6 Other (Specify)	from Stata	OSITION (Name of cometery, cremetory or DN BAPTIST	SNOW	HILL, MD.	teta		
r death.		21. SIGNATURE OF PUNERAL SERVICE LICEN	3. Jolles	RTE. 2, BOX JOLLEY MEMO	920, SALISE	BURY, MD.	21801		
thin 2.7 . rours after stely filled in by the imation, or removal		23. PART I. Entar the disease, or cor abook, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	pplications that caused the daeth. Do t only one cause or each line.  Due to ron as a consession.	4 /	ch as cardiec or reapiret		Approximata Interval Batween Onset and Death		
executed will and comple b burial, cre matic ever	NOI	Sequentially list conditions,	Cougeo Fileso	andiuc fei	luse				
rificate be g physician iene prior traur	RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	Myscarclia	l'arfascler	ī				
the death cely the attending Mental Hyg	CE	PART II. Other eignificant conditions	contributing to death but not resulting	g in the underlying cause given in	Part I. 24s, WAS AN AU	TTOPSY 24b. WERI	E AUTOPSY FINDINGS		
requires that the signed by of Heatth and thows any I	: MEDICAL		Sailne		1   YES 2	ED? AMAIL COMI	LABLE PRIOR TO PLETION OF CAUSE DEATH? YES 2 NO		
	PHYSICIAN:		IOSPITAL:	26. PLACE OF DEATH (COTHER:					
N OF VITAL NG PHYSICIAN: The frer this certificate h sath with the State I marked, or Item		27. MANNER OF DEATH  1 Netural 5 Pending	26a. DATE OF INJURY 28b. 1	IME OF 28c. INJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE HOW INJ	URY OCCURED			
TTENDI TTOR: A after d	TED BY	2 Accident investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At home, farm building, etc. (Specify)	n, street, factory, office	281. LOCATION (Street and City or Town, State)	Number or Rural Route I	Number,		
TAL OR VAL DIRI 72 hour	COMPLE	cond only	IN: To the best of my knowledge, death occ-				menner as stated.		
TO THE HOSPI TO THE FUNER be filed within IMPORTANT:	BE	29b. SIGNATURE AND TITLE OF CERTIFIER	- Shaw	D-2	2639 2	P 2.25.	ith, Day, Year)		
	07	Washington al	completed cause of death (ITEM 27) (7) Wentist Hospila	pe, Prini) al Jaloma 1	et. mil.				
	12	31. DATE FILED (Month, 10), Vear) FLB 2 8 91	32 REGISTRAR'S SIGNATURE Fulia Devidson-Randall						

A to be made you I've  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2's hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filed within 72 hours after death with the State Dept, of Health and Mental Hygiens prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. 1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	0.		
	1. DECEDENT'S NAME (First, Middle, Last) Phillip For	ig YOU	NG			2. DATE OF DEATH MONTH Februa:	ry 27,	3. TIME OF DEATH YEAR9 1 5:00 A M	
	4. SOCIAL SECURITY NUMBER 578–28–3939A	5. SEX 8.	AGE (In yrs. lest birthday) 87 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIRTN (Month, Day, Year) JULY 21		B. BIRTHPLACE (State or Foreign Country) CHINA	
OR	90. FACILITY NAME (If not institution, give at Doctors Comm				or location of de		9c. COUNT	ry of DEATH nce Georges	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  MD.  PRII	ICE GEORGE		Y, TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	10e. STREET AND NUMBER	R CRT. SOU			1. ZIP CODE 20716			EN OF WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 [ IF YES, GIVE WAR		If yes, s		NIC ORIGIN? (Specify Y n, Puarto Rican, atc.) y:		14. RACE — American Indian, Black, White, etc. Specify:	
COMPLETED	(Specify only highest grade completed)			DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  BARTENDER			16b. KIND OF BUSINESS/INDUSTRY  RESTAURANT		
	17. FATHER'S NAME (First, Middle, Last) UNKNOWN		16. MOTHER'S NAME (First, Middle, Maiden Surname) UNKNOWN						
TO BE	19a. INFORMANT'S NAME (Type/Print) PATTI YOUNG		19b. MAILING	SAME A		#10	wn, State, Zip (	Code)	
	20e. METHOD OF DISPOSITION 1	eval from State	20b. PLACE AND DAT of cemetary, crematory CHAMBERS			101		ity or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ambush	@ M0009		. CHAMBE	RS CO I	RIVERDA	ALE. MD. 20737	
	23. PART I. Enter the diseases, or o shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause	aused the death. Do on each line.	hary	Ave	th aa cardiac or rea	piratory arre	st, Approximate interval Between Onaet and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Meta	R AS A CONSEQUENCE OF RAS A CONSEQUENCE OF PERFORMA	Bro St	- Fallie Les Dr	ne acius	wa	2009 - 3015 242	
	PART II. Other algnificant condition	_	4	in the underlyle	ng cause given in		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
I: MEDICAL	Dohyd	ation	, and	163		1 YES	2 NO	COMPLETION OF CAUSE OF DEATH? 1  YES 2  NO	
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28.1	PLACE OF DEATH (C/	eck only one)			
BY PHYSICIAN: M	1 YES 2 NO  27. MANNER OF DEATH  1 Netural 8 Pending Investigation	28a, DATE OF IN (Month, Day,		NE OF 28c. IN	me 5 Residence  JURY AT  ORK?  YES 2 NO	6 Other (Specify) 28d. DESCRIBE NOV	VINJURY OCC	URED	
0	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF a building, etc	NJURY — At home, farm, c. (Specify)	street, factory, off	C0	281. LOCATION (Street City or Town, Sta	nt and Number of	or Rural Route Number,	
COMPLETE	Torroom uriny		y knowledge, death occur nination and/or investigati					d. cause(a) and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIES	ola e	un		D-32	MBER 332J	29d. DATE	SIGNED (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE	OF DEATH (ITEM 27) (Type	Print)	tRd#212	lauha	an le	1 20706	
	31. NATE FILED (Month, Day Year) FFR 28 '9'	32. REGISTRAR	s signature is Davidson-Ro	ndeM.		8-7			



3		
-		once.
2		at
200	ath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	parked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
Ren		Pe
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5	emoval	dicai
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2000	State	item
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	FOR	STATE OF MARYLA	IND / DEPARTA	JENT OF HI	FAITU AND	MENTAL	9 HYGIENE	07	1193	
	1 - STATE REGISTRAR	SINIE UF MINNILA	CERTIFIC			MENIAL	REG. NO.			
1	1. OECEDENT'S NAME (First, Middle, Lest)	BUFF CATH	ERINE B.	ZELL		2. DATE OF	DAY - 23 -	YEAR 3.	ZOO NOOM	
	4. SOCIAL SECURITY NUMBER 579-10-0487	5. SEX 8. AGE (III		FUNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	Z. DATE OF (Month)		8. BIRTHPL Country) V I	RGINIA	
H.	90. FACILITY NAME (If not institution, give street and number)  90. CITY, TOWN OR LOCATION OF DEATH  10. COUNTY OF DEATH  10. COUNTY OF DEATH  10. COUNTY OF DEATH  10. COUNTY OF DEATH  10. COUNTY OF DEATH  10. COUNTY OF DEATH									
DIRECTOR	RESIDENCE OF DECEDENT	Manten	10c. CITY. T	TOWN OR LOCATI	on HEATON	11			6. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	Ale	A		ZIP CODE	1 1	10g. CI	TIZEN OF WHA	YES 2 NO	
BY FUNERAL	11. MARITAL STATUS  1  Never Merried 2  Merried  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, spe	ENOENT OF HISPA	en, Puerto Ric	(Specify Yes or No can, etc.)	14. RACE — Black, W Specify:	American Indien, filte, etc.	
COMPLETED								WIIIIE		
P.E.	Elementary/Secondary (0-12)	College (1-4 or 5+)	FOOD SUF			D	RUG STOR	RE		
TO BE	196. INFORMANT 3 NAME (Typerrint)									
F	MEDIN 3. BEEL (BON)   10800 GEORGIA AVENUE, #1-3, WHEATON, MARYLAND 20									
	20e. METHOD OF CISPOSITION  1   XBurtal 2   Cremation 3   Removal from State  4   Donation 5   Other (Specify)   CATE   OF HEAVEN CEMETERY   SILVER SPRING, MARYLA									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W., SIL.SP., MD 209									
	23. PART I. Enter the diseases, or control shock, or feart failure.	omplications that caused List only one cause on as	tha death. Do not sch line,	antar the mod	da of dylng, suc	ch se cardio	ac or reaplratory	arreat,	Approximata interval Between Onset and Death	
	disease or condition resulting in death)	czebro Va	CONSEQUENCE OF:	cident					Z4 hrs.	
		HU OSEKEL	CONSEQUENCE OF):						6 hrs	
ATION	Sequentially list conditions, if any, leading to immediate csuse. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):							
ERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					₹0° ₩.		
S	PART II. Other significant condition	a contributing to death be	ut not reaulting in	tha undarlying	cause given in	Part I.	24a. WAS AN AUTOPS		ERE AUTOPSY FINDINGS	
S	DIABETES MELL	itus					PERFORMED?	C	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
HEDICAL	Nephotic Syndrome  1 yes 2 no  Hy Oo Reninemial Hypocal Pasteronism									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (C	heck only one				
YSI	1 TYES 2 NO	1 Kinpatient 2 ER/Outp	etlent 3 DOA 4		5 - Residence					
ВУ РН	27. MANNER OF DEATH  1 No Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (	WO WO	URY AT RK? 'ES 2 NO	28d. DE\$C	RIBE HOW INJURY O	OCCURED		
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, atro	eet, factory, office		28f. LOCA City of	TION (Street end Numi r Town, State)	ber or Rural Rou	te Number,	
COMPLETED	one)	ICIAN: To the best of my knowl R: On the basis of examination							nd menner ee stated.	
BE CO	296. SIGNATURE AND TITLE OF CERTIFIES	es no	)	2	29c. LICENSE NU 0 3510		29d. D	ATE SIGNED (M	fonth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type P	rint)	- 23	` _	- 1	, - 31	* 1	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
THICK ARL SCHINDURY 1106 SPRING

31. DATE FILED (Month, Day, Year)
FEB 28 91

32. REGISTRAB'S SIGNATURE
Julia Davidson-Regdell

20910

Silver Spring

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m	DIVISION OF VITAL RECORDS, P.O. BOX
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SICIANC The law regulies that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hocertificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact in the State Dest. of Health and Mentile Physician professional build, refrainchain, or refraince.	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 burial with the Page 1, 2, 3 should be filled within 72 burial with the page 1, 2, 3 should be filled within 72 burial with the page 1, 2, 3 should be filled within 72 burial with the page 1, 2, 3 should be filled by the page 1, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,
# 5 5 3	at the death cartificate be executed within 24 hours after de by the attending physician and completely filled in by the fi And Mental Hygiene prior to buring, remanding, or entroyal,

FOR 1 STATE	STATE OF MARY		ENT OF HEALTH AND	MENTAL HYGIENE	
REGISTRAR		CERTIFICA	TE OF DEATH	REG. NO.	
1. DECEDENT'S NAME (First, Middle	10.3			2. DATE OF DEATH DAY	3. TIME OF DEATH
CATHER		ANDERSON		MARCH 15 1	5 · 50 P W
4. SOCIAL SECURITY NUMBER 213-09-7001	5. SEX 6. AC	78 YRS. MON	NDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 05 → 09 ← 1912	a. BIRTHPLACE (State or Foreign Country) Maryland
9e. FACILITY NAME (If not Institution	, give street and number)	9b.	CITY, TOWN OR LOCATION OF	DEATH 9c. CO	DUNTY OF DEATH
THE JOHNS HOPKI RESIDENCE OF DECEDE 100. STATE 10b. G Maryland E	NT		BALTIMORE CI	TY	
	saltimore	The state of the s	WN OR LOCATION Dundalk		10d, INSIDE CITY LIMITS? 1 YES 2 X NO
2801 Southbroo	k Road		101. ZIP CODE 21222	10g. C	USA
10. STREET AND NUMBER 2801 SOUTH BLOO  11. MARITAL STATUS 1 Never Merried 2 Merrie 2 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR OF	ES 2 NO	13. WAS DECENDENT OF HISP. If yes, specify Cuben, Maxic  1 YES 2 NO Specific		T
(Specify only higher (Specify only higher (Specify only higher St.) Grade  17. FATHER'S NAME (First, Middle, L.)  The care of the specific of the specific only higher (Specific only higher the specific only higher the spe		16a. DECEDENT'S USUI (Give kind of work of life. Do NOT use reti Homemake	fone during most of working red.)	186 KIND OF BUSINESS/	INDUSTRY
17. FATHER'S NAME (First, Middle, L. Thomas Moore				AME (First, Middle, Meiden Surname abeth Doyle	
190. INFORMANT'S NAME (Type/Pril William E. And			RESS (Street and Number or Rura	I Route Number, City or Town, State,	Zip Code)
20s. METHOD OF DISPOSITION 1 A Burial 2 Cremation 3		305 DI ACE AND DATE OF	DISPOSITION (Name	Baltimore, MD DATE 20c. LOCATION	— City or Town, State
4 Donetton 5 Other (Special		Holly Hill	Mem. Gardens	3/19/91 Balti	more, MD
21. SIGNATURE OF PURENAL SERV	With		22. NAME AND ADDRESS OF I Duda-Ruck Fu 7922 Wise Au	neral Home of enue, Baltimor	Dundalk, Inc.
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO (OR A	as A CONSEQUENCE OF:	1	2855 Swyky	Approximate Interval Between Onset and Deatl
Sequentislly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	IS A CONSEQUENCE OF):			6
PART II. Other algoriticant co  Congestive in  Abdumina law  Line di Scase  25. WAS CASE HEFERRED TO MED  EXAMINEN OF DEATH  1 1 YES 25 NO  27. MANNER OF DEATH	nditions contributing to deat that failure were were	h but not reaulting in th	e undarlying cause given i	Part I. 24a. WAS AN AUTOP PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Lung fiscase	(COPD)-Charora:	c obstructive	OW monary Dis	co+c	
25. WAS CASE REFERRED TO MED EXAMINENT  1  YES 2 NO	HOSPITAL:		26. PLACE OF DEATH ( HER: Nursing Home 5  Residence		
	28a. DATE OF INJU (Month, Day, Ye	RY 28b. TIME OF		28d. DESCRIBE HOW INJURY	OCCURED
2 Accident Investi 3 Suicide 6 Could 4 Homicide determ	not be 28e. PLACE OF INJ building, etc. (	URY — At home, farm, stree Specify)		28t. LOCATION (Street and Num City or Town, State)	nber or Rural Route Number,
Tomos only				ue to the cause(e) end manner as he time, date end piece, end due t	stated. o the ceuse(e) end manner as stated.
	ENTIFIER		29c. LICENSE N	The second secon	DATE SIGNED (Mgnth, Day, Year)
29b. SIGNATURE JAND SITUATOR OF D			P3910	1	3/19/91
29b. SIGNATURITAND TITLE OF C	ON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Print			3/19/91
29b. SIGNATURINAND JITLY OF B	WHO COMPLETED CAUSE OF TOURS	Hopkius Hosy		MO 21205	3/19/91



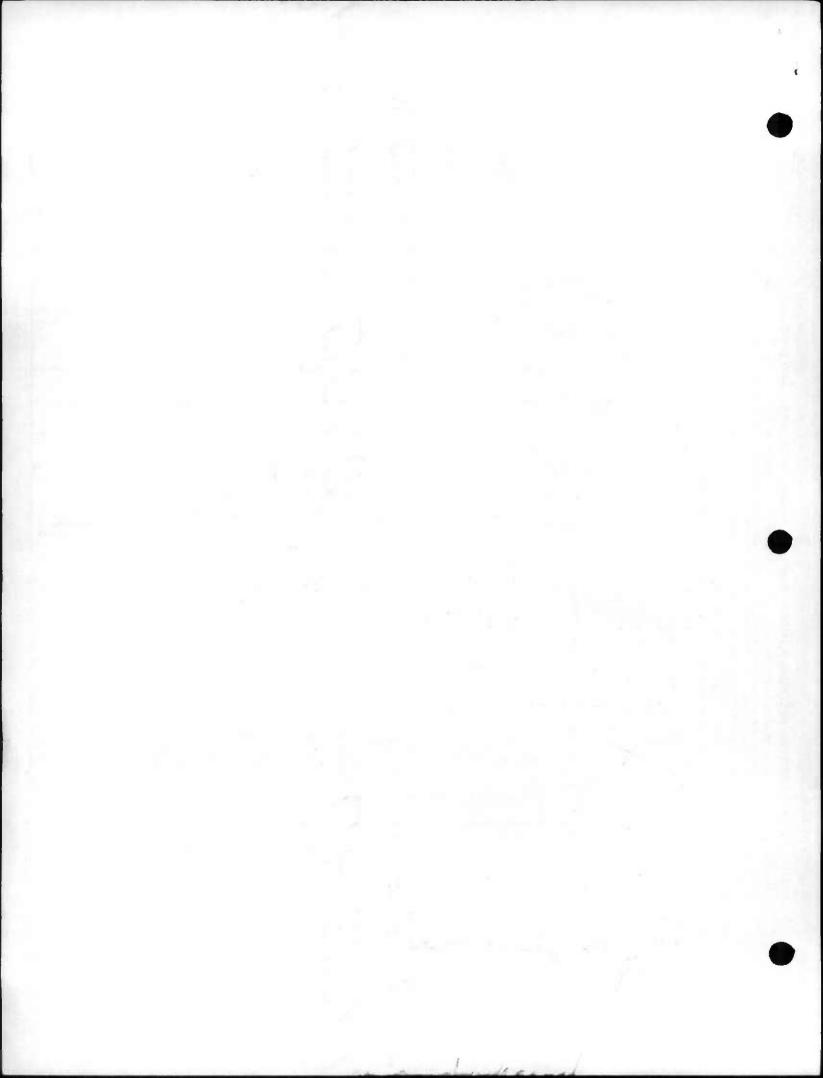
S, BALTIMORE, MARYLAND 21203-3146	, OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hospital or attending physician.	ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
TIMORE, MARY	th. Page 6 may be retained	neral director, page 5 should
6, BAI	within a nours after dea	mpletely filled in by the fur cremation, or removal.
P.O. BOX 1314	ath certificate be executed	tending physician and cor al Hygiene prior to burlal,
L RECORDS, I	law requires that the dea	has been signed by the at Dept. of Health and Ments
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ATTENDING PHYSICIAN: The	ONECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
d	OR	DOUR

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an inclusive death. Page 6 may be retained by the hoss TO THE EINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND C		RTMENT				MENTAL	HYGIEN REG. NO		i	01133
	1. DECEDENT'S NAME (First, Middle, Last)			~			V.		2. DATE (	OF DEATH	AY Y	EAR 3	. TIME OF DEATH
		ROWN	/	JR					3	10	4		M
	* 220-03-9811 219-38-6412	5. SEX	6. AGE (In yrs. to	st birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS.		F BIRTH Day, Year)		BIRTHPL Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY,			ON OF DE	ATH		9c. COUNTY	OF DEA	TH
OR	1143 milton	AUG			1 3 V	BA	4				-		
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT  M  D	Y		10c. CIT	Y, TOWN OF		1						0d. INSIDE CITY LIMITS?  YES 2 \( \text{NO} \)
FUNERAL	10e. STREET AND NUMBER	J AVE					ZIP COD	-					AT COUNTRY?
BY FUNI	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDER FORCES?	T EVER IN U.S. AI YES 2 AMAR OR DATES		lt.	yes, sp		n, Mexica	n, Puerto R	(Specify Yer		RACE -	- American Indian, White, etc.
ED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. D	ECEDENT'S	USUAL OCK	CUPATIO	ON at of world		16b.	KIND OF BU	I SINESS/INDUS	TRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	- 10	n. Do NOT u	se retired.) _A bo		at or works		m	D. SL	+T C	0.	
	17. FATHER'S NAME (First, Middle, Last) SOLMON B	ROWN								iddle, Malden	Surname) E/2	Bu	OWN
BE	19a. INFORMANT'S NAME (Type/Print)		, 10	Db. MAILING	ADDRESS	(Street a					m, State, Zip Co		
오	FOREE	BROWA		114	3 N	m	, LT	DN	AUE				
	20s. METHOD OF DISPOSITION  1 Parisi 2 Cremation 3 Rem  4 Donation 5 Other (Specify)	oval from State	other o	viece)	SITION (Nam					20c, LO	BA L	y or Town	ı, Stata
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			7		ND ADDRE						2/2/3
	Betta Funer	al Ilan			11	12	9 N.	CA	pol	IN E	St 13	21	
CERTIFICATION	shock, or heert fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	e. Co	OF AS A CONSE	Pur Ca Ca Ca Covence o	ndio	ar	409	Arroat	resthy	<del>}</del>			Interval Between Onset and Deeth
PHYSICIAN: MEDICAL CE	PART II. Other signification condition	e contributing to	death but not	resulting	in the unc	leriyin	g cause	given in	Part I.	24a. WAS AN PERFO 1 VES	RMED?	o o	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF	EATH (Ch	eck only one	)			
YSK	1   YES 2   10		☐ ER/Outpatient	3 🗆 DOA	OTHER 4   Nursi		6 5 R	esidence	5 🗆 Other	(Specify)			
ВУ РН	27, MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	25a. DATE O (Month,	F INJURY Day, Year)	25b. Till IN.	JURY M		URY AT ORK? YES 2 [	□ NO	28d. DE\$	CRIBE HOW	INJURY OCCU	RED	
	3 Suicide 5 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY — At h , etc. (Specify)	ome, farm,	street, facto	ry, offic				TION (Street or Town, State	and Number or }	Rural Rou	rte Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	ICIAN: To the best of											and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	ice t	bun	N	10	16	29 110	ENSE NUI	MBER /	2	29d. DATE 8	IGNED IN	Horsté, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAL	USE OF DEATH (IT	EN 42) (Type	e, Print)	3/	00	to	m	0	217	7	1
	31. DATE FILED (Month, Day, Year) MAR 1 9 1991	32. REGISTR	AR'S SIGNATURE	اعاله	;								



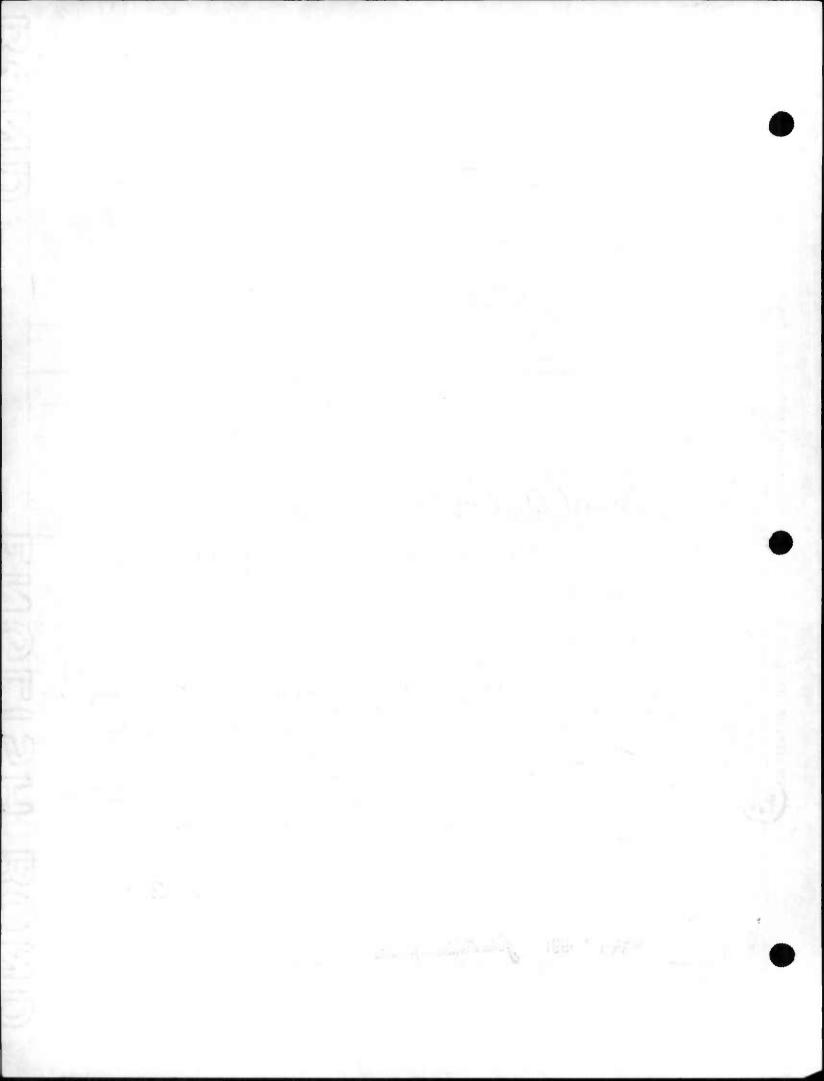
BALTIMORE, MARYLAND 21215-0020	NG PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	ther this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 and the burial Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24	TO THE PRINCIAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the to fled within Z hours after death with the State Dept. of Health and Mental Hyplene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE STATE REGISTRAR	OF MARYLAND C		RTMENT					HYGIENE REG. NO.			07130
1000		AKER .						2. DATE OF MONTH	3	16	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  5. SEX  213 454 4448  9a. FACILITY NAME (If not institution, give street and num	00	yrs.	MONTHS	DAYS	HOURS OR LOCATION	MIN.		BIRTH Day, Year) 0~195		Country	ryland
STOR	Francis Scott Key Med	ical Center	r	Bo	alti	more	Cit	u				
DIRECTOR	Maryland Baltimore		10c. CI	PULL		TON						10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 219 Parkwood Road				101	21	222			10g. CITI		VHAT COUNTRY?
BY FUNE	1 Name Married 2 Married FORCE	ECEOENT EVER IN U.S. A ES? 1 1 YES 2 2 GIVE WAR OR DATES	AMEO NO		if yes, sp	ENOENT C	F HISPAN	NIC ORIGIN? ( in, Puerto Ric y:			14. RACE	E — American Indian, k, Whita, atc.
COMPLETED	15. DECEOENT'S EQUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (2 Y COT)	1-4 or 5+)	Give kind of le. Do NOT u	work done use retired.)	CCUPATIO	ON st of workin	g		NO OF BUS			sal
BE CON	17. FATHER'S NAME (First, Middle, Last) Dorman S. Baker					26 77		ME (First, Mid I. Var		Surname)		
2	19a. INFORMANT'S NAME (Type/Print) Dorman S. Baker	1						Route Number, Baltin				22
	20s. METHOD OF OISPOSITION 1/\(\text{L}\) Burial 2 \(\text{Cremation 3}\) Removal from 5 4 \(\text{Donation 5}\) Other (Specify)	tata of cemetar	v. cremator	re of olsp	ilace)		119	DATE		ATION -		
	21. SIGNATURE OF PUTERAL BETTICE LICENSEE	Fish		22.	Dude	ND ACCRE	ss of fa	uneral	. Home	206	Duna	lalk, Inc. 1D 21222
CERTIFICATION	23. PART I. Enter the diseases, or complicate shock, or heart failure. List only IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if emy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		EQUENCE (	C F OFF: OFF: J.S OFF:	sac	edi	no	1				Approximate interval Batween Onset and Death 9 days 12day 4 Mas.
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contrib		resulting	in tha ur	ndariyin	g cause	given in		4a. WAS AN PERFOR	MEO?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH?  1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 X NO 12 12 1000	TAL:	3 DOA	OTHE	R:			8 Other (				
ВУ РНУ	P	DATE OF INJURY (Month, Day, Year)	28b. TI		28c. IN.	JURY AT ORK?		_	RIBE HOW II	NJURY OC	CUREO	
	a la monoprin	PLACE OF INJURY — At I building, atc. (Specify)	home, farm,	, street, fac	tory, offic			28f. LOCAT City or	TON (Street a Town, State)	and Number	or Rural i	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the medical examiner: On the last control of th											a) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	ld MD				Duf	ENSE HU	MBER 14		29d. DAT	3	(Month, Day, Year)
	Afircaen	TEO CAUSE OF DEATH (IT	EM 27) (Typ.		Eas	ter	A	re. F	Salt	M!	0 6	21224
	MAR 1 93 1981 9 Gran	Davids Danie	62 IV	ML								
		0(	7									OHMH-18 Rev 1/8

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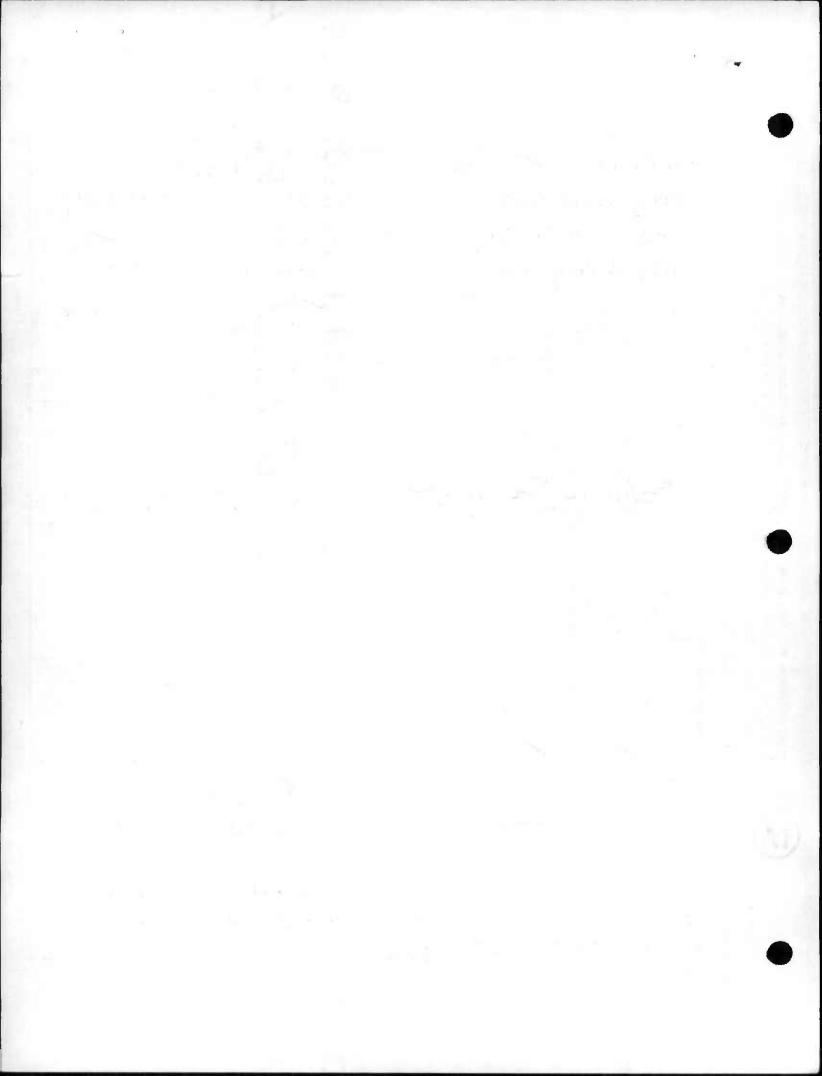
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DIVIDIO ALL MECONDO	TO THE HOSPITAL OR ATTEMPT PHYSICIAN; The law requires that the de	TO THE FUNERAL DIFFERENCE THE CONTROL HAS been signed by the 2 be filed within 72 hours and Agent and Men
AL DE	ne law requi	has been s Dept. of H
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	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIENI REG. NO.	Ē			
	1. DECEDENT'S NAME (First, Middle, Last)	Catherine	M.Brach			3-11-19 4/11/1	91 941 YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 212-09-8563	1 □ M 2 以 F 78	79 YRS. MOI	UNDER 1 YEAR	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4/11/191	1 s. BIR	orthPLACE (State or Foreign intry)  aryland		
HO.	9a. FACILITY NAME (If not institution, give st 1313 James St	· ·	96	Balto.City, Md. 9c. COUNTY OF DEATH						
EG	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c. CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY		
FUNERAL DIRECTOR	Maryland		Ва		ity,Md.			1 X YES 2 NO		
ERAI	100. STREET AND NUMBER	3 James St	•	101	21230			SA		
BY	11. MARITAL STATUS 1 Never Married	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2X NO	If yes, sp		IIC ORIGIN? (Specify Yea n, Puarto Rican, etc.)	BI	ACE — American Indian, ack, White, atc. White		
COMPLETED	1s. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) STN • GTade	CATION completed)  College (1-4 or 5+)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re Seamst	done during mo tired.)	DN st of working	166. KIND OF BUS	enheim			
SO	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden				
BE	19a, INFORMANT'S NAME (Type/Print)	Clifton		hews	Minni	Route Number, City or Town		arrick		
2	Mr.Edgar V.Bra	ch				lto.Md.2				
	20s. METHOD OF DISPOSITION 1 © Burlal 2 □ Cremation 3 □ Remote 4 □ Donation 5 □ Other (Specify)	oval from State 20b.	PLACE AND DATE OF COMMERCE OF	DISPOSITION	(Name		CATION — City or			
	21. SIGNATURE OF PUNERAL SERVICE LIC		Non	22, NAME A	ID ADDRESS OF FA	CILITY	Balt	o.Md.21230 E.Fort Ave.		
CERTIFICATION	23. PART I. Enter the diseases, or one chock, or heert fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	sch line.			bshucture dise ai		Interval Between Onset and Death		
PHYSICIAN: MEDICAL CI	PART II. Other significent condition  Chamic  Le ast failus  POSSIBLE SEPS	e contributing to death be estimated as the contributing to death be estimated as the contribution of the contribution of the contributing to death be estimated as the contributing to death be estimated as the contributing to death be estimated as the contributing to death be estimated as the contributing to death be estimated as the contributing to death be estimated as the contributing to death be estimated as the contributing to death be estimated as the contributing to death be estimated as the contributing to death be estimated as the contribution of the		ne, (	g ceuse given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO	HOSPITAL:		THER:	26. PLACE OF DEATH (Check only one)					
HYS	27. MANNER OF DEATH	1   Inpatient 2   ER/Outp	28b. TIME O	F 28c. IN.	URY AT	6 ☐ Other (Specify)  28d. DE\$CRIBE HOW II	NJURY OCCURED			
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	400	YES 2 NO		-			
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, ferm, stre	et, factory, offic	•	281. LOCATION (Street a City or Town, State)		ral Route Number,		
COMPLETED	one)	CIAN: To the best of my knowler: On the basis of examination						ee(a) and manner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIES	E. Ray m	P		29c. LICENSE NUI	S 2	29d, DATE BIGH	NED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHE	G MD, 34	ATH (ITEM 27) (Type, Pri	eus G	Ne, Sui	te 206, 6	Salto.	Md21229		
	31. DATE FILED MORTH PORT 169 199	32. REGISTRAR'S SIGN								



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TO THE HOW THE OWN TEXALING PHYSICIAN: The law requires that the death certificate be executed within 24-riours after death	TO THE FUNCTION THAT THE CONTROL THIS CANTIFICATE has been signed by the attending physician and completely filled in by the function of the completely filled in by the function of the completely filled in by the function of the completely filled in by the function of the completely filled in by the function of the completely filled in by the function of the completely filled in by the function of the completely filled in by the function of the completely filled in by the function of the completely filled in by the function of the completely filled in by the function of the completely filled in by the function of the completely filled in by the function of the completely filled in by the function of the completely filled in by the function of the completely filled in by the function of the completely filled in by the function of the completely filled in by the function of the completely filled in by the function of the completely filled in by the completely filled in by the function of the completely filled in by the compl	De filed Within 72 nouts after death with the State Dept. Or reguld and mental stydene print to boths. Contraction, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exam
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	1. DECEDENT'S NAME (First, Middle, Lest)	n. Bu	schmann.			2. DATE OF DEATH	3 9	7EAR 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	5. SEX 1)2/M 2 D F	8. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1	BIRTHPLACE (State or Foreign Country)			
	212095617 172 F 85 YRS. MONTHS DAYS HOURS MIN. 11/30/65 Maryland  96. FACILITY NAME (If not institution, give street and number)  96. COUNTY OF DEATH  96. COUNTY OF DEATH										
TOR											
DIRECTOR	mo Balt. City Baltinal										
FUNERAL	100. STREET AND NUMBER  101. ZIP CODE  21230  109. CITIZEN OF WHAT COUNTRY?  21230  US A										
BY	11. MARITAL STATUS  1 Never Married 2 Married  3 Note: Married 4 Divorced	FORCES?	NT EVER IN U.S. ARMED I YES 2 MNO WAR OR DATES	If yes, s		NIC ORIGIN? (Specify Year, Puerto Rican, etc.) iy:	s or No— 14	s. RACE — American Indian, Black, White, etc. Specify:			
PLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 8th.Grade		(Give kind of Ilia. Do NOT u	B USUAL OCCUPATE work done during m me retired.)	ost of working	16b. KIND OF BU		m Steel			
COMF	17. FATHER'S NAME (First, Middle, Last)		I Ke	· · · · I I F E		AME (First, Middle, Melden		m preet			
		mond	Busch	nmann	Agn		_	Imhoff			
D BE	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)										
5	Mrs.Helen M.Kotchen 8 West 12th.Ave.Balto.Md.21225										
	20a. METHOD OF DISPOSITION  V. Deurite 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cemetary, crematory or other place)  4 Cross Cemetery  A.A.Co.Md.										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Balto.Md.21230  McCully Funeral Home, 130 E. Fort Ave										
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	O (OR AS A CONSEQUENCE (	OF): OF):	Ovascal		Le	Interval Setween Onset and Death			
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	O (OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE	DF): DF):		air diskcul	N AUTOPSY	Interval Between Onset and Death			
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MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in Security Cause. In Security Cause Cause. In Security Cause Cause. In Security Cause C	DUE TO  DUE TO  DUE TO  d.  Struction  A Contributing to	O (OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE	in the underlyle	ng cause given ir	ardicular disconsistence of the control of the cont	N AUTOPSY RIMED?	24b. WERE AUTOPSY FINDINGS ARALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in Section 19 S	DUE TO  C. DUE TO  d	O (OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE	orp:  orp:	ng cause given in Seal along Mullit	ardicular disconsistence of the control of the cont	N AUTOPSY RIMED?	24b. WERE AUTOPSY FINDINGS ARALABLE PROR TO COMPLETION OF CAUSE OF DEATH?			
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition of the condition of the cause of the condition of the cause	DUE TO  DUE TO	O (OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE	OF):  OF):  In the underlyle  CLSE + C.  28. F  OTHER:  4   Nursing Ho  ME OF   28c. IN  WHO F	ng cause given in Seal along Mullit	n Part I. 24a. WAS AN PERIFO 1 YES	N AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
TED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in Security (Constitution of Security (Constitution))  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 MO  27. MANNER OF DEATH  1 Natural 5 Pending	DUE TO  C. DUE TO  d	O (OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE	OF):  OF):  OF):  OF):  OF):  OF):  OF):  28. F  OTHER: 4   Nursing Hother  MURY M 1	PLACE OF DEATH (C	Part I. 24a. WAS AI PERIFO 1 YES Whock only one)	N AUTOPSY RMED? 2 NO INJURY OCCU	Interval Between Onset and Death  VVS ,  24b. WERE AUTOPSY FINDINGS ABALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 400			
LETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant condition in Grade  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 MO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  2 Accident Significant Condition investigation  3 Suicide 6 Could not be determined	DUE TO  C. DUE TO  d. STAL:  HOSPITAL:  113 Inpution 2  28a. DATE O (Month, 28a. PLACE building	O (OR AS A CONSEQUENCE OF INJURY — At home, farm, etc. (Specify)	OF):  OF):  OF):  OF):  OF):  OF):  OF):  OF):  28. F  OTHER: 4   Nursing Ho  ME OF   28c. IN  MURY M 1    street, factory, officered at the time, dat	PLACE OF DEATH (Come 5   Residence NORK? YES 2   NO lice	Part I. 24a. WAS AI PERIFO 1 YES Theck only one)  6 Other (Specify)  28d. DESCRIBE HOW City or Town, State to the cause(s) and me	N AUTOPSY RMED? 2 NO INJURY OCCU and Number or )	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition of the cause of injury that initiated events resulting in death) LAST  PART II. Other significant condition of the cause of injury that initiated events resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 MAO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation of the cause of the could not be determined.  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER.	DUE TO  DUE TO	O (OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE	OF):  OF):  In the underlyle  CLY  28. F  OTHER:  28. IN  ME OF  LJURY  M  1  . street, fectory, offi  rred at the time, dat  ion, in my opinion,	PLACE OF DEATH (Come 5   Residence NORK? YES 2   NO lice	Part I. 24a. WAS AI PERFO 1 YES THE City or Town, State to the cause(s) and me e time, date and place, a	INJURY OCCU and Number or inner as stated and due to the	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS ARALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 - NO			
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the initiated events resulting in death) LAST  PART II. Other significant conditions in the initiated events resulting in death) LAST  PART II. Other significant conditions in the initiated events resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO  DUE TO	O (OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE	OF):  OF):  In the underlyle  CLY  28. F  OTHER:  28. IN  ME OF  LJURY  M  1  . street, fectory, offi  rred at the time, dat  ion, in my opinion,	PLACE OF DEATH (C me 5   Residence JURY AT ORK? YES 2   NO ice te and place, and du death occured at th	Part I. 24a. WAS AI PERFO 1 YES THE City or Town, State to the cause(s) and me e time, date and place, a	INJURY OCCU and Number or in the total of th	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS ARALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO  RED  RED  Cause(s) and manner as stated.			



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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3. TIME OF DEATH

DHMH-16 Rev 1/89

2. DATE OF DEATH

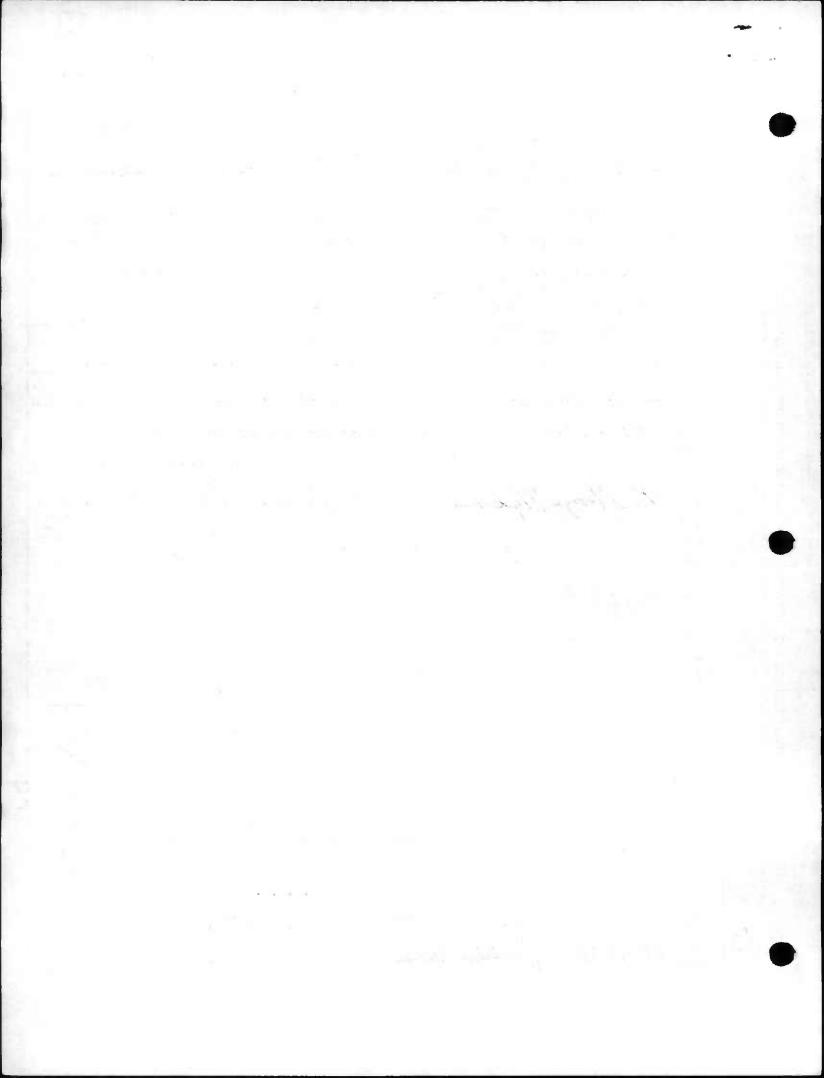
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WILLIAM BURTON Q3NTH 9:52 JR. OLLIE 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS 1 M 2 - F 9-3-46 44 212-44-1313 Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE CITY HARBOR HOSPITAL DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10h COHNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Glen Burnie 1 YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 823 North Shore Dr. 21060 U.S.A. in by the funeral director, page 5 should be detached for use as the burial-transit removal. within 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 M Divorced White 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp ndary (0-12) College (1-4 or 5+) Engineer Tech. 12th State Highway Admin. once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) William O. Burton, Sr. notified at Jean T. Healy BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Box 731 Glen Burnie, Md. 21061 Kimberly M. Burton pe 20a, METHOD OF DISPOSITION
1 ☑ Burlat 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, Stata DATE must New Cathedral 3-21 ☐ Donation 5 ☐ Other (Specify) Cemetey Baltimore, Md. examiner 22. NAME AND ADDRESS OF FACILITY
Singleton Funeral Home 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Second Ave. S.W. Glen Burnie, Md. 21061 medical 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory strest, filled in by shock, or heert failure. List only one cause on each line. 6 IMMEDIATE CAUSE (Finsi **Onset and Death** the cremation, Almoschatiz disease or condition\_ this certificate has been signed by the attending physician and completely with the State Dept. of Health and Mental Hygiene prior to burial, crematik resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF): executed traumatic CERTIFICATION Sequentisliy list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disesse or injury that initiated events or other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST injury. PART ii. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY MEDICAL shows any YES 2 NO 1 - YES 2 - NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) ftem HOSPITAL: OTHER: 1 X YES 2 NO 1 ☐ Inpatient 2XXER/Outpetient 3 ☐ DOA OR ATTENDING PHYSICIAN: 4 🗆 Nun ng Home 5 - Residence 6 - Other (Specify) marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 2 Accident 5 Pending 1 YES 2 NO BY After t TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: Afte be filed within 72 hours after deat IMPORTANT. If Item 28 Is m 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide ETED. 6 Could not be 4 Homicide 29a. CERTIFIER COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. on and/or investigation, in my opinion, death occured at the time, data and piece, and dua to the cause(a) and manner as ateted. SIGNATURE AND TITLE OF CENTIMEN 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE O.C.M.E. 03/18/91 2 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MR 60L 111 PENN STREET, BALTIMORE, MARYLAND 21201 32 REGISTRAR'S SIGNATURE Luna Savidson 199

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



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FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TAL DR ATTENDING PRISICIAN: THE IBM requires that the death certificate be executed within 24 flours after beaut. Tage of flow be retained by the flooring physician.	RAL	27	= 3
å	B	THE REAL PROPERTY.	AN
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ě	TO WE THAN PAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1,	出出	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1	1. DECEDENT'S NAME (Firs								2. DATE OF DE	DAY	YEAR _	3. TIME OF DEATH
1	RAYMOND		vier			WMAN			03			2:00 PM M
	4. SOCIAL SECURITY NUM 299.03.6498		5. SEX 1 2 M 2 F	6. AGE (In yrs. lest	VRS.	MONTHS	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day, 4-26-1	Year)	S. BIRTHE Country Ohio	
	9a. FACILITY NAME (If not i		treet end number)			9b. CITY	, TOWN (	R LOCATION OF DE			INTY OF DE	ATH
חסוספעום	NORTH ARUND	EL HOS	PITAL AS	SOCIATIO	N	GL:	EN E	URNIE		A	.A. (	COUNTY
ايُ	10e. STATE	10b. COUNTY	Y		10c. CIT	Y, TOWN C	R LOCAT	ION				10d. INSIDE CITY LIMITS?
5	MD	Anne	Arundel		Gle	n Bu	rnie					1 TES 2 NO
	10e. STREET AND NUMBER	R					101	. ZIP COOE		10g. CI	IZEN OF W	HAT COUNTRY?
ONEDAL	7861 Cheve	rly La	ne				2	1060		U.	S.A.	
5	11. MARITAL STATUS	4	12. WAS DECEDEN	TEVER IN U.S. ARI	MED	13.	WAS DEC	ENGENT OF HISPAI	NIC ORIGIN? (Spe	ocify Yes or No-	14. RACE Black.	- American Indian, White, atc.
	1 Never Merried 2 2 3 Widowed 4 Div	1000	IF YES, GIVE	MAR OR DATES				2 NO Specif		410.7	Specify	y:
		CEDENT'S EDU	W.W. II		CEDENT'S	USUAL O	COLIDATIO		Las Mines	OF BUSINESS/IN		White
	(Specify or	nly highest grade	completed)	(GI		work done		at of working	100. KIND	OF BUSINESS/IN	DUSTRY	
	Elementary/Secondary		College (1-4 or 5	+)	Col		tire	d	U.S	S. Army		
COMPLE	17. FATNER'S NAME (First, I		1	- 121.	001	· ACC	CALC	18. MOTHER'S NA				
	Floyd Bown	nan						Ruth Mo	rrett			
2	Frances M.		n	100	ame			and Number or Rural	Route Number, City	y or Town, State, Z	ip Gode)	
	20e. METHOD OF DISPOSI	TION		20b. PLACE				(Name	DATE	20c. LOCATION -	- City or Tov	vn, State
	1 ☐ Burlal 2 🐼 Cremat 4 ☐ Donation 5 ☐ Othy		oval from State	of cemetary,	o Cr	emat	orv	Inc.	3-16	Catons	ville.	. Md.
	21. SIGNATURE OF FUHER	AL SERVICE LIS	ENSEE	.//		/22.	NAME A	ND ADDRESS OF FA	CILITY			
	Ale	rest	1011	mison	N		Sing 1 Se	leton Fu	ineral F	Glen Bu	ırnie	, Md. 21061
	IMMEDIATE CAUSE (F	haart fallure.	List only one ca	use on each line	ı <b>.</b>						rrest,	Approximate Interval Between Onset and Death
	resulting in death)		DUE TO	O (OR AS A CONSEC O (OR AS A CONSEC O (OR AS A CONSEC	QUENCE O	F):	7	/		1		
HILLAHON	Sequentially list cond		bDUE TO	OR AS A CONSEC	OUENCE O	( F):	10	44	95 00	red .		
3	If sny, leading to imm cause. Enter UNDERLY	YING	c. /	46de	ome	2 6						
	CAUSE (Disease or in that initiated events		DUE TO	OR AS A CONSEC	DUENCE O	F):						
	resulting in death) LA	ST	d									
5	PART II. Other signific	cant condition	ns contributing to	o death but not r	resulting	In the u	ndarivin	a cause alven in	Part I. 24s.	WAS AN AUTOPSY	246	WERE AUTOPSY FINDINGS
5			06							PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL		Oise.		77.41				1-4624	7 10	YES 2 NO	100	OF DEATH?
- 1		U SE	س م ح						—			1 YES 2 NO
Z	25. WAS CASE REFERRED	TO MEDICAL					26. P	LACE OF DEATH (C	heck only one)	100		
PHTSICIAN	EXAMINER?		HOSPITAL:	☐ ER/Outpatient 3	DOA	OTHE!	R:	ne 5 🗆 Residence		icthy)		
	27. MANNER OF DEATH		28e. DATE 0	F INJURY	28b. Till	E OF	28c. IN	JURY AT		E HOW INJURY O	CCURED	
2	1 Natural 5	Pending Investigation	(Month,	Day, Year)	IN.	JURY M		YES 2 NO				
	9 D Sulalda -	Could not be determined		OF INJURY — At he i, etc. (Specify)	me, farm,	street, fac	tory, offic	<b>:</b>	28f. LOCATION City or Yow	(Street and Numb vn, State)	er or Runal R	loute Number,
4	290. CERTIFIER											
COMPLETED	(Check only		ER: On the basic of									) end menner as stated.
פבי	29b. SIGNATURE AND TITI	LE OF CERTIFIE	R 21	RIT				29c. LICENSE NU	938	29d. D/	TE SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS						20.15				-/	70///
	MAYER GORB	ATY, M	.D./95 A	QUAHART'	ROAD	, #20	J3/G	LEN BURN	IE, MAR	XYLAND 2	1061	
	31. DATE FILED (Month, Da MAR	1 9 199	91 32. REGISTA	AR'S ATGNATURE	-Rand	482						

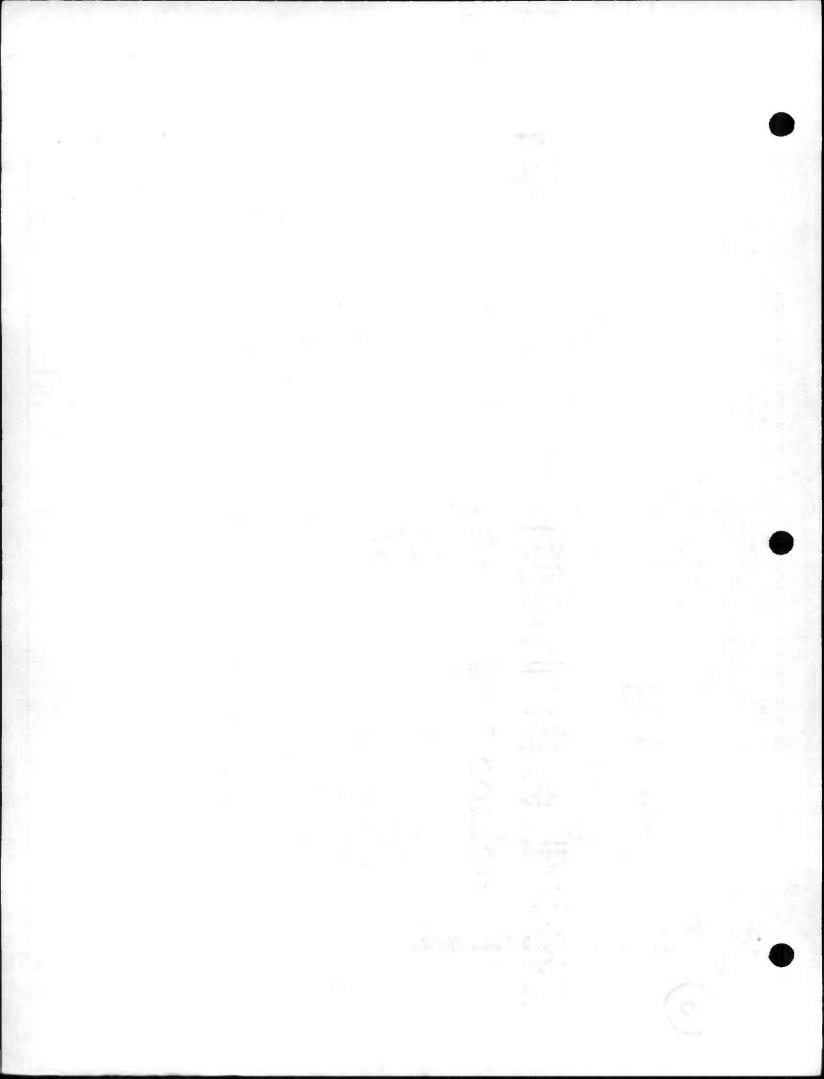


TO THE INCOLAY. OF After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENI
CERTIFICATE OF DEATH	REG. NO.

REGISTRAR	STATE OF MARYI		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN		
1. DECEDENT'S NAME (First, Middle CHARI	ES W. BECKER			2. DATE OF DEATH DO NOTH D	AY YEA	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 215-09-4219	5. SEX 6. AGE	YRS. MONTH		7. DATE OF BIRTH (Month, Day, Year) March 19	1907Co	IRTHPLACE (State or Foreign ountry) nnecticut
	TIMORE MEDICAL		TY, TOWN OR LOCATION OF D TOWSON	EATH	BALT	OF DEATH LIMORE COUNTY
2000	county altimore	10c. CITY, TOW Tows	N OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 1 NO
100. STREET AND NUMBER 205 E. Joppa R	d.,Unit 2604		101. ZIP CODE 21204		U.S.	OF WHAT COUNTRY?
11. MARITAL STATUS  1 Never Merried 2 Marrie  3 Widowed 4 Divorced	12. WAS DECEDENT EVER	2 X NO	3. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexico 1 YES 2 PNO Specific	in, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White
15, DECEDENT (Specify only higher Elementary/Secondary (0-12)	"S EDUCATION st grade completed) College (1-4 or 5+)	16a. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire) Optician	ne during most of working	Barenbi		ical Co.
17. FATHER'S NAME (First, Middle, L		1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1		ME (First, Middle, Maiden		
Charles W. Bec	nt)	196. MAILING ADDR	ESS (Street and Number or Rural	neth Meid Route Number, City or Tox	vn, State, Zip Cod	0)
20e. METHOD OF DISPOSITION \$\( \) Buriel 2 \( \) Cremenon 3 \( \) 4 \( \) Donation \( \) Other (Specific	1 20	0b. PLACE AND DATE OF D		DATE 20c. LC 3/19/91 T	imonium	
21. SIGNATURE OF FUNERAL SERV	ICE LICENSEE	h	Ruck Towson 1 1050 York Rd	Funeral Ho		
shock, or heert to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	bDUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	)			Approximate interval Between Cases and Dea
resulting in death) LAST	d d contributing to death	but not resulting in the	underlying cause given in		AMEO!	24b. WERE AUTOPSY FINDING AMPLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
						1 123 2 110
25. WAS CASE REFERRED TO MED	HOSPITAL:	ОТН				1 120 2 100
EXAMINED 2 NO  27. MANNER OF DEATH  1 Natural 6 Pendir	HOSPITAL: 1   Inpetient 2   In	tpatient 3 DOA 4 D	IER: Nursing Home 5 Residence 26c. INJURY AT WORK?		INJURY OCCURE	
EXAMINERY 2 PES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1   Inputtent 2   Inputtent 2   Inputtent 2   Inputtent 2   Inputtent 2   Input tent 2	tpetient 3 DOA 4 DOA 4 DOA 286. TIME OF INJURY N	Nursing Home 5 Residence 26c. INJURY AT WORK? 1 YES 2 NO	6 Other (Specify)	and Number or R	50



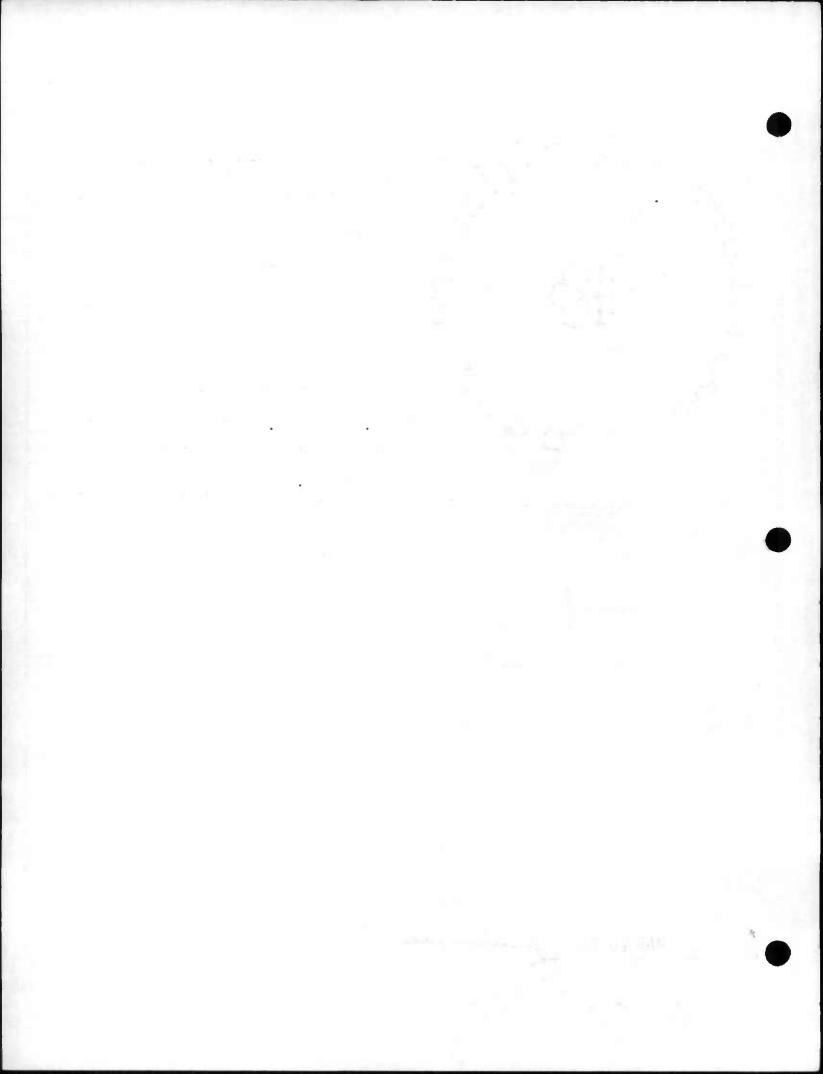


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1. 0	ECED	ENT	's	N/
95		Ŧ	3	ď
	1. 0 Qr	. STA	REGIST	

1. DECEDENT'S NAME (First, Middle, Last)		0	1			2, DATE OF I	DEATH	GI	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		Bur a	irthday) IF UN	HDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E	HRTH V. Year)	8. BIRT	
218-36-3616  90. FACILITY NAME (If not institution, give sti		57	YRS.	CITY, TOWN (	OR LOCATION OF D			Gec OUNTY OF I	orgia
St. Agnes Hos	pital			Ва	ltimore	=			
Maryland 10b. COUNTY			10c. CITY, TOW	on Local					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 2832 Fox Stree	t	7		10	212	11	10g. (		WHAT COUNTRY?  JSA
11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4X Divorced	12. WAS DECEDENT EV FORCES? 1 I	YES 2 NO		If yes, sp	CENDENT OF HISPA ecity Cubsn, Mexic 2 NO Speci	an, Puerto Rica		Blac	CE — American Indian, ck, White, atc.
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondery (0-12)		(Give	EDENT'S USUA e kind of work of to NOT use retin	one during mo		16b, KP	OF BUSINESS	VINDUSTRY	
17. FATHER'S NAME (First, Middle, Lest)					18. MOTHER'S N	AME (First, Midd	le, Meiden Sumem	(0)	
Joe Williams			1100			dia We			
190. INFORMANT'S NAME (Type/Print) Paul Dickens					and Number or Rune ase St				21213
20e. METHOD OF DISPOSITION  20e. METHOD OF DISPOSITION  20e. METHOD OF DISPOSITION  3 Remarks  4 Donation 5 Other (Specify)	oval from State	20b. PLACE OF	F DISPOSITION	N (Name of ca	metery, cremetory or emeter;		20c. LOCATION Balt	— City or 1	Town, State
21. SIGNATURE OF FUNERAL SERVICE LIC	010	let 0	tt 1		y O. Dy				
23. PART1. Enter the diseases, or a shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. Due TO (OR	on both line.	TH. Do not entry the pence of:	Lero 4600 nter the me	Libert	y Hei	ghts A	venu	Pal Home 1e 21207 Approximata Interval Betwo
23. PART 1. Enter the diseases, or a shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other algnificant conditions	a. DUE TO (OR DUE TO (OR DUE TO (OR d.	R AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER	th. Do not end of the pence of	Lero 4600 nter the many and a way of the many and a way of the many and a way of the many and a way of the many and a way of the many and a way of the many and a way of the many and a way of the many and a way of the many and a way of the way	Libert	n Part I. 24	ghts A	arrest,	Approximata
23. PART I. Enter the diseases, for shock, or heert fellurs.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR DUE TO (OR	R AS A CONSEQUERAT AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS	JENCE OF):  JENCE OF):  JENCE OF):	Lero 4600 mter the me  ~ / ~	Libert  ode of dying, su  g cause given i	n Part I. 24	e or respiratory	arrest,	Approximate Interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
23. PART I. Enter the diseases, for a shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINERY  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	a. DUE TO (OR DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. D. D. DUE TO (OR d. D. D. DUE TO (OR d. D. D. D. D. D. D. D. D. D. D. D. D. D.	R AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUERY AS A CONSEQUER AS	JENCE OF):  JENCE OF):  JENCE OF):  JENCE OF):  JENCE OF):  JENCE OF):  JENCE OF):  JENCE OF):	Lero 4600 mter the months the mon	Libert	n Part I. 24	e or respiratory	arrest,	Approximate Interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
23. PART I. Enter the diseases, for a shock, or heert fellurs.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH	B. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. D. D. DUE TO (OR d. D. D. DUE TO (OR d. D. D. DUE TO (OR d. D. D. D. D. D. D. D. D. D. D. D. D. D.	R AS A CONSEQUENT AS A CONSEQU	JENCE OF):  JENCE OF):  JENCE OF):  JENCE OF):  JENCE OF):  JENCE OF):  JENCE OF):  JENCE OF):	Lero 4600  Mer the months the mon	Libert  ode of dying, su  og cause given i  place of DEATH (t)  me 5   Residence  UUSTY AT  ORK?  YES 2   NO	n Part I. 24  theck only one)  8 G Other (S  286, DESCR	e or respiratory  is. WAS AN AUTOF PERFORMED?  VES 2 Mc	arrest,	Approximate interval Betwood Onset and De On
23. PART I. Enfer the diseases, or a shock, or heert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	BLIST ONly One cause  a. DUE TO (OR b. DUE TO (OR c. DUE TO (OR d. DUE T	R AS A CONSEQUERA A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A C	JENCE OF):  JENCE	Lero 4600 mter the months and the months are underlying to the months are	Libert  ode of dying, su  A A  Ing cause given in  PLACE OF DEATH (Come 5   Residence  JURY AT  ORK?  YES 2   NO  ce  In and place, and did death occurred at its	n Part I. 24  theck only one)  28f. LOCATI City or  use to the cause the time, date en	Specify)  In the How Injury  ON (Street and Nur Nown, State)  (e) and manner and due	OCCURED  stated. to the cause	Approximate interval Betwo Onset and De Onse
23. PART I. Enter the diseases, for shock, or heert fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNEY OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only)	B. DUE TO (OR DUE TO (	R AS A CONSEQUERA A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A C	JENCE OF):  JENCE	Lero 4600  mier the mo  ~ /   which is a second of the control of	Libert  ode of dying, su  ng cause given i  PLACE OF DEATH (V	n Part I. 24  theck only one)  8  Other (S  28d. DESCR	cor respiratory  is or respirato	OCCURED  stated. to the cause	Ab. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO







## DIVISION OF VITAL RECORDS, P.O. BOX 13146,

ours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
be filed within 72	IMPORTANT: If	

STATE OF MA					<b>MENTAL</b>	HYGIENE
	CERT	TIFICATE	OF DEAT	TH.	,	REG. NO.

	1 - FOR STATE OF MA	ARYLAND / DEPARTMENT CERTIFICATE		MENTAL HYGIENE REG. NO.	
	1. OECEDENT'S NAME (First, Middle, Last) EMMA	BOBELIS	5	2. DATE OF DEATH MONTH	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  220 07 4519  9a. FACILITY NAME (If not institution, give street and number)	8. AGE (In yrs. last birthday)  82  YRS.  9b. CITY,	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. TOWN OR LOCATION OF OR	7. DATE OF BIRTH (Month, Day, Year) 7-29-1908 EATH 9c.	e. BIRTHPLACE (State or Foreign Country)  Maryland  COUNTY OF DEATH
DIRECTOR	Harbor Hospital Center			.ty =	
	Maryland Anne Arundel  10e. STREET AND NUMBER	Riviea	Beach		10d. INSIDE CITY LIMITS? 1 □ YES 2 ☑ NO
FUNERAL	225 Kenwood Road		101. ZIP CODE 21122		U.S.A.
BY	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT FORCES? 1 IF YES, GIVE WA	YES 2 NO	WAS DECENDENT OF HISPAI If yes, specify Cuban, Mexics I YES 2 NO Specify		o- 14. RACE - American Indian, Black, White, atc. Specify: White
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	16a. DECEDENT'S USUAL OF (Give kind of work done of life. Do NOT use retired.)  Housewife	CCUPATION during most of working	186. KIND OF BUSINES Home Mak	SS/INDUSTRY
BE COM	17. FATHER'S NAME (First, Middle, Last) Matthew Sh	nimanskas	18. MOTHER'S NA	ME (First, Middle, Malden Surne	
TO B	190. INFORMANT'S NAME (Type/Print) Emily C. Buckingham	225 Kenwo	ood Road Ri		Maryland 21122
	20e. METHOD OF OISPOSITION 1 1 Step Buriel 2 □ Cremetion 3 □ Removal from State 4 □ Donation 8 □ Other (Specify)	20b. PLACE OF DISPOSITION (No other place) HOLY Redeemel		Balti	on - city or Town, State more, Maryland
	· Garna M Zran	uroushi	George J. Go 4001 Rito	nce Funeral Chie Hwy. Bal	ltimore, Md. 21225
	23. PAPIT I. Enter the diseases, or compilestions that abock, or heart feilure. List only one ceus IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (1)	e on each line.		·	ry arreat, Approximate interval Between Onset and Death  VEN Multh
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	Acute Mycon as a consequence of:	CAKNIUC	INFAKET	2007
PHYSICIAN: MEDICAL C	PART II. Other algnificent conditions contributing to d	• • • • • • • • • • • • • • • • • • • •	nderlying couse given in	Part I. 24s. WAS AN AUTO PERFORMED 1 YES 2	? AMAILABLE PRIOR TO COMPLETION OF CAUSE
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 VNO 1 Magnetical 1 Light Indicated 1 Magnetical 2 Union 1 Mag	ER/Outpatient 3 DOA 4 Nur	26. PLACE OF DEATH (C/		
ВУ РНУ	27. MANNER OF DEATH    Netural   8   Pending   (Month, Dec.)   Accident   Investigation	NJURY 26b. TIME OF	28c. INJURY AT WORK? 1 YES 2 NO	28d, DEŞCRIBE HOW INJUF	RY OCCURED
	1 Suicide 28e. PLACE OF	INJURY — At home, farm, street, fact tc. (Specify)	tory, office	28f. LOCATION (Street and N City or Town, State)	Number or Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of axi				
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER  WO.	House office	29c, LICENSE NU	MBER 29	d. OATE SIGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE  DAY KEPLER M. P.  31. DATE FILED (Month,  Day, 'bea')  32. REGISTRAE	HARROL HOSVI	me Cent	inc 3001. S	· HANOVE ST BAR
	3/19MAR91 9 199 9u	ha Daydson-Randell			



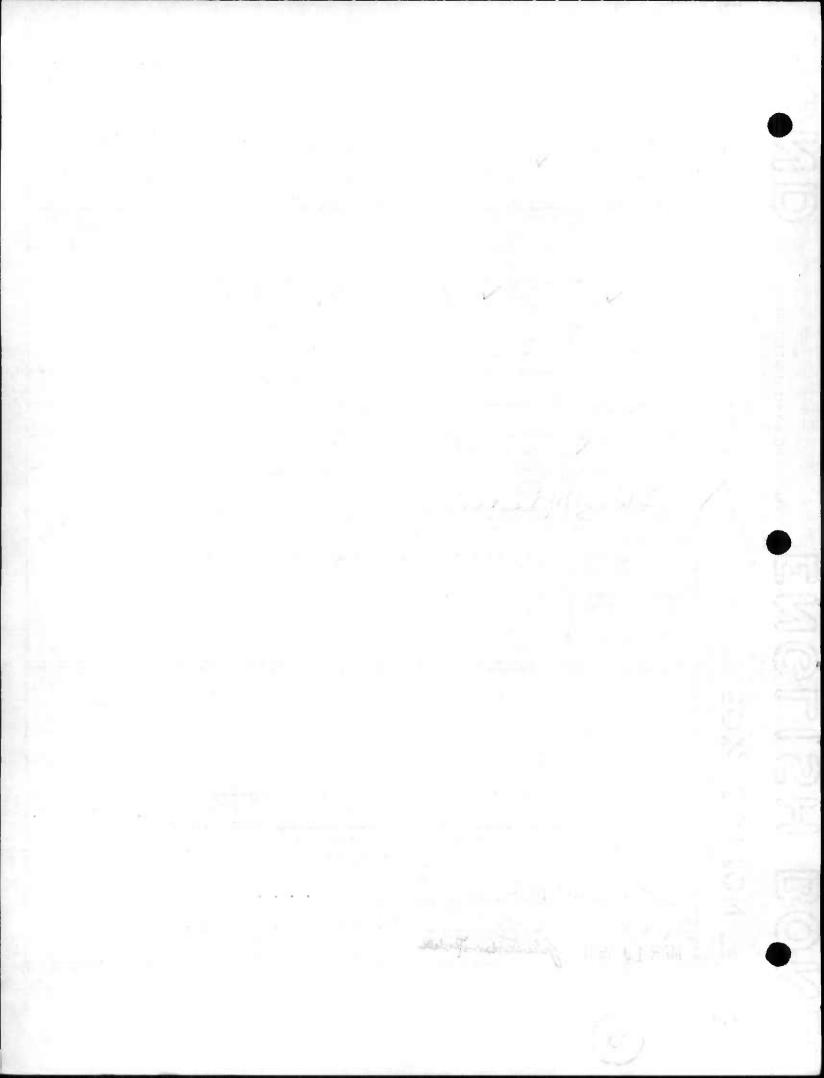
D THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	MPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: After	IMPORTANT: If Item 28 is ma

	1 - STATE REGISTRAR		SIAIE UF	MARYLAND	DEPA					MENTAL	HYGIE	53.7		
	1. OECEDENT'S NAME (First,	Middle, Last)								2. DATE	OF DEATH			3. TIME OF DEATH
			7.7		D 1					MONTH		DAY	YEAR	
	Sherman		W.		Buch				A Salakina C	03		15	1991	3:52 P
ı	4. SOCIAL SECURITY NUMB	IER	5. SEX	6. AGE (In yrs	. last birthday)	IF UNDER	1 YEAR	HOURS	MIN.	7. DATE ( (Month)	Day, Year)	5 100	8. BIRTI	IPLACE (State or Foreign y)
	429-86-94	120	1 M 2 F	- 4	4 4 YRS.			1.00.10		OCT	.21,	1946		ARK
	9a. FACILITY NAME (If not in	stitution, give :	street and number)			9b. CITY	, TOWN (	R LOCAT	ON OF OR	ATH		9c. COU	NTY OF C	EATH
	Shock Trau	ma (	Center			Ba1t	imo	re C	ity					
	10a. STATE	10b. COUNT	Υ		10c. CI	TY, TOWN	OR LOCAT	TION						10d, INSIDE CITY
	ARK.			ED		BENT	IVO2		ESHO	- 1				LIMITS?
- 1	10e. STREET AND NUMBER					DUIA:	7	ZIP COD				T 40- 017	TEN OF	WHAT COUNTRY?
	2825 SILI	CA H	EIGHTS	HST.	181			, ZIP COL		7201	5	log. Citi		S.A.
	11. MARITAL STATUS		12. WAS OECEDE FORCES?	IT EVER IN U.S.	ARMEO	13.	WAS DEC	ENDENT	OF HISPAN	IIC ORIGIN	(Specify Y	es or No-	14. RAC	E — American Indian, k, Whita, etc.
	1 Never Married 2			MAR OR DATES	□NO	- 1	If yes, sp 1 ☐ YES	S NO	in, Mexica Specifi	n, Puerto R	Ican, etc.)			
	3 Widowed 4 Divo	rced	U.S.A.						ороси				Open	"YE WHITE
	15, DEC	EDENT'S EDL	ICATION	16a	OECEDENT	S USUAL O	CCUPATIO	ON	_	16h	KIND OF B	USINESS/INC	VISTRY	
		y highest grade			(Give kind of	work done			ng					
	Elementary/Secondary (0	1-12)	College (1-4 or 5	+)					T	7/77		m T T T	DV (	70
	10				O.I.1	LIT	r CC	NSU	LTA.	N.T	U	TILI'	т. т. (	-∪•
	17. FATHER'S NAME (First, M.	liddle, Last)						18. MOT	HER'S NA	ME (First, N	liddle, Maide	n Surname)		
	WILLIAM W	V. BU	CHER					W	ILL	A MA	E GE	NTRY		
	19a. INFORMANT'S NAME (7				19b. MAILIN	G ADDRES	\$ (Street	nd Numbe	r or Rural	Route Numb	er, City or F	wn, State, Zip	Codel	
			D									ON.A		72015
	WILLIAM E		R						TGU	15.	_			
	20e. METHOD OF DISPOSITION   20b. PLACE AND DATE OF DISPOSITION (Name   DATE   20c. LOCATION — City or Tow   1   Burlai 2   Cremetion 3   Removal from State   20f. genetary, crematory of other place)													
1	4 Donation 5 Other (Specify) HICKS CEMETERY 3/21/9 BENTON, ARK.													RK.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY 4905 YORK ROAD 2121  HENRY W. JENKINS AND SONS.BALTO, M.  23. PART I. Enter the diseases, or complications that caused the death. Op not enter the mode of dying, such as cerdiac or respiratory arrest,   Approximent													
	Sequentially list condition in the cause. Enter UNDERLY CAUSE (Disease or injust in that initiated events resulting in death) I AS	diate ING Iry	b	OR AS A CON	ISEOUENCE	OF):								
	resulting in deeth) LAST											IN AUTOPSY	24	
	PART II. Other significe	ent conditio	ne contributing to	PART II. Other significent conditions contributing to death but r					interesting in the underlying cause given in					
П	PART II. Other significe	ent conditio	ne contributing to	death but n	Dt resulting		nderiyin	g cause	given in		1 TYES			AVAILABLE PRIOR TO COMPLETION OF CAUSE
П	PART II. Other significe	ent conditio	ne contributing to	death but n	Dt resulting		nderiyin	g cause	given in	_	1 TYES	2   NO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	PART II. Other significa	ent conditio	ne contributing to	death but n	Dt resulting		nderiyin	g cause	given in		1 TYES		y	AVAILABLE PRIOR TO COMPLETION OF CAUSE
			ne contributing to	death but n	ot resulting					_	HOAL	2   NO	4	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	PART II. Other significe			death but n	ot resulting		28. P			neck only on	HOAL	2   NO	y	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	25. WAS CASE REFERRED TO		HOSPITAL:			OTHE	28. P	LACE OF	DEATH (C)	neck only on	HOA!	2   NO	y	COMPLETION OF CAUSE OF DEATH?
	25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:	□ ER/Outpetler	n 3 🗆 DOA	OTHE 4 □ Nu	28. P R: rsing Hon 28c. IN.	LACE OF	DEATH (C)	6 🗆 Other	I (Dres Hon!	2   NO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	25. WAS CASE REFERRED TO EXAMINER? 13€ YES 2 □ NO 27. MANNER OF DEATH		HOSPITAL:	□ ER/Outpetfer F INJURY Day, Year)	nt 3 □ DOA	OTHE 4 □ Nu	28. P R: rsing Hon 28c. IN.	LACE OF F	DEATH (C/	6 🗆 Other	I (Dres Hon!	2   NO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	25. WAS CASE REFERRED TO EXAMINER? 13 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident	O MEDICAL	HOSPITAL:  QZ Inpatient 2  26e. DATE 0 (Month,	□ ER/Outpetler F INJURY Dey, Year)	n 3 □ DOA	OTHE 4 Nu ME OF UNRY	28. PR: rsing Hon 28c, IN. W(	LACE OF FILIPIES AT DRIK?	DEATH (C)	6 Other	(Specify) CRIBE HOW	2 □ NO  0 O W  vinuery ocited	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
	25. WAS CASE REFERRED TO EXAMINER?  1) YES 2 NO  27. MANNER OF DEATH  1 Netural 5 2 Accident  3 Suicide 8	O MEDICAL  Pending Investigation Could not be	HOSPITAL:  DE Inpatient 2  26e. DATE 0 (Month, 03 14 26e. PLACE	□ ER/Outpetfer F INJURY Day, Year)	n 3 □ DOA	OTHE 4 Nu ME OF UNRY	28. PR: rsing Hon 28c, IN. W(	LACE OF FILIPIES AT DRIK?	DEATH (C/	6 Other	(Specify) CRIBE HOW	2 □ NO  0 O W  vinuery ocited	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  NO Route Number,
	25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 2 Accident  3 Youlde 8	O MEDICAL Pending Investigation	HOSPITAL:  INDICATE O  26e. DATE O  (Month),  03 144  26e. PLACE building	□ ER/Outpetler F INJURY Dey, Yer) 199 OF INJURY — A , etc. (Specify)	n 3 □ DOA	OTHE 4 Nu ME OF UNRY	28. PR: rsing Hon 28c, IN. W(	LACE OF FILIPIES AT DRIK?	DEATH (C/	6 Other 28d. DES Self 28f. LOC.	(Specify) CRIBE HOV  In f1 ATION (Street	VINJURY OCICTED 100 100 100 100 100 100 100 100 100 10	WO1 r or Rural W. I	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
	25. WAS CASE REFERRED TO EXAMINER?  1% YES 2 NO  27. MANNER OF DEATH  1 Netural 5 2 Accident  3 W Suicide 8 4 Hornicide	Pending investigation Could not be determined	HOSPITAL:  RE Inpatient 2  26e. DATE 0 (Month, 03 14  26e. PLACE building At h	□ ER/Outpetler FINJURY Day, 'bar) 199 OF INJURY — A , etc. (Specify) OME	of 3 DOA 28b.Ti	OTHE 4 Nu ME OF NJURY M	28. PR: rsing Hon 28c. IN. WC 1  tory, office	LACE OF IN THE STATE OF THE STA	DEATH (C/	6 Other 28d. DES Self 28f. LOC. City Har	(Specify) CRIBE HOV Tnf1 ATION (Streen, Streen,  vinjury oci icted	Wot or Rural W . I	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 Yes 2 No  No Route Number,	
	25. WAS CASE REFERRED TO EXAMINER?  1) YES 2 NO  27. MANNER OF DEATH  1 Netural 5 2 Accident  3 M Suicide 8 4 Homicide  29a. CERTIFIER (Check only	Pending investigation Could not be determined	HOSPITAL:  RE inpatient 2  26a. DATE 0 (Month, 03 14  26a. PLACE building At h	□ ER/Outpetler F INJURY Dey, 'ber') 199 OF INJURY — A , etc. (Specify) OME	it 3 DOA	OTHE 4 Nu ME OF NJURY M	28. PR: rsing Hon 28c. IN. Wt 1  ctory, office	LACE OF I	DEATH (C/	6 Other 28d. DES Self 28f. Loc. City Har	e)  (Specify)  CRIBE HOW  Infl  ATION (Street  Town, Street  Ve De  se(a) and m	v INJURY OC icted st and Number 19 609 Grac	WOIL FOR Flural W. I	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 Yes 2 No  No  Route Number, afayett St
	25. WAS CASE REFERRED TO EXAMINER?  1) YES 2 NO  27. MANNER OF DEATH  1 Netural 5 2 Accident  3 M Suicide 8 4 Homicide  29a. CERTIFIER (Check only	Pending investigation Could not be determined	HOSPITAL:  RE inpatient 2  26a. DATE 0 (Month, 03 14  26a. PLACE building At h	□ ER/Outpetler F INJURY Dey, 'ber') 199 OF INJURY — A , etc. (Specify) OME	it 3 DOA	OTHE 4 Nu ME OF NJURY M	28. PR: rsing Hon 28c. IN. Wt 1  ctory, office	LACE OF I	DEATH (C/	6 Other 28d. DES Self 28f. Loc. City Har	e)  (Specify)  CRIBE HOW  Infl  ATION (Street  Town, Street  Ve De  se(a) and m	v INJURY OC icted st and Number 19 609 Grac	WOIL FOR Flural W. I	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 Yes 2 No  No Route Number,
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	25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 2 Accident  3 Suicide 8 4 Hornicide  29a. CERTIFIER (Check only one) 2 MED	Pending Investigation Could not be determined	HOSPITAL:  100 Inpatient 2  28e. DATE 0  (Month),  12  26e. PLACE building  At 10  SICIAN: To the best of	□ ER/Outpetler FINJURY Dey, 'ber') 199 OF INJURY — A , etc. (Specify) OME	it 3 DOA	OTHE 4 Nu ME OF NJURY M	28. PR: rsing Hon 28c. IN. Wt 1  ctory, office	LACE OF Interpretation of the control of the contro	DEATH (C/ lesidence NO e, and due ared at the	6 Other 28d. DES Self 28f. LOC. City. Har- to the cau. time, date	e)  (Specify)  CRIBE HOW  Infl  ATION (Street  Town, Street  Ve De  se(a) and m	2 No No No No No No No No No No No No No	Wot Voted.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 Yes 2 No  No  Route Number, afayett St
	25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 2 Accident  3 Suicide 8 4 Hornicide  29a. CERTIFIER (Check only one) 2 MED  29b. USANTES AND TAILE	Pending Investigation Could not be determined TIFYING PHYSICAL EXAMIN	HOSPITAL:  RE inpatient 2  26e. DATE 0  (Month, 03  14  26e. PLACE building At h  SICIAN: To the best of ER: On the bests of	□ ER/Outpetler F INJURY Dey, Year) 199 OF INJURY — A , etc. (Specify) OME If my knowledge examination and	28b, Ti	OTHE 4 Nu ME OF NJURY M C street, fac	28. PR: rsing Hon 28c. IN. Wt 1  ctory, office	LACE OF Interpretation of the control of the contro	DEATH (C)	6 Other 28d. DES Self 28f. LOC. City. Har- to the cau. time, date	e)  (Specify)  CRIBE HOW  Infl  ATION (Street  Town, Street  Ve De  se(a) and m	2 NO NO NO NO NO NO NO NO NO NO NO NO NO	WO1  r or Flural  W. I  P. N  thed.  the cause(	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  NO  Route Number, afayett St
	25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 2 Accident  3 Suicide 8 4 Hornicide  29a. CERTIFIER (Check only one) 2 MED	Pending Investigation Could not be determined TIFYING PHYSICAL EXAMINE E OF CERTIFIE	HOSPITAL:  RE inpatient 2  26e. DATE 0  (Month, 03  14  26e. PLACE building At h  SICIAN: To the best of ER: On the bests of	□ ER/Outpetler F INJURY Dey, Year) 199 OF INJURY — A , etc. (Specify) OME If my knowledge examination and	R 3 DOA 28b. Ti II Un It home, farm s, death occur (ITEM 27) (7)	OTHE 4 ON NUMBER OF NUMBER	28. PR: rsing Hon 28c. IN. 1 □ ttory, office time, dete	LACE OF   Fine 5   Fi	DEATH (C) lesidence NO e, and due ured at the	6 Other 28d. DES Self 28f. LOC City Har to the cau time, date	1 (DVES  (Specify)  CRIBE HOV  Infl  ATTON (Street, Street, St	2 NO NO NO NO NO NO NO NO NO NO NO NO NO	WO1  For Flural  W - I  And the cause  W - Signer	AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1 VES 2 NO  NO  Route Number, afayett Sid

OHMH-16 Rev 1/89





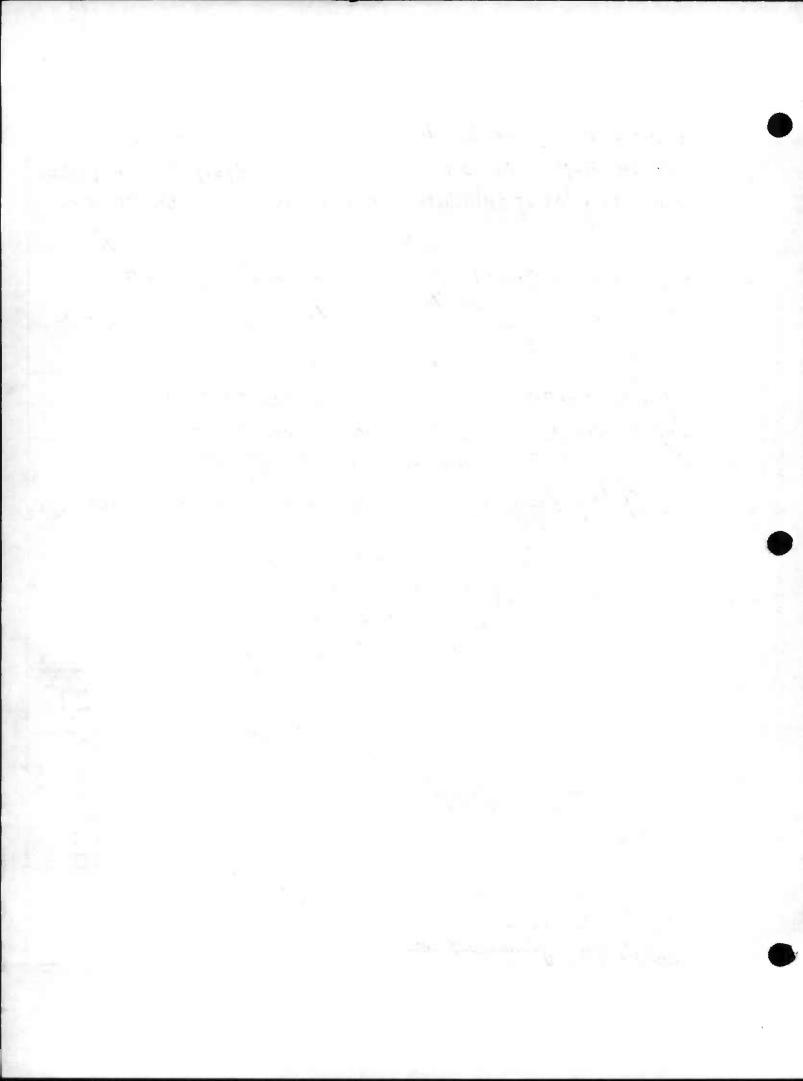


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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TO BE COMPLETED BY FUNERAL DIRECTOR  10° 8  10° 8  11. WM  12. EV  13. EV  14. 20  15. EV  16. BE  17. EV  18. BE  17. EV  18. BE  18. BE  18. BE  19. BE  11. BE  11. BE  11. BE  11. BE  12. EV  13. BE  14. SE  15. BE  16. BE  17. EV  18. BE  18. BE  18. BE  19. BE  19. BE  10.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examples of the complex of
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	TIFICATION
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requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	eral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	ding physician and completely filled in by the h tygiene prior to burial, cremation, or removal.
	<ul> <li>Page 6 may be retained by the hospital or attending physician.</li> </ul>	

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

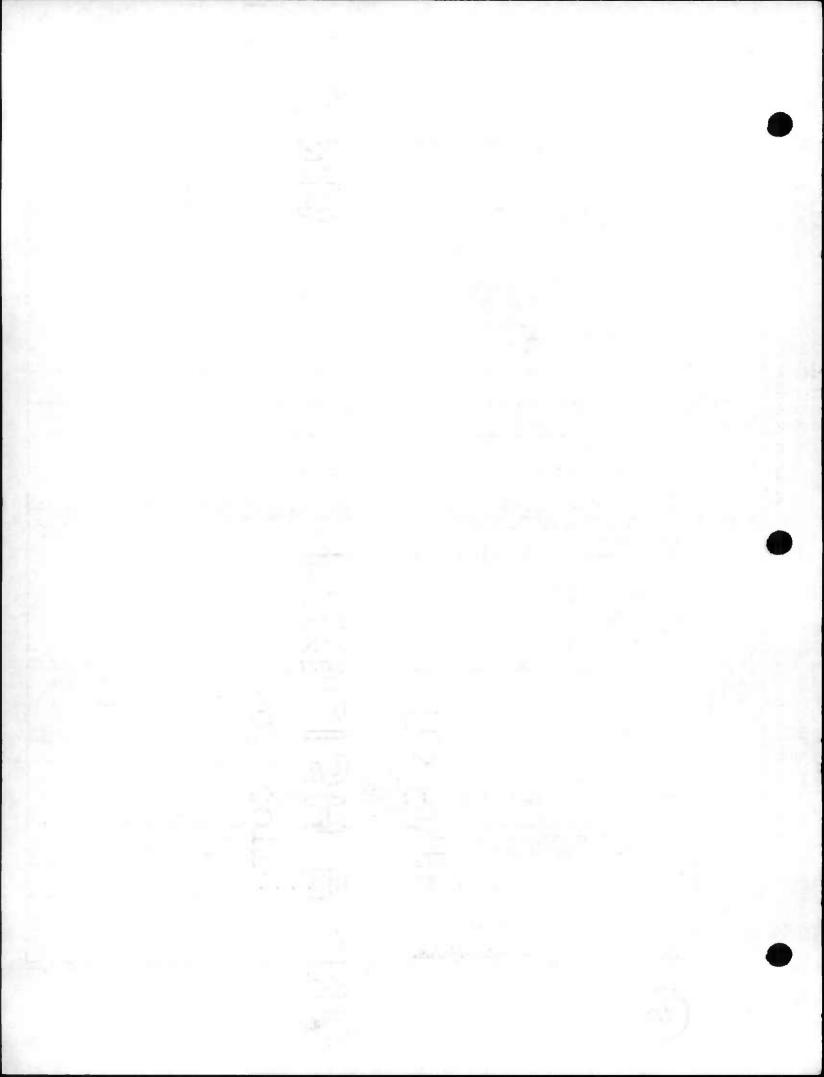
1 - FOR STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN REG. NO		
1. DECEDENT'S NAME (First, Midd BARKSDA	Lt, Linda			03 1	7 9	1 3:10 FM
214-64-24	37 10 M 2 XF 3	4 YRS. MONT		7. DATE OF BIRTH (Month, Day, Year)  7. 31	56 N	OF DEATH
96. FACILITY NAME (If not institute SIMM HOSE RESIDENCE OF DECEM	on fall of Balti	more i	Baltimore	EATH	Ba	Homore
MD	COUNTY	BA	I HI MUE			10d, INSIDE CITY LIMITS?  1 YES 2 NO
2808 Wr	Coldspring	Lane	101. ZIP CODE 2/2	15	U5	OF WHAT COUNTRY?
1. MABITAL STATUS  1. Never Married 2  Marr  3  Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 700	13. WAS DECENDENT OF HISPA If yee, specify Cuben, Mexic 1 ☐ YES 2 NO Speci	an, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: BIACE
	it's EDUCATION est grade completed) College (1-4 or 5+)	16a. DECEDENT'S USUA (Give kind of work de life. Do NOT use retire HOUSE)	one during most of working ed.)	16b. KIND OF BU	ISINESS/INDUST	RY
17. FATHER'S NAME (First, Middle,	2ston			AME (First, Middle, Malder	Surname) DALE	
341116 WI	Lsin	195. MAILING ADOF	RESS (Street and Number or Rural ABBOTTSU)	Route Number, City or Tov	VII, State, Zip Coo	e, mg 2/2/8
26a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 4 Donation 5 Other (Spe	☐ Removal from State of	b. PLACE AND DATE OF Cometary, of ematory or oth		DATE 200. LC	CATON - CRY	or Town, State
21. SIGNATURE OF FUNERAL SE	4 Duris		CHATMAN	11 4	H. B	701 Mc Cul
shock, or heard IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	C. Sepsi	A CONSEQUENCE OF:	inchini)	itis		interval Betwee
that initiated events resulting in death) LAST	L. intra	Neuvi3	dry a	avse		
PART ii. Other aignificent c	onditiona contributing to death	but not resulting in the	underlying couse given in		RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Out		26. PLACE OF DEATH (CHER: Nursing Home 5  Residence	W. There is a		
27. MANNER OF DEATH  1 Natural 8 Pend	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED
3 Suicide 8 Coul	28e, PLACE OF INJUR	Y — At home, farm, atreet, ecify)	factory, office	281. LOCATION (Street City or Town, State	and Number or F	lural Route Number,
cond only	NG PHYSICIAN: To the best of my knor					use(s) and menner sa stated.
29b, SIGNATURE AND TITLE OF	c M. Bloc	m	29c. LICENSE NO	IMBER	29d. DATE SI	GNEO (Month, Pin Year)
30. NAME AND ADDRESS OF PE	ASON WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Print)				///
MAR 1 9 199	Juna Dayason	Mandell.				



BALTIMORE, MARYLAND 21215-0020	Trours after death. Page 6 may be retained by the hospital or attending physician.	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should effed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. OECEDENT'S NAME (First, Middle, Las	st)						ſH		REG. NO			3. TIME OF OEATN
	GARRET	T		BATT	TLE			03 <sup>MONTI</sup>	1	5	91	8: 65 A
4. SOCIAL SECURITY NUMBER 214 - 58 - 6171		8. AGE (In yrs. last i		IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE	OF BIRTH 1, Day: Veer) - 04 - 5	,	8. BIRT	
	1)(□XM 2 □ F	40	YRS.						-04-5			MD
9e. FACILITY NAME (If not institution, give						MORE				9c. COUN	ITY OF I	DEATN
JOHNS HOPKINS H				DA	ALIL	HOKE	CII	-				
10e. STATE 10b. COUL	NTY			Y, TOWN C			0.1.7					10d. INSIDE CITY LIMITS?
MD			BF	LTI				Υ		,		1 X XES 2 □ NO
100. STREET AND NUMBER 4814 HAMILT	ON AVE.	APT-B	2		101	2 1	206				USA	WHAT COUNTRY?
11. MARITAL STATUS									? (Specify Yes			E — American Indian, ck, White, etc.
1 Never Married 2 Married 3 Widowed 4 Divorced	YES 2 X NO	•			2 X X YO			Rican, atc.)	Specify: BLACK			
15. DECEDENT'S E (Specify only highest gri	16a, OEC	EDENT'S	Work done	CCUPATIO	ON at of worldi	ng	16b	KINO OF BU	SINESS/IND	USTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)											
	2yrs	\$0	CIA	L W	URK							
17. FATHER'S NAME (First, Middle, Last) THEODORE	WYNN								Middle, Meiden AYES'O			
196, INFORMANT'S NAME (Type/Print)	W I IV IV	T are	Mana	1 ADDDEC:	0 /0				HYESU ber, City or Tow		0.2.	
JAMES BATT	LE											. 21206
20a, METNOO OF DISPOSITION 1 Suriel 2 Cremetion 3 R	206. PLACE A	AND DAT	E OF DISP	OSITION	(Name			E 20c. LC	CATION —	City or 1	fown, State	
4 Donation 5 Other (Specify)	LICENSEE	MOOD	LAW					CHICTY	WU	UDLA	WN,	MD.
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  WM.C. MARCH F.H. 1101 E. NORTH AVE												
23. PART I. Enter the diseases, cahock, or heert failured in the condition resulting in death)	re. List only one caus	1 PLE	IK	WI not anter	M.C	. MA	_					Approximate Interval Betw
ahock, or heart fallur IMMEDIATE CAUSE (Final disease or condition	e. List only one ceus  B. DUE TO (6	OR AS A CONSECU	UENCE C	WI not anter	M.C	. MA	_					Approximate Interval Betw
ahock, or heert failur IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	e. List only one ceus  B. DUE TO (6	TPLE TOR AS A CONSECU	UENCE C	WI not anter	M.C	. MA	_					
shock, or heert fallur IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	B. DUE TO (c	OR AS A CONSECU	UENCE (	MI not anter	M.C r tha mo	. MA	ing, auc	h aa car		I AUTOPSY	eat,	Approximate Interval Betw
shock, or heert failure immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other algnificant conditions.	B. DUE TO (c	OR AS A CONSECU	UENCE (	MI not anter	M . C	. MA	ing, auc	Part I.	24e. WAS AN PERFO	I AUTOPSY	eat,	Approximate Interval Betw Onset and Donest a
ahock, or heert failur IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL	a. HOSPITAL:	OR AS A CONSECUTOR AS A CONSEC	UENCE (	WI not enter	M . C r tha mo	MA Adda of dy	given in	Part I.	24a. WAS AN PERFO	I AUTOPSY	eat,	Approximate Interval Betw Onset and Donest a
shock, or heert failure immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other algnificant conditions.	a. DUE TO (c  b. DUE TO (c  c. DUE TO (c  d. HOSPITAL: 1 Ginpatient 2   28e. DATE OF I	OR AS A CONSECUTOR AS A CONSEC	UENCE C UENCE C UENCE C  UENCE C	DF):  OF):   M . C  T tha mo	g cause	given in	Part I.	24e. WAS AN PERFO	I AUTOPSY RMED?	24	Approximate Interval Betw Onset and Donest a	
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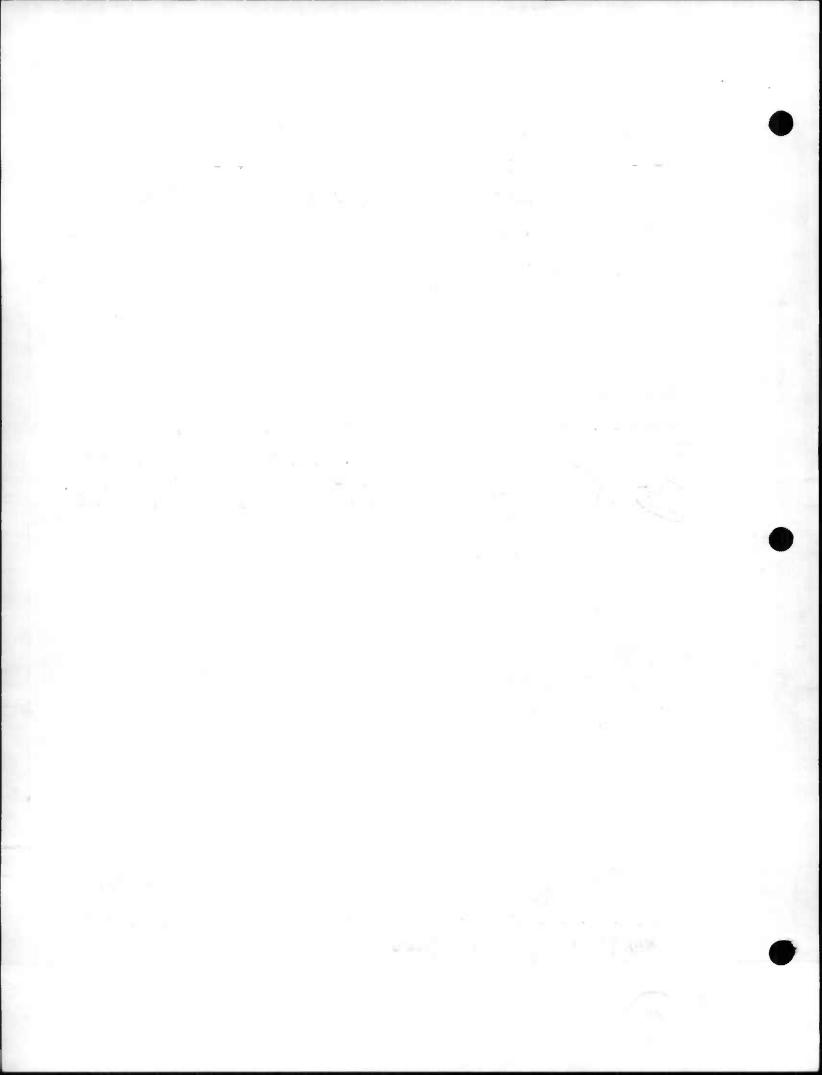


DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 nours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE	STATE OF I	MARYLAND /						MENTAL		9	9	07207
	REGISTRAR		Ci	ERTIF	ICALE	OF	DEA	ТН		REG. NO.		1.	
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		ophia		LING	ER				Marc				.:30 a™
	4. SOCIAL SECURITY NUMBER	5. SEX	6, AGE (in yrs. les	at birthday)	IF UNDER		IF UNDER			OF BIRTN , Day, Year)	6. 1	BIRTNPLA	CE (State or Foreign
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œ	Franklin Square	Hasnital			Pa	ssvi	000				Balti	more	County
2	RESIDENCE OF DECEDENT	повриш			KU	3301	lle				Duici	IIIOI C	Country
E	10a STATE 10b COUNTY	Y - 01.		10c. CIT	Y, TOWN C	OR LOCAT		- 1				104	I. INSIDE CITY
DIRECTOR	Maryland	Bartimo	ore					Dund	alk			1[	LIMITS?
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R													
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MP	9 Years			Asser	nblu					Bendix			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)									Aiddle, Maiden	Sumema)		
BE	William Carrido								el Go				
10	19a. INFORMANT'S NAME (Type/Print)		19								n, State, Zip Coo	de)	
F	Genevieve H. Jone	25	ENT	84.	32 Ka	avan	agh :	Road	. Bal	ltimor	e. MD	21	222
	20s. METHOD OF DISPOSITION 1 N Burlel 2 Cremation 3 Remo		20b. PLACE other p	OF DISPO							CATION - City		
	1 N Burial 2 ☐ Cremation 3 ☐ Rame 4 ☐ Donation 5 ☐ Other (Specify)	oval from State	Cedo	ur Hi	el Co	om.	3/1	6/91		BA	aablun	Ma	ryland
	21. SIGNATURE OF FUNERAL METALE LIC	CENSEE / /	7	, , , ,	22.	NAME AN	ND AODRE	SS OF FA	CILITY				
	KA		De	ıda=	Ruck	Fun	eral	Home	of Dun	dalk	. Inc.		
- 1	77	1	-		79	922 1	Wise	Ave	nue.	Balti	more.	MD_	21222
Z	23 PART Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (on as a consequence of):  Approximate interval Between Onset and Death  Approximate interval Between Onset and Death												
0	Sequentially list conditions, If any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):												
A	CAUSE (Disease or Injury												
FICAT	CAUSE (Disease or Injury	c. OUE TO	IOR AS A CONSE	OUENCE O	F):								
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BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant condition History of Gathistory of An Left shoulder  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATN  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINER  29b. SIGNATURE AND TATLE OF CERTIFIER COULD AND TATLE OF CERTIFIER CO	ne contributing to a Stritis, nemia Osteoar Hospital: 1 pertant 2 les. PLACE (building HICIAN: To the best of the completed CAL	o death but not Ather  Chritis  ER/Outpatient FINJURY Doy, Year)  OF INJURY — At h  of my knowledge, d examination and/or	Tresulting OSCIE  3 DOA 26b. Till IN.  Jomes, farm, Jeeth occurr Investigati	OTHEL  OTHEL  A Nur  ME OF  JURY  M  street, fect	28. PI FR: reing Horr 28c. INJ wc 1 1 tory, office	LACE OF DINE 5 R PROPERTY AT ORK? YES 2 Company and place death occur and place death oc	DEATN (Chiesidence NO NO NO NO NO NO NO NO NO NO NO NO NO	1 to the cause time, data	PERFOR  1 VES 2  TO Specify)  SCRIBE NOW If  ATION (Street a or Town, State)  use(a) and mare a and place, an	NJURY OCCUR and Number or is noner as stated. indidua to the c  29d. DATE St  3 = 1	Rural Route (a) all IGNED (AM 13-19	MLABLE PRIOR TO MPLETION OF CAUSE DEATHY YES 2 NO Number, Number, and manner as stated.





completely filled in by the funeral director, page 5 should be detached for use as the burial-transit ital, cremation, or removal.

permit. Pages 1, 2, 3 should

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho	3 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled e filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3-17-1991 Mary S. Chalmers 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 9-20-1908 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign Country) IF UNDER 24 HRS DAYS HOURS MIN. 212-05-6815 1 M 2 F Maryland Se. FACILITY NAME (If not institution, give street and number 9h CITY TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR Bel Air Convalesarium Bel Harford Air RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? 10b. COUNTY Md Baltimore 1 X YES 2 X NO 10s. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 21217 310 McMechen St. U.S.A 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11, MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Mexican, Puerto Rican, etc.}

1 ☐ YES 2 ☒ NO Specify: 1 Never Married 2 Merried Specify: BY 3 Wildowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 8 +) 12th Homemaker Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Margaret J. Stewart Eugene Culver 1 BE notified 190. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Jeanne R. Craford Pier Dr. Edgewood Md. pe 20e. METHOD OF DISPOSITION
1 ∰ Buriel 2 ☐ Cremetion 3 ☐ Removal from State 20c. LOCATION — City or Town, Blate 20b. PLACE AND DATE OF DISPOSITION (Name DATE must Parkwood Cemetery Balto., 4 Donation 5 Other (Specify) Md. examiner 21. SIGNATURE OF UNERAL SERVICE LICENSEE 22. NAME AND AODRESS OF FACILITY Hartley Miller Fureral Home 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, medical **Approximate** shock, or heart failure. List only one cause on each line Intarval Between IMMEDIATE CAUSE (Final Onset and Death the disesse or condition resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): HEE or other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL shows any 1 YES 2 NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item HOSPITAL:
1 | inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO ng Home 5 - Rasidence 6 - Other (Specify) 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 1s 8 Could not be determined COMPLETED 4 Homicide TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTE be filed within 72 hours at IMPORTANT; If Item 29 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.

2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and menner se stated.

29c. LICENSE NUMBER

23988

MAR 1 9 1991

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29b. BIGNATURE AND TITLE OF CERTIFIER

pol D

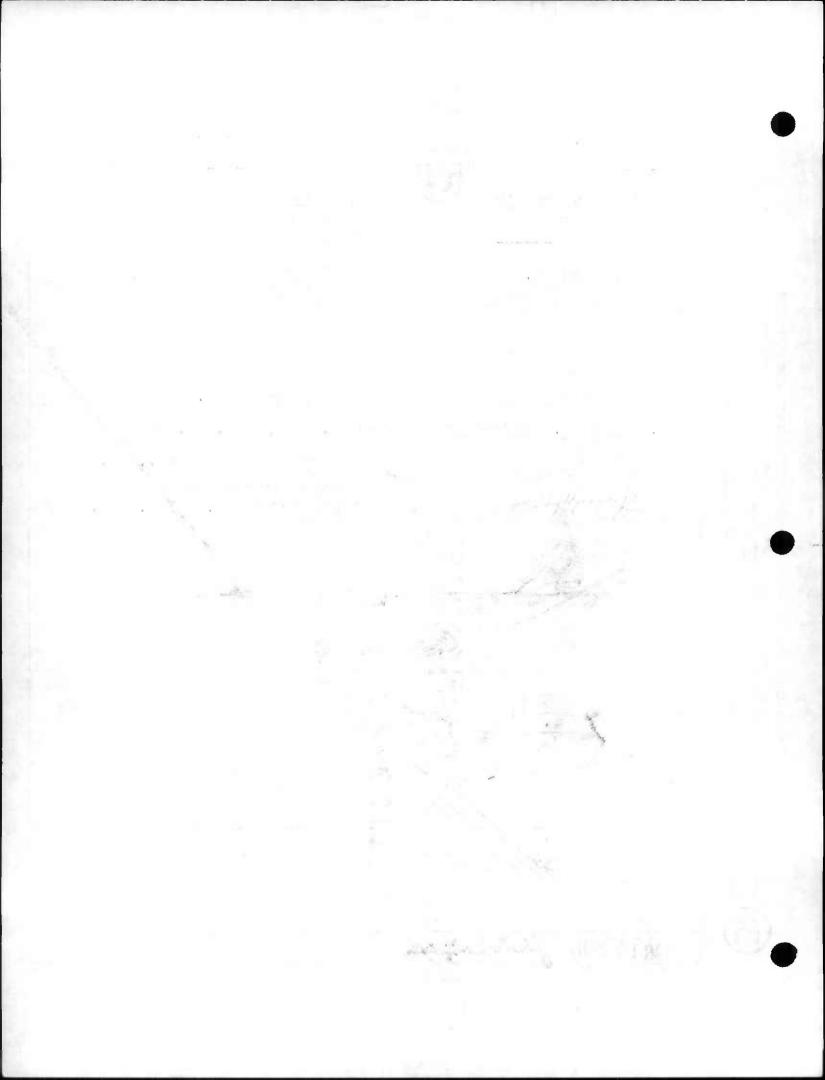


OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

29d. DATE BIONED (Month, Day, Year)

19,

► 3/18,



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L DIRECTOR		10
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TO BE COMPLETED BY FUNERAL		
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FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

,	1. DECEDENT'S NAME (First	Middle, Last)	1	1	9 1 12 4				DATE OF DEATH	AY	YEAR 3.	. TIME OF DEATH
	HE	LEN	V	<i>(</i> , (	LIBA				3-1	4-0	1113	3:20 P. M.
	4. SOCIAL SECURITY NUME	BER	5. SEX	8. AGE (In yrs.		IF UNDER 1 YE			DATE OF BIRTH (Month, Day, Year)		Country)	ACE (State or Foreign
	157-07-48	309	1 🔀 M 2 😾 F	71	YRS.	MONTHS DA	/B HOURS	merca.	10-27-19	19		land
	9a, FACILITY NAME (If not in						VN OR LOCATION			9c. COUNT		
DIRECTOR	Harbor M		Center			Ba1t	imore	Cit	ty	====	====	=
5	RESIDENCE OF DEC	10b. COUNTY	v		10c CITY	TOWN OR L	CATION				14	od. INSIDE CITY
E	Maryland					timor						LIMITS?
	100. STREET AND NUMBER				Dar	CIMOL	10f. ZIP CODE			10a. CITIZI		AT COUNTRY?
RA	3610 - 9	th Str	eet.					225		1 "	S.A.	
FUNERAL	11. MARITAL STATUS	011 002	12. WAS DECEDEN	IT EVER IN U.S.	ARMED	13. WAS			ORIGIN? (Specify Ye	or No-	4. RACE -	- American Indian,
	1 Never Married 2 🔀		FORCES? 1	YES 2	<b>⊠</b> NO	If ye		, Maxican, Pe	uarlo Rican, etc.)		Black, V Specify:	White, etc.
BY	3 Widowed 4 Divo	proed				"	1 24					White
COMPLETED	15, DEC	EDENT'S EDU	CATION completed)	16a	. DECEDENT'S U	JSUAL OCCU	PATION a most of working	,	16b. KIND OF BU	SINESS/INDU	STRY	
	Elementary/Secondary (		College (1-4 or 5			retired.)	g most of working		Hospi	<b>⊢</b> ¬ 1		1
MP		2	years		Clerk							
8	17. FATHER'S NAME (First, N		_				18. MOTH	ER'S NAME (	First, Middle, Maiden			
BE			onrad C.	Wiss	seman				-4	ngeri		
2	19a. INFORMANT'S NAME (				19b. MAILING							
	Joseph Cib						Street		<u>altimore</u>			
	20a. METHOD OF DISPOSIT 1  Burial 2 □ Crematic	on 3 🗆 Rem	noval from State	20b. PLA	ACE OF DISPOSI or place)	TION (Name o	f cemetery, creme	ntory or		CATION — C		0.000
	4 Donation 5 Other			_ Ho.	ly Cros					timor	e, M	aryland
	21. SIGNATURE OF FUNERA	IL SERVICE LI	CENSEE		,	Ge.	e and address	Gonc	e Funera	al Hom	e P.	Α.
	Jecon	ne ,	manney	oweh								Md. 21225
	23. PAM I. Enter the d					ot enter the	mode of dylr	ng, such e	s cerdiac or resp	Iratory arre	st,	Approximeta
	anock, or n		List only one ce	- 4		4		9				Interval Between Onset and Death
- 1	disease or condition	<b>→</b>	<u> </u>	Mys	cardia	1 1	infonc	tim				
	resulting in death)		DUE TO	OR AS CO	NSEQUENCE OF	):	1					
z			b									
MEDICAL CERTIFICATION	Sequentially list condition if any, leading to imme	diete	DUE TO	OR AS A CO	NSEQUENCE OF	):						
2	cause. Enter UNDERLY CAUSE (Disease or Injury)		c									
#	that initiated events resulting in death) LAS	T.	DUE TO	OR AS A CO	NSEQUENCE OF	):						1
#	resulting in action, Exc		d									<u> </u>
اد	PART II, Other significa	ant condițio	ns contributing to	death but n	Dt reculting I	n the under	lying ceuse g	Iven in Par	rt I. 24a. WAS AI			VERE AUTOPSY FINDINGS
5	Sigm	cant	Carro	nd S	teno	15 ,			PERFORMED?			MAILABLE PRIOR TO COMPLETION DF CAUSE
E	Clivel	al 1	raxula	A	reid	ent	p-		-	2   110		OF DEATH?
_		, v	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 14					-		1	120 174.110
PHYSICIAN:	25. WAS CASE REFERRED	TO MEDICAL	1				8. PLACE OF DE	EATH (Check	only one)			
[]	EXAMINER?		NOSPITAL:	☐ FR/Outpeties	nt 3 🗆 DOA	OTHER:	Home 5   Re	eldence &	Other (Specify)			
Ħ	27. MANNER OF DEATH		280. DATE O	FINJURY	28b. TIMI	E OF 28	. INJURY AT		d. DESCRIBE HOW	INJURY OCC	URED	
		Pending Investigation	(Month,	Day, Year)	INJ	M 1	WORK?	NO				
BY	2 Accident 3 Suicide	Could not be	28e. PLACE	OF INJURY -	At home, farm, s	treet, factory,	offica	26	I. LOCATION (Street		or Rural Ro	ute Number,
Ē	4 Homicide	determined	bunding	, atc. (Specify)					City or Town, State	"		
Ë	29s. CERTIFIER	TIFYING PHYS	SICIAN: To the best of	of my knowledge	e death occurre	d at the time	data and place.	and due to	the cause(a) and m	nner as state	d.	
COMPLETED	(Grieck oray	Di Tanata	All the second of the second o									and menner as stated.
8												
BE	296. SIGNATURE AND TITL	Vi CENTIFIE	· Va	1700	- cL	И	AS C	NSE NUMBE	111 110	29a, DATE	2/11/	Month, Day, Year)
٥.	30. NAME AND ADDRESS O	Y I Y	HO COMPLETED CAL	I UW	C 370	The second	7	17 10	17-40		119	171
	JU. NAME AND ADDRESS (	Lual	NO COMPLETED CA	1 -	Hanne		17.0	La a	a M			1
	MJ. I	117000		1 0		~ 31	1366	11mil	5,100			
					DE							
	MAR 19 199		10 0	n-Randa								= 2



1 40

3. TIME OF DEATH 7:45

10d. INSIDE CITY
LIMITS?
1 YES 2 NO

**Approximate** intarvai Between **Onset and Death** 

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

and place, and due to the cause(a) end manner as stated. 29d. DATE SIGNED (Month, Pay, Year)

8. BIRTHPLACE (State or Foreign

Baltimore, Ma

1991EAR

9c. COUNTY OF DEATH

1 -

1. DECEDENT'S NAME (First, Middle, Last)

9a. FACILITY NAME (If not institution, give street end number)

Lillian 4. SOCIAL SECURITY NUMBER

215 09 5021

W. CUMBERLAND

1 🗆 M 2 🌋 F

6. AGE (In yrs. lest birthday)

83

5. SEX

OR I			are Respita	1	- 0	Balt	imore	Ress	ville		Balt	timor	re
DIRECTOR	RESIDENCE OF DE	10b. COUN			10c. CITY, T	OWN OR LO	DCATION		_		_	-10	Od. INSIDE CITY
5	Maryland	Balt	imere Count	J	Middl	e Riv	rer					1	YES 2
1	10e. STREET AND NUMBER		D 4				10f. ZIP C	2122	00			J.S.A	AT COUNTRY?
FUNERAL	148 Rive	rtnorn											
5	11. MARITAL STATUS  1 Never Married 2 [ 3 Widowed 4 Dis		12. WAS DECEDENT EVE FORCES? 1 _ Y IF YES, GIVE WAR O			If yes		HT OF HISPANI Juban, Mexican NO Specify:	, Puarto Rica		fee or No— 1	Black, Y	- American Indian Whita, etc. White
TE I ED	15. DE (Specify of Elementary/Secondary	CEDENT'S ED nly highest grad (0-12)	UCATION le completed) College (1-4 or 5+)	16a	DECEDENT'S US (Give kind of work life. Do NOT use no Superv	done during		orking	16b. KIN		nding (		. 19.37
	17. FATHER'S NAME (First,	Middle Lest)			outer.	7007	10.0	AOTHER'S NAM	AE /Eleat Midde			ANDO	uiy
	Frank J.						100.0		. Wue		and the same		
3	19a. INFORMANT'S NAME				19b. MAILING AC	ORESS /Str	met and Nur					(ode)	
2	Lillian E.		le .								aryland		220
	20 METHOD OF DISPOSE			20b. PL/	ACE AND DATE O				DATE		LOCATION — CH		
	1 Buriel 2 Cremat	ion 3 🗆 Red	moval from State		Lawn C				21/91				Maryland
	21. SIGNATURE OF FUNER	AL SERVICE L	ICENSEE	/	*	Bruz	sdzin	oness of FAC	meral				Md 21.223
CERTIFICATION	Sequantially list cond if smy, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in dasth) LA	edists YING jury	DUE TO (OR /	AS A COP	ac Arrhy NSEQUENCE OF):								
	Hyperte	th but n	it not resulting in the underlying cause given in Part i 2Maker					PERFORMED?			VERE AUTOPSY FIN MAILABLE PRIOR T COMPLETION OF CO OF DEATH?		
SICIAN:	25. WAS CASE REFERRED	TO MEDICAL				2	S PLACE (	DE DEATH (Che	ock only one)				
SICI	EXAMINER?		HOSPITAL:	Outpatler	26. PLACE OF DE OTHER: ent 3 □ DOA 4 □ Nursing Home 5 □ Res					necify)	1		201
L	27. MANNER OF DEATH  1 Netural 5	Pending Investigation	28a. DATE OF INJU (Month, Day, Ye	IRY	28b. TIME (	OF 280	WORK?	at .		, ,	W INJURY OCCU	RED	
TED B	2 Deviates =	Could not be determined	28e. PLACE OF INJ building, atc. (	IURY — A (Specify)	At home, farm, stre	et, factory,	office		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				ute Number,
COMPLE	(oridan ann)		SICIAN: To the best of my k										end manner as st
נו כ	29b. SIGNATURE AND TIT	LE OF CERTIFI	ER				29c.	LICENSE NUM	IBER		29d. DATE	SIGNED (A	Month, Pay, Year)
ן מ			Vious	n							D 3	3/1-	7/9/
10	30. NAME AND ADDRESS  Julian  31. DATE FILED (Month, De	Procop	e, M.D. 90	00 F	ranklin		are D	rive,	Balti	mor	e, MD	2123	37

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

2. DATE OF DEATH March 17 h

7. DATE OF BIRTH

**DHMH-16 Rev 1/89** 

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INISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the intending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If them 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
MARYLAND 21215-0020	etained by the hospital or attending physician. should be detached for use as the burial-transit permit, stiffed at once.

31. NAME AND ADDRESS.

FRIED IN 31. DATE FILED (Month, Day, Year)

1 9 1991

. DECEDENT'S NAME (First, Middle, Last)		Tipe		MEN IN		2. DATE OF DEAT	DAY	YEAR	3. TIME OF DEATH
LILLIAN	CATH			RN- CROSS		03	16	1991	5:45
S. SOCIAL SECURITY NUMBER  217 → 40 = 9775	5. SEX 1 ☐ M 2\X F	8. AGE (In yrs. In	st birthday) YRS.	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTI (Month, Day, Va 04 - 30 - 1	H O O E	Cour	THPLACE (State or Foreigntry)
Da. FACILITY NAME (If not institution, give st		8.7	THS.	AL OUTY TOWN	OR LOCATION OF D			OUNTY OF	viyland
						EATH			
7609 AVONDALE AVE	ENUE			BALTIM	ORE			BAL'I'I	IMORE
Maryland 106. COUNTY	Baltimore	2	10c. CIT	ry, town or locat	ion Balti	more			10d. INSIDE CITY LIMITS? 1 YES 2 NO
00. STREET AND NUMBER				101	. ZIP CODE		10g.	CITIZEN OF	WHAT COUNTRY?
7609 Avondale Ave	enue				21224			USA	
11. MARITAL STATUS    Never Married 2   Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X		If yes, sp		NIC ORIGIN? (Speci an, Puerto Rican, at liy:		Bla	CE — American Indian, ick, White, etc.
15. DECEDENT'S EDUC	CATION!	144.6	FOCOTION			144 14110 0			White
(Specify only highest grade	completed)		Give kind of e. Do NOT u	S USUAL OCCUPATION work done during moise retired.)	un ust of working	16b. KIND O	F BUSINESS	INDUSTRY	
6th Grade	College (1-4 or 5	+)	memai	,		Ou	n Hom	0	
7. FATHER'S NAME (First, Middle, Last)		1110	menu		18. MOTHER'S N	AME (First, Middle, M			
Samuel O. Bowers					and the second second	Dixon			
19a. INFORMANT'S NAME (Type/Print)		1	96. MAILING	G ADDRESS (Street a			or Town, State,	Zip Code)	
Calvin J. Dorn			124	03 Susse	x lane	Bourie M	D 2	0715~	3148
Rem. METHOD OF DISPOSITION  District 2 Cremetion 3 Rem. Comparity Comparity  Other (Specify)  Manual Rem. Comparity Comparity Comparity  No. 1 Signature Comparity Comparity  No. 1 Signature Comparity Comparity  No. 1 Signature Comparity Comparity  No. 1 Signature Comparity Comparity  No. 1 Signature Comparity Comparity  No. 1 Signature Comparity Comparity  No. 1 Signature Comparity Comparity  No. 1 Signature Comparity Comparity  No. 1 Signature Comparity Comparity  No. 1 Signature Comparity  No. 1 Sign	complications the	of cemeter Oak	y, cremator AWN	re of disposition by or other place)  Comotory  22. NAME AI  Duda:  7922  not enter the mo	3/20/ ND ADDRESS OF FU	DATE 20 91 ACILITY NETAL HO	Balti me of	more,  Duno	Town, State  MD  lalk, Inc.  10 21222    Approximate
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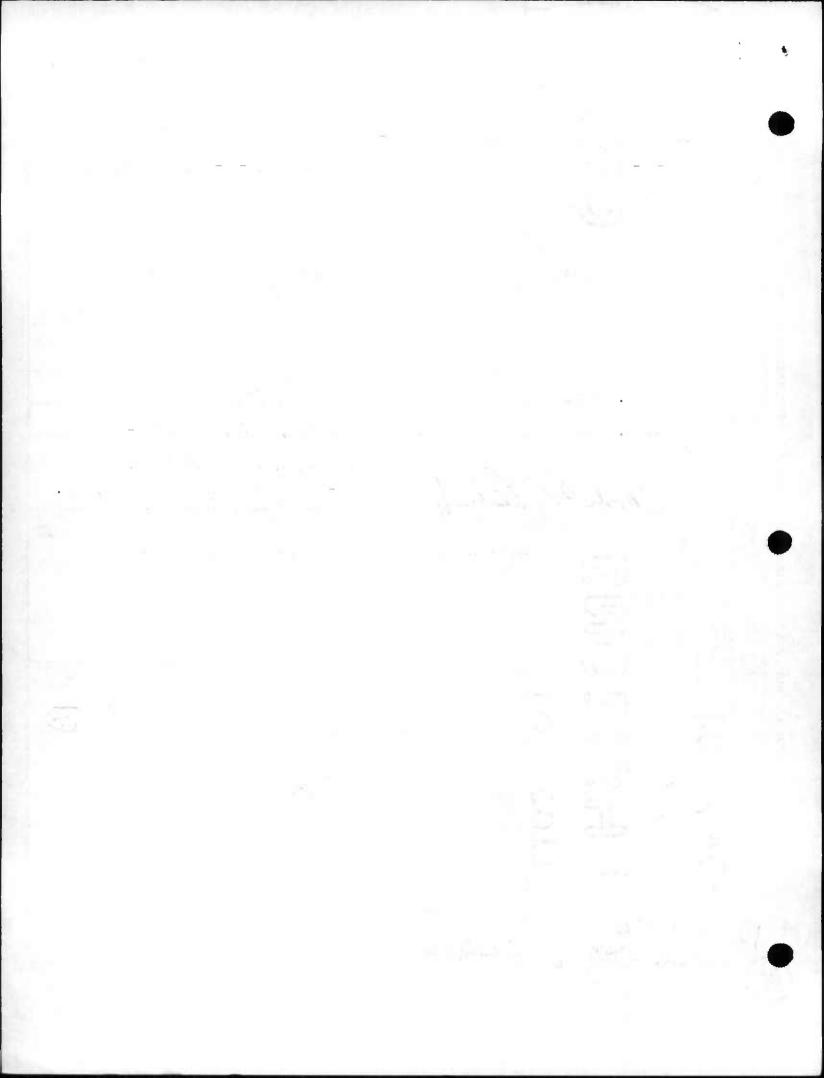
MARYLAND 21201

BALTIMORE

HO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

ERE

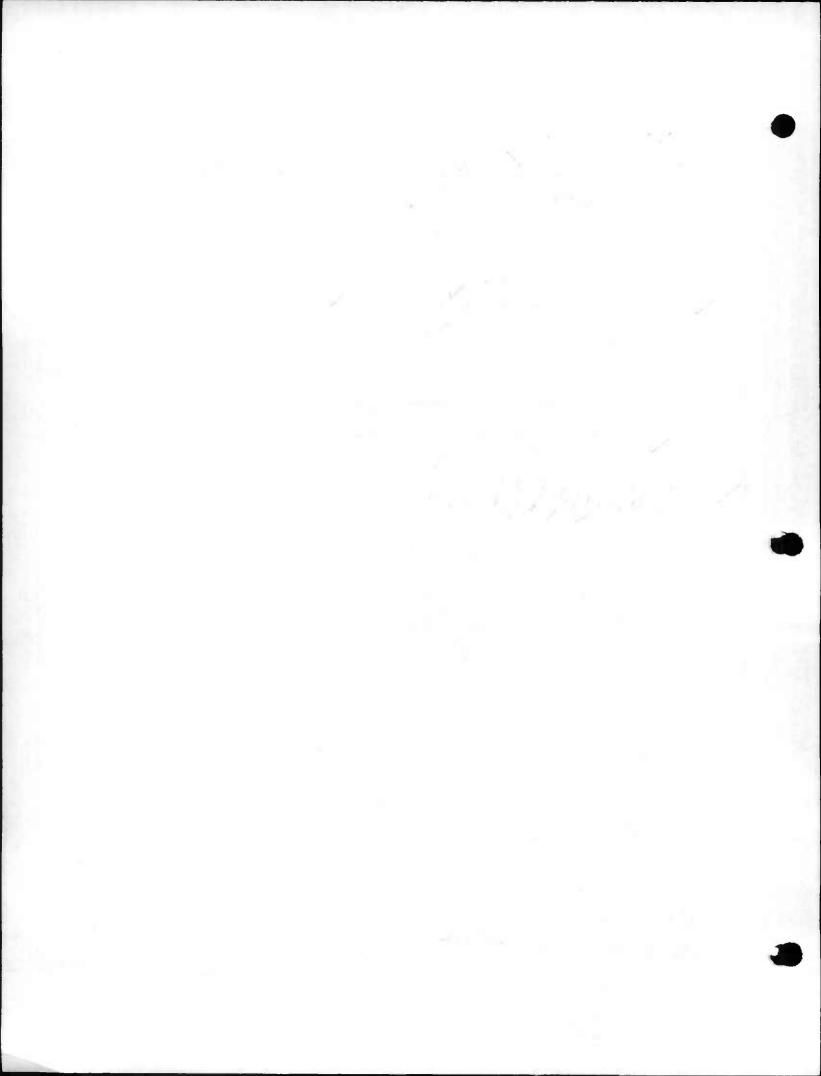


DALLIMORE, MARTLAND	urs after death. Page 6 may be retained by the hosp	in by the funeral director, page 5 should be detached removal.	edical examiner must be notified at once.	TO BE COME
DIVISION OF VITAL RECORDS, P.O. BOA 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within purs after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached an author 20 hours after death with the State Dent, of Health and Mental Horiene orior to budal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DECEDENT'S NAME (First, Middle, Las	(1)	COLEC!			0000	MONTH	OF DEATH	AY _	RASY	3. TIME OF DEATH
1 3 M	<b>一类性点外的</b>			AN T. D		MAR	-	,-199		7
SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest		MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH		6. BIRTH Count	
001-52-4211		,9:1	YRS.				. 11,	-		N.H.
a. FACILITY NAME (If not institution, give CHURCH HOME					EMORE, C			9c. COUN	YTY OF D	DEATH
DESIDENCE OF DECEDENT	1			TY, TOWN OR LOCAT						
MD.	ar v		100. 011		MORE, C	ITY			10d. INSIDE CITY LIMITS? XX YES 2 NO	
00. STREET AND NUMBER  101 NORTH BON	ND STREET	Г		101	1. ZIP CODE	231		10g. CITI		S.A.
I. MARITAL STATUS	12. WAS DECEDEN	T EVER IN S. ARI		13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN	17 (Specify Yes	a or No	14. RACI	E - American Indian,
Never Married 2 Married  Mildowed 4 Divorced	FORCES? 1 IF YES, GIVE W		10	If yes, sp	cify Cuban, Maxico 2 NO Specia	en, Puerlo P	tican, etc.)		Spec	k, White, etc.
15. DECEDENT'S Et				USUAL OCCUPATIO		16b.	KIND OF BU	SINESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +	life	Do NOT u	work done during mo ise retired.)	ist of working					
12	4		T	EACHER			I	EDUCA	)ITA	ON
7. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	140		Surname)		
DeWITT CLINTO	ON DURGIN				ALICE					
Da. INFORMANT'S NAME (Type/Print)				3 ADDRESS (Street a						-1016
EDWARD S. BRA	ADFORD	_				IR.				21212
0a. METHOD OF DISPOSITION  Burlal 2 Cremation 3 Re	moval from State	other pla	900)	SITION (Name of cer				CATION —		
□ Donation 5 □ Other (Specify)		GREE	EN M	T. CREM	1ATORY		IBAI	TMC	ORE	,MD.2120
	A CONTRACTOR OF THE PARTY OF TH			1						
SIGNATURE OF FUNERAL SERVICE	LICENSEE	. 1	//	1	NO ADDRESS OF FA	VCILITY				DAD.2121
23. PART I. Enter the diseases of shock, Dr heart fellun MMEDIATE CAUSE (Finel disease or condition	or complications their	se on each line.	V	HENRY	W. JE	NKIN	4905 IS ANI	YORI O SOI	K RO	Approximate interval Bett Onset and C
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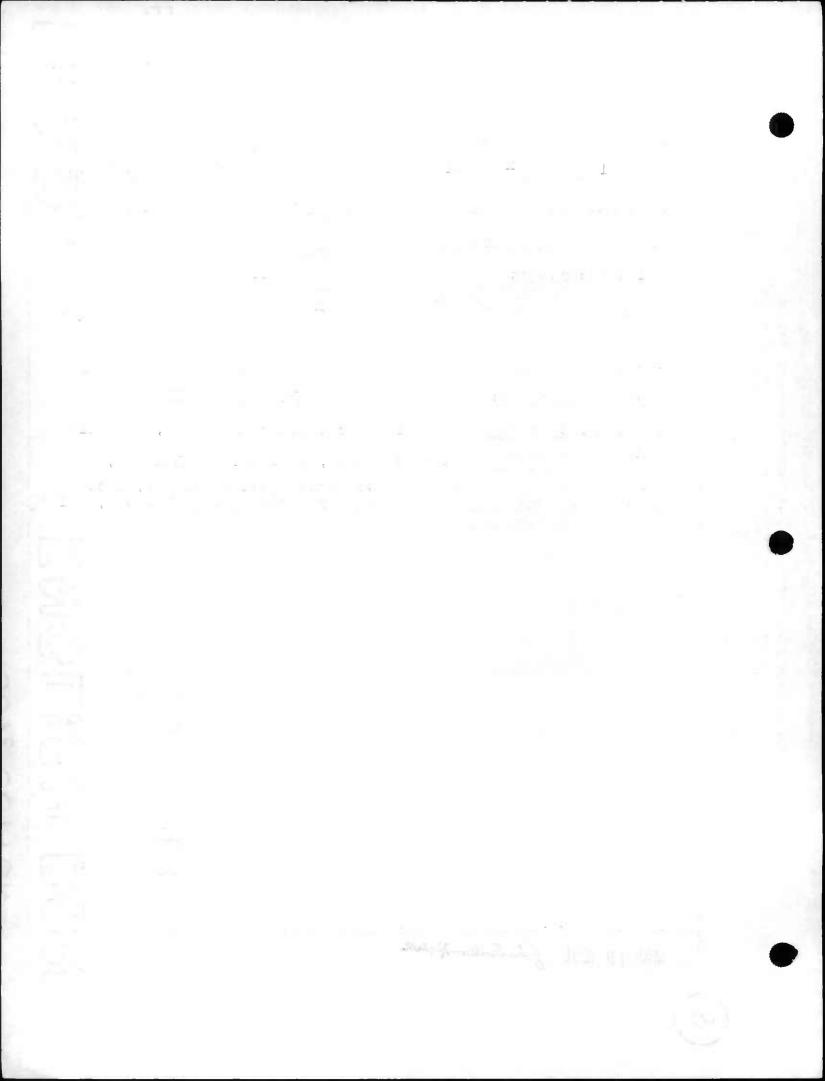


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTMENT CERTIFICATE		MENTAL HYGIENE REG. NO.	07213			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATN	3. TIME OF DEATN			
	MARY F	Bernadette	DOYLE		MONTH DAY	91 11.00 AM M			
	4. SOCIAL SECURITY NUMBER		n yrs. lest birthday) IF UNDER 1		7. DATE OF BIRTH (Month, Dgy, Year)	8. BIRTHPLACE (State or Foreign Country)			
	579-34-7194		1 YRS. MONTHS	DAYS HOURS MIN.	07/05/29	Missouri			
E	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  NORTH ARUNDEL HOSPITAL ASSOCIATION  GLEN BIRNTE  A A COUNTY  A COUNTY								
18	RESIDENCE OF DECEDENT	SPITAL ASSOCI	ATTON I GL	EN BURNTE		A.A. COUNTY			
DIRECTOR	10a. STATE 10b. COUNT		10c. CITY, TOWN OF			10d. INSIDE CITY LIMITS?			
	Maryland	Anne Arund	lel		adena	1 TYES 2 X NO			
RAI	10e. STREET AND NUMBER	et		10f. ZIP CODE		ATIZEN OF WHAT COUNTRY?			
FUNERAL	3621 Chaucer	12. WAS DECEDENT EVER IN	He ADMED 40 W		1122 NIC ORIGIN? (Specify Yea or No-	USA - 14. RACE — American Indian,			
	1 Never Married 2 Married	FORCES? 1 TYES	2 X NO II	yes, specify Cuban, Mexic  YES 2 X NO Specify Cuban	an, Puarto Rican, atc.)	Black, White, etc.			
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	1	TES 2 IA NO Speci	ny:	Specify: White			
ED	15. DECEDENT'S EDI (Specify only highest grad		16a. DECEDENT'S USUAL OCI (Give kind of work done do	CUPATION	16b. KIND OF BUSINESS/	INDUSTRY			
Į ų	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use retired.)						
COMPLETED	12th		Homemak	er	Но	me			
8	17. FATHER'S NAME (First, Middle, Last)			100000000000000000000000000000000000000	AME (First, Middle, Maiden Sumame				
BE		eph Hodges		Julia					
2	19a. INFORMANT'S NAME (Type/Print)		1		Route Number, City or Town, State,				
	Connie L. C			ucer Cour		, MD 21122			
	1 Donation 5 Other (Specify)		emetary, crematory or other place tro Cremat			imore, MD			
	21. SIGNATURE OF FUNERAL SERVICE		22. N	AME AND ADDRESS OF F	ACILITY				
	Serge	- wast			ociety of M				
- 3	George E.					timore, MD21228			
	23. PART I. Enter the diseesea, or shock, or heert fellure	. List only one ceuse on ea		the mode of dying, su	ch as cerdisc or respiretory	interval Between			
	IMMEDIATE CAUSE (Finel disease or condition	0.0.	7		17 77	Onset and Death			
	resulting in deeth)	a. 13 6 6 03	CONSEQUENCE OF):	cer m	e Tas Ta Ti	C			
		7	CONSEGUENCE OF).	3,000	and skin	n 10 years			
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate	DUE TO (OR AS A	CONSEQUENCE OF:			10/003			
AT	cause. Enter UNDERLYING					1,23			
E	CAUSE (Diseese or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):						
臣	resulting in deeth) LAST	d							
	PART II. Other aignificent condition	ons contributing to deeth be	ut not resulting in the unc	deriving ceuse given in	Part I, 24e. WAS AN AUTOP	SY 24b. WERE AUTOPSY FINDINGS			
CAL					PERFORMED?	AWAILABLE PRIOR TO COMPLETION DF CAUSE			
MEDICA					1 TYES 2 NO	OF DEATH?			
2					_	1 Tes 2 No			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH (C	heck only one)				
S	EXAMINER?	HOSPITAL:	other	: ing Nome 5 - Residence	6 Other (Specify)				
Ŧ	27. MANNER OF DEATH	26a. DATE OF INJURY	26b. TIME OF	28c. INJURY AT	28d. DESCRIBE NOW INJURY	OCCURED			
ВУ Р	Natural 5 Pending investigation	(Month, Day, Year)	INJURY M	WORK?  1 YES 2 NO					
	2 Accident investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	— At home, ferm, street, facto	ry, office	281. LOCATION (Street and Num City or Town, State)	nber or Rural Route Number,			
TED	4 Homicide determined		,		Only or rown, oracly				
COMPLET	29a. CERTIFIER 1 CERTIFYING PNY	SICIAN: To the best of my know	ledge, death occurred at the til	me, data and place, and du	e to the cause(a) and manner as	stated.			
NO.	anal .	IER: On the basia of examination	n and/or investigation, in my of	olnion, death occured at th	e time, data and place, and due t	o the cause(a) end manner se stated.			
	29b. SIGNATURE AND TITLE OF CERTIFI	ER O- O-		29c. LICENSE NU	JMBER 29d. (	DATE SIGNED (Month, Day, Year)			
) BE	mayon	Horbal	y M.O	027	7938	3/17/91			
10	30. NAME AND ADDRESS OF PERSON W				-	(			
		D./95 AQUAHAI	RT ROAD, SUIT	E 203/GLEN	BURNIE, MARYI	AND 21061			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE Prode 100						
1 3	MAR 1 9 1991	Huma Davidson	-1/-10						



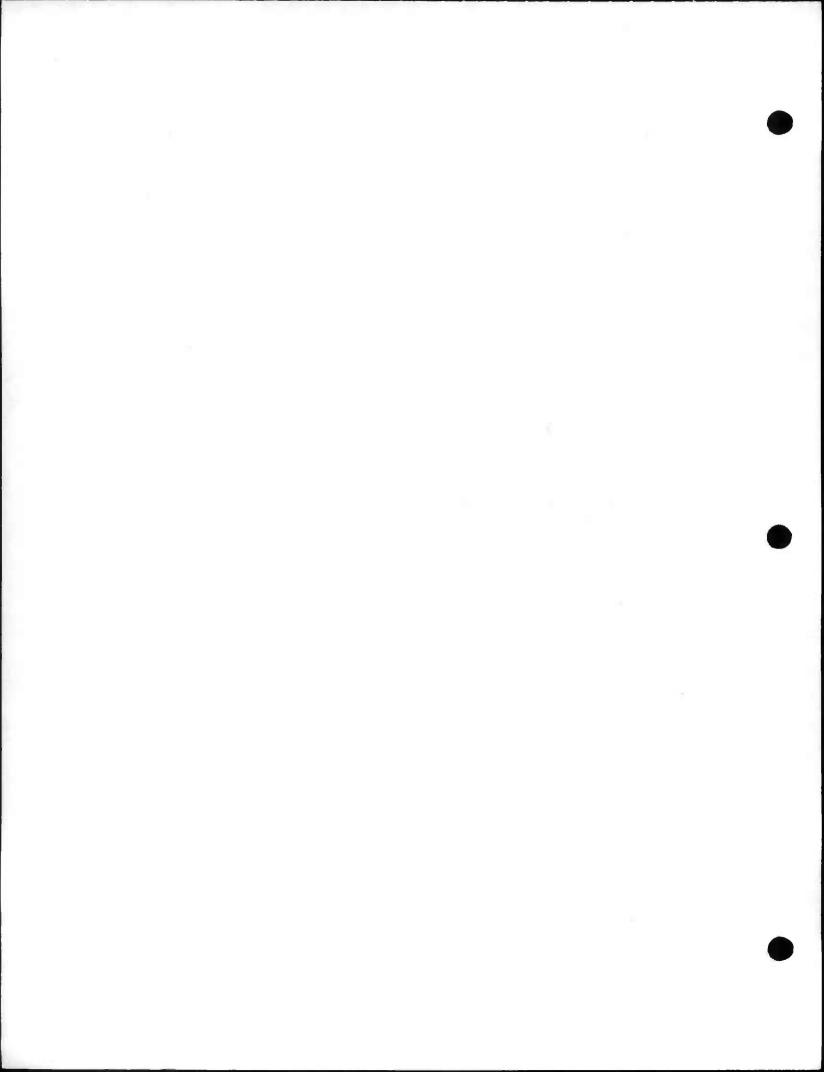


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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Just after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache he flew within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYL	AND /	DEPARTMENT	0F	<b>HEALTH</b>	AND	<b>MENTAL</b>	HYG	IENE
	CE	ERTIFICATE	0	F DEAT	TH		REG	NO

,	FOR 1 - STATE REGISTRAR	STATE OF MARYL		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	DAY YEAR	3. TIME OF DEATH
,	Marte Maria	E.		DUNKUS	March 15		02:15 am M
- 1	4. SOCIAL SECURITY NUMBER	The second secon		UNDER 1 YEAR IF UNDER 24 HRS, YTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	THPLACE (State or Foreign
1	215-30-2660	1 □ M 2 🖳 F	64 YRS.	THE DAYS HOURS MIN.		5,1926	Portugal
_	Se. FACILITY NAME (If not institution, give str			CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY OF	DEATH
DIRECTOR	Franklin Squa	re Hospita	al	Rossvil	le	Baltimo	ore Co.
<u>.</u> ∏	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	<del></del>	10c, CITY, T	OWN OR LOCATION			10d. INSIDE CITY
	Md.	Baltimore		Essex			LIMITS?
	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	402 N.B4 Esse	x Ave.		2122	21	Port	ugal
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DECENDENT OF HISP		Yes or No- 14, RA	CE — American indien,
2	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES TO	If yes, specify Cuban, Mexic 1 TES 2 NO Spec		VAC	ooffy:
	15. DECEDENT'S EDUC	PATION	16e. DECEDENT'S US	L. CONTRACTION	Les anno en		White
ETED	(Specify only highest grade	completed)		done during most of working	186, KIND OF I	BUSINESS/INDUSTRY	
7	Elementery/Secondery (0-12) 4 th	College (1-4 or 5+)	Clea	n-up Lady			
COMPL	17. FATHER'S NAME (First, Middle, Last)		CICC		IAME (First, Middle, Meid	len Surname)	
	Jose Dossa	ntos		Ad	lelaida	===	
O BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AC	DRESS (Street and Number or Rura		Town, State, Zip Code)	
۲	Anthony Dunk	\$	4021	.B4EssexAve	. Baltim	ore Md.	21221
- 1	20a. METHOD OF DISPOSITION 1 S Burlel 2 □ Cremetion 3 □ Remo	oval from State	o. PLACE OF DISPOSITI	ON (Name of cemetery, cremetory of	20c.	LOCATION — City or	Town, State
	4 Donation 5 Dother (Specify)		Garrisor	Forest Cem		BAltimo	re Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	11	22. NAME AND ADDRESS OF I		e 300Mac	ολτο 21221
	Connelly F.	unital	Llome!	Comerry	inc z d znom	ic 50011ac	cuve.zizzi
	23. PART I. Entar the diseases, or c shock, or heart feilure. I	omplications that cause	d the death. Do not	anter tha mode of dying, su	ch es cerdiec or re	epiratory errest,	Approximate interval Between
	IMMEDIATE CAUSE (Final	•					Onset and Death
	disease or condition resulting in death)			ITIS WITH SEPS	SIS		
			CONSEQUENCE OF):	ADOTION			1
RTIFICATION	Sequentially list conditione,	RIGHT HEMIS	A CONSEQUENCE OF):	ARCLION			
Ä	If any, leeding to immediate cause. Enter UNDERLYING						
Ĭ	CAUSE (Diseese or injury that initieted events	DUE TO (OR AS	CONSEQUENCE OF):				
П	reaulting in death) LAST	1					
5	PART II. Other algorificant conditions	s contributing to death i	out not resulting in	ha underlying cause given i	n Part I. 24e. WAS	AN AUTOPSY 2	46. WERE AUTOPSY FINDINGS
<b>8</b>						FORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC					I   Yes	2 15 10	OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (	Check only one)		
2	1 TES 2 XNO	HOSPITAL: 1   Inpatient 2   ER/Qui		THER: □ Nursing Home 5 □ Realdenc	e 6 Other (Specify)		
E	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME C	F 28c. INJURY AT WORK?	26d. DESCRIBE HO	W INJURY OCCURED	
BY	1 Natural 6 Pending 2 Accident Investigation			M 1 YES 2 NO			
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJUR building, etc. (Spe	f — A1 home, farm, streicify)	nt, fectory, office	26f. LOCATION (Stre City or Town, St	eet and Number or Rure ate)	al Route Number,
Щ							
COMPLETED	one)			nt the fime, date and place, and d			
o S	2 MEDICAL EXAMINE	R: On the beele of examination	on and/or investigation,	n my opinion, death occured at 1	he time, date end place,	, end due to the caus	e(e) end manner ee stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	two HI	)	29c. LICENSE N			ED (Month, Day, Year)
0	30. NAME AND ADDRESS OF PERSON WHO	7		n/a	l .	MARC	CH 15, 1991
	Jacqueline WONG M				imoro Ma	nuland 21	237
	31. DATE FILEO (Month, Dey, Year)			re Drive, Balt	illore, rid	ryranu 21	.431
- 11		32. REGISTRAR'S SIGN	D. 1.00.				
	MAR 1.9 1991	CHEMA LAUNDSON-	Marian				





BALTIMORE, MARYLAND 21203-3146

	FOR STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND I	MENTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Las	WILMER OMAR I	DAVIS		2. DATE OF DEATH DA	V YEAF	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 216 03 7963	5. SEX 8. AGE (# 1 ☑ M 2 ☐ F 76	NDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-24-14	Con	HTHPLACE (State or Foreign untry)		
TOR	9a. FACILITY NAME (If not institution, give ST Joseph RESIDENCE OF DECEDENT	a. FACILITY NAME (If not institution, give street and number)  ST JOSEPH HOSP, TAL  TO LESIDENCE OF DECEDENT				BAL	imore	
DIRECTOR	Maryland Bal	timore	10c. CITY, TO Timon	wn or location ium			10d. INSIDE CITY LIMITS?  1 YES 2 X NO	
	100. STREET AND NUMBER 2108 Triandos Dr			101. ZIP CODE 21093		10g. CITIZEN OF WHAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Mexico 1 YES 2 NO Specifi	en, Puerto Rican, etc.)	Sy	ACE — American Indian, lack, Whita, atc. pecify: nite	
ETED	15. DECEDENT'S E (Specify only highest gra Elementary/Secondary (0-12)	DUCATION ade completed) Cotlege (1-4 or 5+)	16a. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti	AL OCCUPATION ione during most of working red.)	16b. KIND OF BUS	SINESS/INDUSTR	v	
COMPL	12	2	Chemist			en Paint	t Co.	
BE CO	17. FATHER'S NAME (First, Middle, Last) Joseph W. Davis				AME (First, Middle, Maiden Heckel	Surname)		
TO B	19a. INFORMANT'S NAME (Type/Print) Joan E. Sofinows	ki		anfield Rd.,				
	20a. METHOD OF DISPOSITION 1 ☑ Burlal 2 ☐ Cremation 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify) ☐	emovel from State	other place)	N (Name of cometery, cremetory or m.Pk.Cemetery		cation – chy o		
	21. SIONATURE OF FUNERAL SERVICE	LICENSEE		22. NAME AND ADDRESS OF FA	KOLITY Funeral Hon	ne. Inc		
	▶ Wallace		1.	1050 York Rd	., Towson,	Md. 212		
	23. PART I. Enter the diseases, of shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)	a.  Due To one as a same		failure  failure	ch as cardiac or reapi	iratory arreat,	Approximate interval Batween Onset and Dasth	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Due to Jon as a Africa	CONSEQUENCE OF):	the Card	Jack	ulre		
	PART II. Other significant condit	d.	ut not mouiting in th	to underlying cause alson in	Part i. 24a. WAS AN	Aumoney	24b, WERE AUTOPSY FINDINGS	
N: MEDICAL					PERFOI 1 TYES 2	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	01	26. PLACE OF DEATH (C	heck only one)			
PHYSICIAN:	1 YES 2 NO  27. MANNER OF DEATH	1 Inpatient 2 ER/Outp  26a. DATE OF INJURY (Month, Day, Year)		Nursing Home 5 Residence 28c. INJURY AT WORK?	6 ☐ Other (Specify)  28d. DE\$CRIBE HOW	INJURY OCCURE		
ED BY	1 Netural 5 Pending 2 Accident investigation 3 Suicide 6 Could not detarmined	26e. PLACE OF INJURY building, atc. (Spec	— At home, farm, stree	M 1 YES 2 NO	281. LOCATION (Street City or Town, State	and Number or Ru	iral Route Number,	
COMPLET	(Orack Dray	IYSICIAN: To the best of my know					ise(a) and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CENTI	FIER CUSS UND		29c. LICENSE NU	JMBER 200	29d. DATE SIG	NED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print	JUSEPH	HOSP. 7	Towso	N MD	
	*MAR 1 9" 1991"	July Davidson W	ANTERE					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Lambdrain Flores. Page 6 may be retained by the hospital or attending physician.

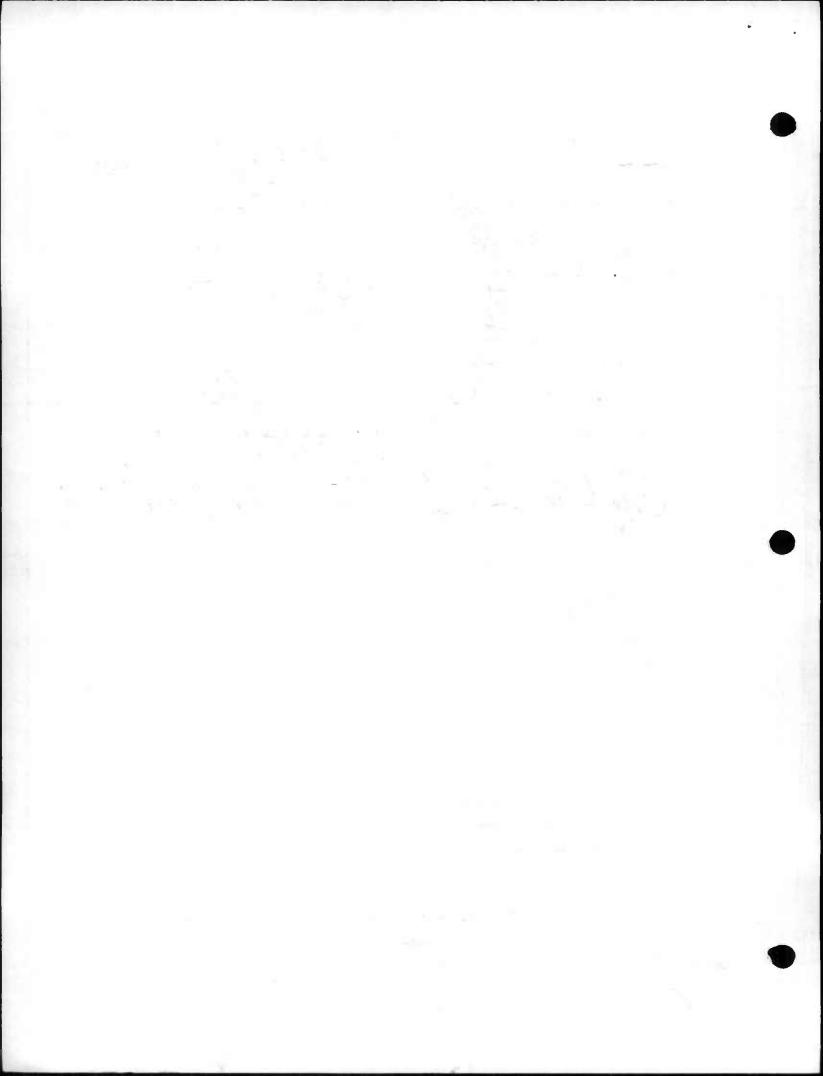
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

6

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			NTAL HYGIENI REG. NO.	E	0/2/6	
	1. DECEDENT'S NAME (First, Middle, Last)				2	DATE OF DEATH	Y YEAR	3. TIME OF DEATH	
	STEWART	MELVIN	DO	YLE		03-14-		2:45 A M	
1	4. SOCIAL SECURITY NUMBER 212-05-4328	5. SEX 6. AGE (In		UNDER 1 YEAR	IF UNDER 24 HRS, 7. HOURS MIN.	Month, Day, Year)	8 BIB	othplace (State or Foreign Marylan d	
	9s. FACILITY NAME (If not institution, give a		98	. CITY, TOWH O	R LOCATION OF DEATI		9c. COUNTY OF		
TOR	CHURCH HOSPIT	CHURCH HOSPITAL CORPORATION BALTIMORE CITY							
EG	10a, STATE 10b. COUNT	Y	10c. CITY, T	OWN OR LOCAT	ON			10d. INSIDE CITY	
E	MD	Baltimore	De	ındalk				LIMITS?	
FUNERAL DIRECTOR	100. STREET AND NUMBER 7820 St. Bridge	t lane		101	21 2 2 2		10g. CITIZEN O	F WHAT COUNTRY?	
NE I	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	J.S. ARMED	13. WAS DEC	ENDENT OF HISPANIC	ORIGIN? (Specify Yea	or No.— 14. R/	ACE American Indian,	
BY FL	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 (NO		city Cuban, Mexican, F		81	ack, Whita, etc.  white	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Give kind of work	done during mo		16b. KIND OF BUS	SINESS/INDUSTRY		
ZE	Elamentary/Secondary (0-12) 8th Grade	College (1-4 or 5+)	Gas Fi			BG 8	: E	-	
OME	17. FATHER'S NAME (First, Middle, Last)	511.4	Ous 12	uei	18. MOTHER'S NAME	(First, Middle, Meiden			
ö	Michael L. Doyl	0				an Smith	Cornellino		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Rural Rou		n, State, Zip Code)		
2	Beatrice Decker		7820	St. Br	idget Lan	e, Baltin	nore. MI	21222	
	204 METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem	20b. I	PLACE OF DISPOSITI	ON (Name of cer	setary cramatory or	20c. LD	CATION - City or	Town State	
1	4 Donation 5 Dother (Specify)	0a	k Lawn Co	emetery	3/18/9	1 Ba	iltimore	MD	
	21. SIGNATURE OF STHERAL SERVICE LI	4.1	/	Duda-	Ruck Fune Wise Aven	ral Home	of Duna	lalk, Inc.	
	23. PART 1. Enter the diseases, or	complications that caused	the death. Do not					D 21222	
	shock, or heart fellure.  IMMEDIATE CAUSE (Final	List only one ceuse on each						Interval Between Onset and Death	
	disease or condition resulting in death)	DUE TO (OR AS A	ONSEQUENCE OF):	}					
Z	Sequentially list conditions,	. mult	CONSEQUENCE OF:	tdew	luha.				
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	- 1	_						
임	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A		ar.					
E	resulting in desth) LAST	d							
	PART II. Other algnificant conditio	ne contribution to death bu	t not reculting in	the condendate	acusa elum la Re	ort I. 24a, WAS AN	ALCTOROV	24b. WERE AUTOPSY FINDINGS	
MEDICAL		e Cancer	t not resulting in	me underlym	g cause given in Pa	PERFOR	AMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE	
ED	- 1202 test	E COMO				_ 1 TYES 2	E □ NO	OF DEATH?	
Σ	· · · · · · · · · · · · · · · · · ·					-		1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Check	k only one)			
Sic	EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outpe		THER:	e 5 🗆 Residence 8	Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (	Y WO	URY AT PRICE 2 NO	ed. DESCRIBE HOW I	NJURY OCCURED		
ED BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY - building, etc. (Specif	— At home, farm, stre			ef. LOCATION (Street City or Town, State)	and Number or Ru	rel Route Number,	
	4   Homicide determined building, etc. (Specify)  City or Town, State)								
COMPLET	(Oriect Oriny	ER: On the basis of examination						se(s) and menner as stated.	
86	29b. SIGNATURE AND TITLE OF CERTIFIE	in M.	0		29c. LICENSE NUMB	er OS	29d. DATE SIG	NED (Month, Oay, Year)	
10	30. NAME AND ADDRESS OF PERSON W DR MAKRAM H				rimore.	MD 2123	1		
	31. DATE FILED (Month, Day, Year)								
_{	MAR 19 1991	PAR REGISTRAR'S SIGNA	Nowares						





DIVISION OF VITAL RECC	G PHYSICIAN: The law requires	er this certificate has been sign	ith with the State Dept. of Heal	
DIVISION	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires	TO THE FUNERAL DIRECTOR: After	be filed within 72 hours after dea	

							9	1 0/217
	FOR STATE REGISTRAR	TATE OF MARYLA		TMENT OF H			GIENE G. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)		<u> </u>	UAIL U.	DEATH.	2. DATE OF DEA	ATH	3. TIME OF DEATH
	Wilhelmen			Ervin		MONTH 3	DAY 14	91 540 MM
			yrs. last birthday)	lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.				. BIRTHPLACE (State or Foreign
	248-18-5762 10	M 2 F		MONTHS DAYS HOURS MIN. (Month, Day, Year) Country)				
	9a. FACILITY NAME (If not institution, give street a			R LOCATION OF DE			Y OF DEATH	
l e	Sinai Hosp	-	Balt	imore				
ᇈ	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	100 CTD	TOWN OR LOCATI				10d, INSIDE CITY	
DIRECTOR			106. 611	, TOWN OR LOCATE				LIMITS?
	10a STREET AND NUMBER			Balty	MACC.		400 CITIZE	1 ₩ES 2 NO
A &	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	•		101.			log. Ciriza	USA
FUNERAL	2405 Shirley	WAS DECEDENT EVER IN L	10 ADMIN	I 40 MBS OFCI	21215 ENDENT OF HISPAN	ORIONIS (See	14 . Mar and Mar 14	4. RACE — American Indian,
	1 Never Married 2 Married	FORCES? 1 YES	2 PNO	If yes, spe	cify Cuban, Maxica	n, Puerto Rican, e		Black, White, etc.
B	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATI	ES	1 🗆 YES	2 NO Specify	<i>'</i> :		Specify: 6lack
8	15. DECEDENT'S EDUCATIO	ON 1		USUAL OCCUPATIO		16b. KIND (	OF BUSINESS/INDU	STRY
E	(Specify only highest grade comp Elementary/Secondary (0-12) Co	oleted) ollege (1-4 or 5 +)	(Give kind of w life. Do NOT us	rork done during mos e retired.)	st of working			
[필			Dome	stic			— н	ome
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, I	Maiden Surname)	
BE	Robert Kirven					Opheli	a Dia	als
0	19a, INFORMANT'S NAME (Type/Print)				nd Number or Rural F			
F	Moronda Tate		240	5 Shir	ley Au	ENVE	Balto	ty or Town, State
	20s. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Removal	from State 1 6	OTTORY DREACH)					
	4 Donation 5 Other (Specify)	Ma	ryland		nal Mem			, Md.
	21. SHOWING OF FUNERAL SERVICE LICENS			<sup>22</sup> name	S A MC	orton 8	Sons	
	James a.	Morton		1701	Lauren	s St.	Bālto	., Md. 21217
	23. PART I. Enter the diseases, or comp			ot enter the mo	de of dying, suci	h se cardisc or	respiratory arre	
	ahock, or heart fallure. List IMMEDIATE CAUSE (Final	only one cause on eac	in line.					Interval Between Onset and Death
	and the second s	DUE TO (OR AS A C	le se	Din				
	resoluting in death)	DUE TO (OR AS A C	CONSEQUENCE OF	1:				
Z	Segmentally list conditions ( b.	DUE TO (OR AS A C	me e	mbol				
E	it any, resuling to inilitediate			7:				
\2		gasto i	ノナイン	al b	red			
E	that initiated events resulting in death) LAST	DUE TO (OR AS A C	JUNSEQUENCE OF	-):				,
CERTIFICATION	d							1
	PART II. Other significant conditions co	ontributing to death but	t not resulting	n the underlying	cause given in	Part I. 24s. V	VAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
MEDICAL	nistory of	diverti	culos	n'S			YES 2 NO	COMPLETION OF CAUSE OF DEATH?
								1 TYES 2 NO
7		<u> </u>						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL. EXAMINER?				ACE OF DEATH (Ch	eck only one)		
SIC	1.6	OSPITAL: Nopetient 2 - ER/Output	tient 3 🗆 DOA	OTHER: 4 Nursing Hom	e 5 🗆 Residence	8 Other (Speci	My)	
H	27, MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ	URY AT	28d. DESCRIBE	HOW INJURY OCCU	JRED
BY I	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 1	YES 2 NO	•		
	3 Suicide a Could not be	28e. PLACE OF INJURY building, etc. (Specify	- At home, farm, s	street, factory, office	•	28f. LOCATION City or Town		or Rural Route Number,
COMPLETED	4 Homicide determined						V	
P	CONSUM OF THE STATE OF THE STAT	: To the best of my knowle	dge, death occum	ed at the time, data	and place, and dua	to the cause(a) a	nd manner as state	d.
S S	one) 2 MEDICAL EXAMINER: O	n the basis of examination	and/or investigatio	n, in my opinion, d	eath occured at the	time, data and pi	ace, and dua to the	cause(a) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE NUI	MBER	29d. DATE	SIGNED (Month, Day, Year)
- 1	shur Je	on u	0				▶ 3	119/1/18
2	30. NAME AND ADDRESS OF PERSON WHO CO							
1	Shiva Sedghi, MD,	Sinai His	pital. D	01.00 10.00	1 6-000-	5-(10	3 -14:	m .

31. DATE FILED (Month, Day, Year)

MAR 1 9 1991

DHMH-18 Rev 1/89

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FOR 1 - STATE REGISTRAR	STATE UF MA	ARYLAND / DEPAR	CATE OF		REG. NO			
1, DECEDENT'S NAME (First, Middle, Last)		CERTIT	ICAIL OI	DEATH	2, DATE OF DEATH	).	127	IME OF DEATH
1. DECEDENT S NAME (First, Militins, List)			-	R.	MONTH 1		EAR	
Robert		Frazie		•	03			:51 PM
4. SOCIAL SECURITY NUMBER	4	3. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country)	E (State or Foreign
217-68-2335	1 M 2 F	33 YRS.			10-19-	57	n	D
Se. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOWN OF	R LOCATION OF DE	АТН	9c. COUNTY	OF DEATH	
Central District I	ock-up		Baltimon	ce City		9.4		
RESIDENCE OF DECEDENT	our up		-0202110				-	
10a. STATE 10b. COUNTY		10c. CITY	Y, TOWN OR LOCATION				10d.	. INSIDE CITY LIMITS?
MD			BALT				1 1	YES 2 NO
10a. STREET AND NUMBER	-	V 10 - 10 H 10		ZIP CODE		10g. CITIZE	N OF WHAT	COUNTRY?
910 N BELNOR	DET		2	120.	5	U	15 4	_
11 MARITAL STATUS		EVER IN U.S. ARMED	12 WAS DECE	NOENT OF HISDAN	IIC ORIGIN? (Specify Y	no or No. 16	BACE - 4	American Indien,
1 Never Merried 2 Married	FORCES? 1	YES 2 NO	If yes, spe-	city Cuban, Mexica	n, Puerto Rican, atc.)		Black, Wh	ifte, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAI	R OR DATES	1 TYES	2 NO Specify	r:		Specify:	LACK
15, DECEDENT'S EDUC	CATION	18a DECEDENTIO	USUAL OCCUPATION	<b>N</b>	16b. KIND OF B	I CINECO /INFAIR		
(Specify only highest grade	completed)	(Give kind of v	work done during mos	t of working	IOU. KIND OF B	JSINE 35/INDUS	ini	
Elementary/Secondary (0-12)	College (1-4 or 5+)		bor					
(19)		LA	BOK					
17. FATHER'S NAME (First, Middle, Lest)					ME (First, Middle, Maide			1
KOBERI Fr	AZIER			ELLA 1	- Scot	TFI	LAZI	162
19a. INFORMANT'S NAME (Type/Print)	1	19b. MAILING	ADDRESS (Street or	nd Number or Rural I	Route Number, City or To	wn, State, Zip C	ode)	-
ROBERT FrAZ	IER	910 A	V. BELI	rond	ST BALL	· mp	2_1	205
20a. METHOD OF DISPOSITION		20b. PLACE AND DATE				OCATION - CH		
1 Deurial 2 Cremetion 3 Reme	oval from State	of cemetary, crematory		HIAL PAI		BALL	mo	
4 Donation 5 Other (Specify)		ARBUTUS				) A C+	17/ (	
21. SIGNATURE OF FUNERAL SERVICE LIC		1	22. NAME AN	D ADDRESS OF FA	CILITY			21213
> Betts Fu	neral	Hamo				- 1	100	1
			1//29	N. CA.	DOLINE	57	130 L	t in D
23. PART I. Enter the diseases, or o	complications that	coused the death. Do r			ROLINE			-
23. PART I. Enter the diseases, or called the series of th								Approximate Interval Between
ehock, or heart failure.  IMMEDIATE CAUSE (Finel								Approximate
ehock, pr heart failure.  IMMEDIATE CAUSE (Finel disease pr condition								Approximate Interval Between
ehock, or heart failure.  IMMEDIATE CAUSE (Finel	e. HAN		not enter the mod					Approximate Interval Between
ehock, pr heart fallure.  IMMEDIATE CAUSE (Finel disease pr condition	e. HAN	e on each line.	not enter the mod				st,	Approximate Interval Between
ehock, pr heart failure.  IMMEDIATE CAUSE (Finei disease pr condition resulting in death)  Sequentially list conditions,	e. HAN	e on each line.	not enter the moo				st,	Approximate Interval Between
ehock, pr heart failure.  IMMEDIATE CAUSE (Fine) disease pr condition resulting in death)	e. HAN	e on eech iine.  ///// DR AS A CONSEQUENCE OF	not enter the moo				st,	Approximate Interval Between
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THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should a within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

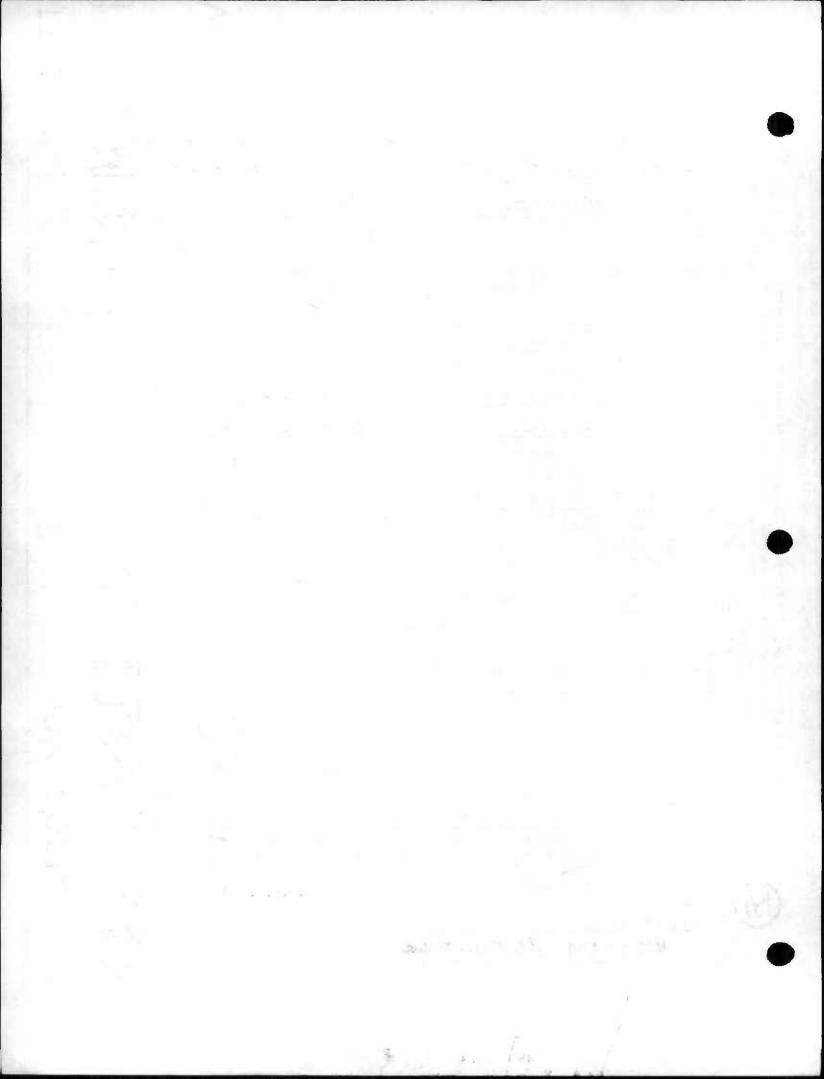
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

MPORTANT. If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

MAR 1 9 1991

22. REGISTRAR'S SIGNATURE

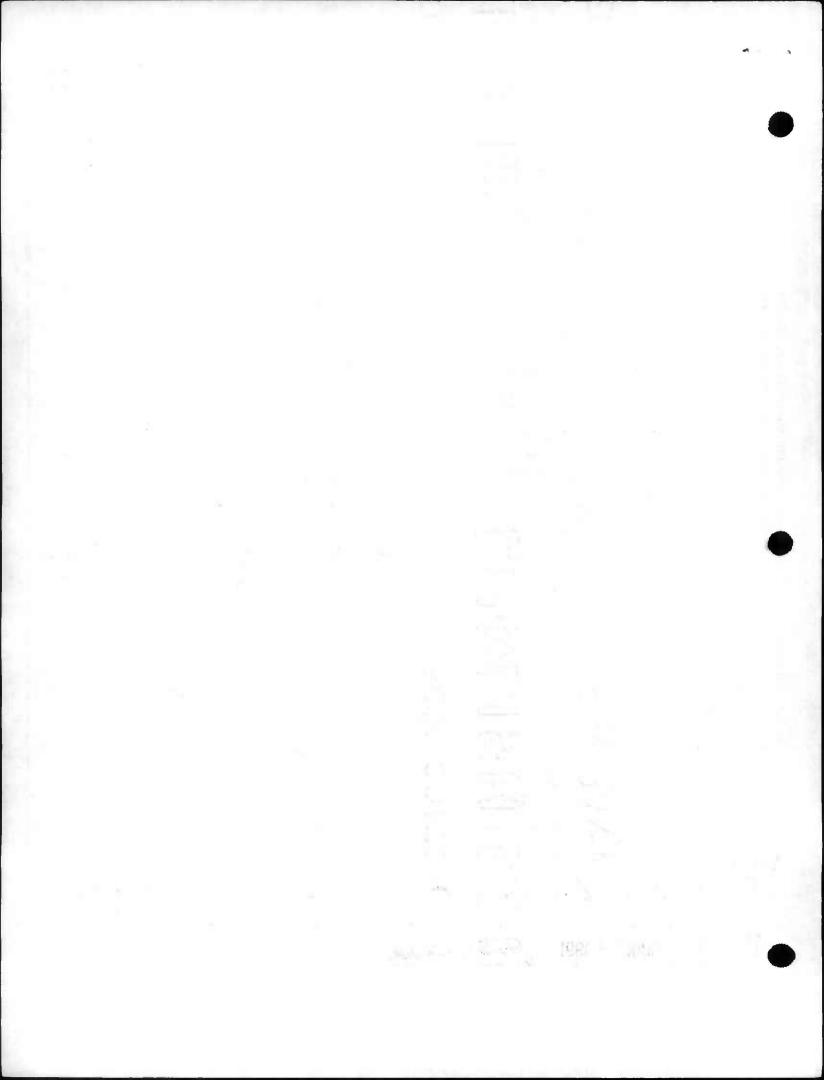


. Pages 1, 2, 3 should

TO THE COME OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FLESCA, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunda-transit permit be filled. As after death with the State Dept. of Health and Memtal Hygiene prior to bundal, cremation, or removal.  IMPORTEMENT FILMS be notified at once.

10

1. DECEDENT'S NAME (First, Middle, Last		/				2. DATE OF DEATH		3. TIME OF DEATH		
	LEON	JAME	S FI	<b>LANNERY</b>	FLANARY	March 17	1991	" 10:10 P		
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In y	rs. lest birthday)	IF UNDER 1 YEAR	+	7. DATE OF BIRTH (Month, Day, Year)	6. B	WRTHPLACE (State or Foreign country)		
232-28-5275	1 M 2 F		74 YRS.	MONTHS DAYS	HOURS MIN.	5/12/16		irginia		
3928 Eighth St		96. CITY, TOWN OR LOCATION OF DEATH  Baltimore City (Brooklyn) N/A								
RESIDENCE OF DECEDENT  10e. STATE 10b. COUN					CATION		10d, INSIDE CITY			
Maryland N/A	ltimore	City (B	rooklyn)	T	1 X YES 2 NO					
3928 Eighth Street,					21225			10g. CITIZEN OF WHAT COUNTRY?  USA		
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	Never Married 2 ▼ Married FORCES? 1 □ YES 2 ◯ NO			If yes,	ECENDENT OF HISPA specify Cuben, Mexico ES 2 X NO Specific			RACE — American Indian, Black, White, atc. Specify: White		
15. DECEDENT'S EC (Specify only highest gra	DUCATION de compositorio	16	ia. DECEDENT'S	S USUAL OCCUPA work done during	TION	16b. KIND OF BU	JSINESS/INDUST			
Elementary/Secondary (0-12) 12th Grade	College (1-4 or 5	+)	Me. Do NOT u	con Worl		Unio	n Local	#16		
17. FATHER'S NAME (First, Middle, Last)				011 1101 1	_	ME (First, Middle, Malde		#10		
Lee	Flar	nary			Dora	Easter	lin F	lanary		
190. INFORMANT'S NAME (Type/Print)  Mrs. Pauline Fl	annery					Aoute Number, City or To , Baltimor		21225		
20a. METHOD OF DISPOSITION 1 Å Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from Stata	20s. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION — Negrophy of White Disposition (Name Date 20c. LOCATION — Propagally Framework (Negrophy of White Disposition )								
					1001 100111					
21. SIGNATURE OF FUNERAL SERVICE 23. PART I. Enter the diseases, D shock, or heart fellun	2 C	evin E	+ Ecker	McCu 237	and address of FA 11y Funer E. Pataps	al Home of co Ave., E	Balto.,	Md. 21225 Approximate interval Between		
23. PARC I. Enter the diseases, D shock, or heart fellum IMMEDIATE CAUSE (Finel disease pr condition resulting in death)	r complications the List pnly one ca	at caused the use on each	ne deeth. Do h line.	22. NAME MCCU 237 not enter tha	and address of FA 11y Funer E. Pataps	colity al Home of co Ave., E	Balto.,	Md. 21225  Approximate interval Between Onset and Dea		
23. PART I. Enter the diseases, p shock, or heart fellum IMMEDIATE CAUSE (Finel disease pr condition	s. DUE TO	at caused the use on each	the death. Do n line.	22. NAME MCCU 237 not enter the CU	AND ADDRESS OF FA 11y Funer E. Pataps mode of dying, suc	colity al Home of co Ave., E	Balto.,	Md. 21225  Approximate interval Between Onset and Des		
23. PART I. Enter the diseases, p shock, or heart fellum IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	s. DUE TO	at caused the use on each control of the control of	he death. Do h line.  MA GONSEQUENCE CONSEQUENCE CO	22. NAME MCCU 237 not enter the COP):	AND ADDRESS OF FA	AT Home of CO Ave., Eth as cerdiec or resp	N AUTOPSY PRIMED?	Md. 21225  Approximate interval Betwee Onset and Dea 3		
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23. PART I. Enter the diseases, Delock, or heart fellum IMMEDIATE CAUSE (Finel disease pr condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the condition of the conditi	b. DUE TO  c. DUE TO  d	at caused the use on each control of the control of	he death. Do h line.  MA GONSEQUENCE CONSEQUENCE CO	22. NAME MCCU 237 not enter the DF):	AND ADDRESS OF FA	Part I. 24a. WAS A PERFC	N AUTOPSY PRIMED?	Approximate Interval Betwee Onset and Dea Conset and Dea		
23. PART I. Enter the diseases, p. shock, or heart fellum IMMEDIATE CAUSE (Final disease pr condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	s. DUE TO	at caused the use on each of the control of the con	ne death. Do n line.  M. A. G. DASEQUENCE CO DASEQUENCE CO DASEQUENCE CO DASEQUENCE CO DASEQUENCE CO DASEQUENCE CO DASEQUENCE CO DASEQUENCE CO	22. NAME MCCU 237 not enter that DP): DP): DP): OP): OPDP: O	AND ADDRESS OF FI	Part I. 24a. WAS A PERFC	N AUTOPSY PRIMED?	Approximate interval Betwee Onset and Dear Compet and Dear Compet Compet Compet Compet Compet Competition of Competition of Cause OF DEATH?		
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23. PARV I. Enter the diseases, D shock, or heart fellum IMMEDIATE CAUSE (Final disease pr condition resulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in death in the significant conditions in the sign	T complications the List pnly one can be DUE TO be DUE TO d. D. DUE TO d. D. D. D. D. D. D. D. D. D. D. D. D. D.	at caused the use on each of the control of the con	ne death. Do h line.  M.A. (C) DNSEQUENCE C  DNSEQUENCE C  DNSEQUENCE C  ONSEQUENCE C  All home, ferm, All home, ferm,	22. NAME OF 28c.	AND ADDRESS OF FILTY FUNCTION  E. Pataps  mode of dying, aud  wing cause given in  Place of Death (C)  tome 5 Pasidence  work?  YES 2 NO	Part I. 24a. WAS A PERFC 1 YES	N AUTOPSY PRIMED? 2 PHO INJURY OCCURE	Approximate Interval Betwee Onset and Dea Conset an		
23. PART I. Enter the diseases, Delique, or heart felium immediate Cause (Finel disease production resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in yes 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Matural 5 Pending investigation investigation in yes 1 Pending investigation in yes 2 No Condition of the determined investigation in yes 2 No Centrifier (Check only 1 CERTIFYINO PH)	b. DUE TO  c. DUE TO  d. HOSPITAL: 1   Inpatient 2  28e. DACE building  YSICIAN: To the best of	at caused the use on each of the use on each of the use on each of the use on each of the use on each of the use on each of the use	he death. Do h line.  MA GO DNSEQUENCE CO DN	22. NAME MCCU 237 not enter the last part of the last par	AND ADDRESS OF FILTY FUNCTION  E. Pataps  mode of dying, aud  which was a second of the control	Part I. 24a. WAS A PERFC 1 YES THE CONTROL OF THE C	N AUTOPSY PRIMED? 2 NO INJURY OCCURE 4 and Number or R	Approximate Interval Betwee Onset and Dea Onset and Dea Onset and Dea Onset and Dea Onset and Dea Onset and Dea Onset and Dea Onset and Dea Onset Onse		
23. PART I. Enter the diseases, Delique, or heart felium immediate Cause (Finel disease production resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in yes 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Matural 5 Pending investigation investigation in yes 1 Pending investigation in yes 2 No Condition of the determined investigation in yes 2 No Centrifier (Check only 1 CERTIFYINO PH)	b. DUE TO c. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO	at caused the use on each of the use on each of the use on each of the use on each of the use on each of the use on each of the use	he death. Do h line.  MA GO DNSEQUENCE CO DN	22. NAME MCCU 237 not enter the last part of the last par	AND ADDRESS OF FILTY FUNCY  E. Pataps  mode of dying, such  AND CONTROL OF PATAPS  MINISTRACE OF DEATH (C. Inc.)  PLACE OF DEATH (C. Inc.)	Part I. 24a. WAS A PERFC 1 YES heck only one)  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State at the cause(a) and me time, data and place, at the cause of	N AUTOPSY PRIMED? 2 NO PRIMED? 2 NO PRIMED? 2 NO PRIMED? 2 NO PRIMED? 3 NO PRIMED? 4 and Number or R	Approximate interval Betwee Onset and Dea Conset an		



BALTIMORE, MARYLAND 21203-3146

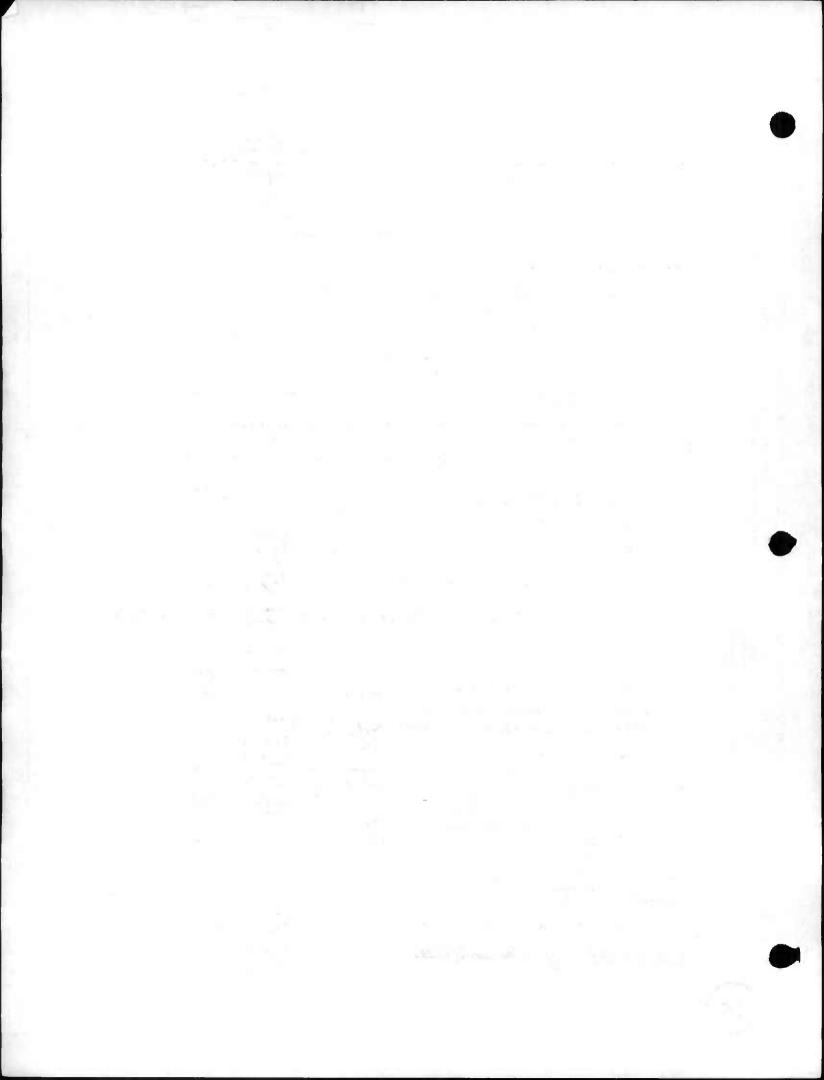
TO BE COMP	MPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached val.	ALT PRECION Mer this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the control of the control of Health and Mental Hydiene prior to burial, cremation, or removal.
er death. Page 6 may be retained by the hospi	ING OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospi

STATE DF	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	<b>MENTAL</b>	HYGIENE
	C	ERTIFICATE	O	F DEAT	ГН		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE DF MARYL	AND / DEPARTM CERTIFICA			ENTAL HYGIEN REG. NO.	E	07440		
	1. DECEDENT'S NAME (First, Middle, Lest)  Immor	Clyte	FA	2AN	KLIN	2. DATE OF DEATH	7 9 YE	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 215-07-4106	5. SEX 1 M 2 F 77  Sex North Days Hours Min.  1 Month Days Hours Min.  1 DAYS HOURS MIN.  7 DATE DF BIRTH (Month) Diply, Year)  1 04-04-1913  VIRGINIA								
OR	90. FACILITY NAME (If not institution, give str North Ami	reet and number)	Hospic	OPER	R LOCATION OF DEA		C. COUNTY			
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY						10d. INSIDE CITY			
E	MARYLAND ANNE	ARUNDEL GLEN BURNIE						LIMITS?  1 YES 2 NO		
IAL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN	DF WHAT COUNTRY?		
FUNERAL	1007 LOUISE ROAD				1061			U.S.A.		
BY FUI	11, MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER IF FDRCES? 1 X YES IF YES, GIVE WAR OR D. WW	2 NO ATES	If yes, sp	ENDENT OF HISPANIC Holfy Cuban, Maxican, 2 NO Specify:	C DRIGIN? (Specify Yea , Puarlo Rican, etc.)		No — 14. RACE — American Indian, Black, White, etc. Specify: WHITE		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of		16a. DECEDENT'S USU (Give kind of work	done during mo	DN st of working	16b. KIND OF BUS	SINESS/INDUST			
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use reti					1		
MP	12 years 17. FATHER'S NAME (First, Middle, Last)	NONE	DISTRICT N	MGR. (R		P. BALL		& SONS		
	HUMES	FRANKLIN	vī.			, , ,		10		
BE	19a. INFORMANT'S NAME (Type/Print)	FRANKLII	- V	RESS (Street a	RACHAEL  nd Number or Rural Re	oute Number, City or Tow	VAS			
5	MILDRED D. FRANKLI	N	SAME AS	5 10						
	20a. METHOD OF DISPOSITION 1  Burlel 2  Cremation 3  Remo		. PLACE OF DISPOSITIO	N (Name of cer	netery, crematory or	20c. LO	CATION — City	or Town, State		
	4 Donation 5 Other (Specify)	ME	TRO CREMAT				IMORE.	MD		
	21. SIGNATURE ON LINERAL SERVICE LIC				ETON FUNE					
	- Light atte			1 SEC	OND AVE.	S.W. GLE	N BURNI	E, MD 21061		
CERTIFICATION	23. PART I. Enter the diseases, or c shock, or heart feilure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Au to one couse on e Due to on as a Due to on as a Due to on as a Due to on as a Due to on as a Due to on as a Due to on as a Due to on as a Due to on as a Due to on as a Due to on as a Due to on as a Due to on as a Due to on as a Due to on as a Due to on as a Due to on as a Due to on a Due to On a Due to on a Due to on a Due to On a Due to On a Due to On a Due to On a Due to On a Due to On a Due to On a Due to On a Due	ach line.			INFI		Interval Between		
BY PHYSICIAN: MEDICAL C	PART II. Other significent conditions contributing to death but not resulting in the underlying call the significent conditions contributing to death but not resulting in the underlying call.				g cause given in F	Part I. 24a. WAS AN PERFOI	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1 YES 2 ND		
AN	25. WAS CASE REFERRED TO MEDICAL			28. Pi	ACE OF DEATH (Che	ck only one)				
SICI	EXAMINER?	HOSPITAL:		HER:	e 5 🗆 Rasidenca (		-	1		
H	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF	28c. IN.	URY AT	28d. DESCRIBE HOW	NJURY OCCUR	ED		
YP	1 Netural 5 Pending	(Month, Day, Year)	INJURY		YES 2 NO					
TED B	2 Accident Investigation 3 Suicide 6 Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							tural Route Number,		
COMPLETED	(ontoin only	CIAN: To the best of my know						use(s) and manner as stated.		
BE C	29b. SIGNATURE AND TITLE OF CERTIFIED	12		1	29c, LICENSE NUM	BER	29d. DATE SI	GNED (Month, Day, Year)		
TO B	30, NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	no per	outy	DO6	054	13	112/91		
	William.	P. 501	NES.	69	5 1	Imer	ICA	21035		
	31. DATE FILED (Month Day, Year) Q 40	32. REGISTRAR'S SIGN	VATURE							

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	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	INDOCTANT IS from 28 to marked or from 23 shows any injury or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	OF MARYLA	ND / DEPART			MENTAL HYGIEN				
1100	1. DECEDENT'S NAME (First, Middle, Last)  CORA M FISH	G.22				2. DATE OF DEATH DO	7 9/	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX		yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.1	BIRTHPLACE (State or Foreign		
	216-68-0420 TO MX	31	YRS.	ONTHS DAYS	HOURS MIN.	2-14-40		Country) MD		
-	Sa. FACILITY NAME (If not institution, give street and num		1		R LOCATION DF D		9c. COUNTY	OF DEATH		
0	UNION MEMORIAL HOSPITAL BALTIMORE CITY									
DIRECTOR	106. STATE 106. COUNTY 106. CITY, TOWN DR LOCATION RATITMORE CITYS					16d. INSIDE CITY LIMITS?  X X YES 2 \( \square\) ND				
FUNERAL	MD 100. STREET AND NUMBER 415 PITMAN PLACE			101	21 2 0 2		10g. CITIZEN OF WHAT COUNTRY? U.S.A.			
BY FUNE	1 Nover Married 2 Harried FDRCE	ECEDENT EVER IN S? 1 YES	2 ND		city Cuben, Mexic	NIC DRIGIN? (Specify Years, Puerto Ricen, etc.)	or No — 14.	RACE — American Indian, Black, White, etc. Specify:		
8	15. DECEDENT'S EDUCATION		16a. DECEDENT'S U	SUAL OCCUPATION	N	16b. KIND OF BU	SINESS/INDUST	Black		
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1	-4 or 5+)		rk done during mo retired.)	at of working					
MP	9th Grade		Disab.	Led						
00	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maiden				
BE	Hughes Lucas				Mary	Fisher		rphy		
TO 1	19a. INFORMANT'S NAME (Type/Print)  CATHERINE STEVE:	NSON				Route Number, City or Tow P/Baltimo				
	26. METHOD OF DISPOSITION (X) Buriel 2 Cremetion 3 Removal from S 4 Donation 5 Other (Specify)		PLACE AND DATE Of the metary, crematory of a 1 t 1 m 0 1			3-19 Ba		or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE				ID ADDRESS OF F			<b>,</b> · ·		
	· Zpich W. Ma	uch		WM.C	. MARCI	F.H. 11	01 E.	NORTH AVE.		
CERTIFICATION	23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory strest, shock, or heart fellure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)    Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that infiltated events resulting in death) LAST    Approximate interval Between Onset and Death   C.									
MEDICAL	PART II. Other algnificent conditions contributions and the second secon	dosis -	t not resulting in	elejat	S- DN	PERFO 1 TYES	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 ND		
ICI.	EXAMINER? HQSPI1	FAL: ent 2 ER/Outpa		OTHER:	ACE OF DEATH (C					
PHYSICIAN:	27. MANNER OF DEATH 28e.	DATE OF INJURY Month, Day, Year)	28b. TIME	DF 28c. IN.	URY AT	8 Other (Specify)  28d. DESCRIBE HOW	INJURY OCCUP	RED		
TED BY	3 Suicide 28e.1	2 Accident Investigation 2 Accident Investigation 3 Suicide 6 Could not be Building, stc. (Specify) 28. PLACE OF INJURY — At home, farm, street, factory, office 28. LOCATION (Street building, stc. (Specify)						Rurat Route Number,		
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the b									
BE	29b. SIGNATURE AND TITLE OF CONTINUES	>	n.A.		29c. LICENSE N	JMBER	29d. DATE S	S/12		
5	30. NAME AND ADDRESS OF PERSON WHO COMPLET		TH (ITEM 27) (Type, I	Print) 20	1 0.0	MUPK	212	18-		
		EGISTRAR'S SIGNA								



BALTIMORE, MARYLAND 21203-3146

	ACCOUNTS OF ATTEMPINE BUYCLIAN. The law requires that the death certificate he executed within
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DIVISION OF VITAL HECOMDS, P.O. BOX 13146,	tha
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	FOR STATE REGISTRAR	STATE OF M			TMENT (			) MEN	NTAL HYGIENI REG. NO.	E		01226
	1. DECEDENT'S NAME (First, Middle, Last)	-	М	AX F	EINST	EIN			DATE OF DEATH		YEAR	3. TIME OF DEATH 7:34 pm M
	4. SOCIAL SECURITY NUMBER 577 18 5508	5. SEX 1 AM 2 F	8. AGE (In yrs. lest :	birthday) YRS.	MONTHS C		F UNDER 24 HRS		DATE OF BIRTH (Month, Day, Year) 11v 4, 19	10	e. BIRTH Country Rus	PLACE (State or Foreign Sia
OR	9a. FACILITY NAME (If not institution, give a Holy Cross Hospi						Sprin			%c. COUNTY OF DEATH  Montgomery		
FUNERAL DIRECTOR	nesidence of decedent  10a. STATE 10b. COUNT  D. C. none			10c. CITY, TOWN OR LOCATION Washington				10d. INSIGE VLIMITS 1 A Yes			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
ERAL	10e. STREET AND NUMBER 6101 16th Street	reet, N. W.			10f. ZIP CODE 20011						what country? States	
B	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 ( IF YES, GIVE W	YES 2 NO	MED O	If y	yes, speci	DENT OF HISI fy Cuban, Mex A NO Spe	dcan, Pu	RIGIN? (Specify Yes arto Rican, etc.)	or No—	14. RACE Black Spec	E — American Indian, k, Whita, atc. <sup>My:</sup> White
COMPLETED	15. DECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12 years		(Giv	e kind of Do NOT u	USUAL OCC work done dur se retired.)	ring most	of working		16b. KIND OF BUS			nent
BE CON	17. FATHER'S NAME (First, Middle, Last) Mordechai Feinst	ein							First, Middle, Maiden : Chomsky	Sumame)		
10	190. INFORMANT'S NAME (Type/Print) Helen Wolf Feins		61	01 1	.6th S	tree	et, N.	W.,	Number, City or Town Washing	gton,	D.	
	20a. METHOD OF DISPOSITION  143 Burlat 2 Cremation 3 Rem  4 Donation 5 Other (Specify)  21. SIGNATURE OF EUROP 1. SEPYTOF LIP	1	Bnai	Isra	el Co	ngre	egation	n Ce	emetery	Uxon Mary		•
	* Donald	C. De	ottlen	rego	2 DON	ALD	M.STE	IN F	HEBREW ME	T <sub>4</sub> T A	CHIN	TUNERAL HOME
	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	caused the dease on each line.	ua	not enter th	ha moda	of dying, s	such es	cerdiác or respli	ratory ar	rest,	Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inlitated events resulting in deeth) LAST	any, leeding to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events  DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL (		II. Other significant conditions contributing to deeth but not Mischer Conference Lieuway				erlying (	cause given	in Pari	24s, WAS AN PERFOR 1 TYES 2	MED?	246	N. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 PMO	HOSPITAL:	ER/Outnatient 3	□ DOA	OTHER:		E OF DEATH		Other (Specify)			
ву РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. OATE OF (Month, Da	NJURY	28b. TIN		8c. INJUR	RY AT		d. DESCRIBE HOW II	NJURY OC	CURED	
	3 Suicide 8 Could not be 4 Homicide datermined	28s. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION						LOCATION (Street a City or Town, State)	and Number	r or Rural :	Route Number,	
COMPLETED	ane)	ICIAN: To the best of ex										e) end manner se stated.
TO BE (	296. SIGNATURE AND TITLE OF CERTIFIE	WELEN /	4.D.	29c. LICENSE NUMBER DO 9834						29d. DATE \$IGNED (Month, Day, Year)  > 3/16/9/		
	BARRY ROSENI	BAUM	3720 H	TARK	RAGOT	A	v6.	KE	NSINGT	on,	UD.	20895
	31. DATE FILED (Month, Day, Year) MAR 1 9 1991	Julia Davidse	Mandale									

DIVISION OF VITAL FI AL OR ATTENDING PHYSICIAN: The law I AL DRECTOR: After this certificate has be 2 hours after death with the State Dept. If Item 28 is marked, or Item 23 is	ECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	10 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.	IMPORTANT: Il Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	tem 28 is marked, or item 23 shows any injury, or other traumatic e

FOR STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)  4. SOCIAL SECURITY NUMBER 214-56-4350	James	ames	CERTIF					MENTAL				0722	
4. SOCIAL SECURITY NUMBER	James	ames							REG. NO.				
		Fortu	T. Fo ine	rtui	ne			2. DATE MONTH Marc	h 17,	1991	YEAR (	3. TIME OF DEATH	a
	5. SEX 1 1 M 2 F	8. AGE (In yrs	lest birthday) O YRS.	IF UNDER	DAYS	IF UNDER	R 24 HRS. MIN.	7. DATE	Dely, Mar.		8. BIRTHP Country)	LACE (State or Fore)	gn
90. FACILITY NAME (If not institution, give so Maryland General		a1		9b. CITY			ore (			9c. COUN	ITY OF DE		
RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY    10b. COUNTY	1			Y, TOWN (			CIT	Υ			- 1	IOd. INSIDE CITY LIMITS?	_
10e. STREET AND NUMBER	NGTON S	Γ.				212	E			10g. CITI		IAT COUNTRY?	,
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1	T EVER IN U.S.	<b>™</b> NO		It yes, spe	ecity Cubi	en, Mexice	n, Puerto F	? (Specify Yes lican, etc.)	or No—	Black,		
15. DECEDENT'S EDU- (Specify only highest grade Elementery/Secondery (0-12)	completed)		(Give kind of life. Do NOT u	work done se retired.)	during mo	st of worki	ing	16b.	KIND OF BUS	SINESS/IND	USTRY	224011	
17. FATHER'S NAME (First, Middle, Last)  James For	rtune					18. MOT	_		fiddle, Malden	Sumama)	L	ee	
190. INFORMANT'S NAME (Typo/Print)  Johnanna Lee	2		19b. MAILING	ST	s (Street a	NUTL	ST.	2nd	er, City or Tow	n, State, Zip Ba	Code) lto.	,Md:202	2
4 Donetion 5 Other (Specify)			ACE OF DISPO	EMO]	RIAI	netery, crea	RK	CEM.	20c. LO	CATION —	City or Tow	n, State	
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	~							. 110	01 E	. NO	RTH AV	Ε.
ahock, or heert fellure.  IMMEDIATE CAUSE (Final	Upper G	astro-	Ine.	tinal				h aa card	liac or reapi	iratory arr	rest,	Interval Bet	Week
Sequentielly list conditions, if any, leeding to immediata ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Esophag DUE TO Alcohol	eal Va or AS A con ic Hep	rices MSEQUENCE C Datitis	and en: And									
	d	death but n	ot reaulting	In the u	nderlyin	g cause	given in	Part I.	PERFOR	RMED?		AVAILABLE PRIOR TO COMPLETION OF CA	0
											- 1		)
EXAMINER? 1 YES 2 NO				4 🗆 Nu	R: rsing Hom	10 8 🗆 R		8 🗆 Othe	r (Specify)	al illiev oo	CHEED		_
1 Natural 5 Pending 2 Accident investigation	(Month, E	Oay, Year) OF INJURY — A	IN	JURY M	1 🗆	YES 2	□ NO	28t. LOC	ATION (Street	end Number		oute Number,	
4 Homicide determined  29e. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the bast of	my knowledge						to the ca	use(e) end me	nner as sta		and manner es sta	ted.
	Section   Sect	Sequentielly list conditions if any, leeding to limediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST   PART II. Other aignificant conditions contributing to 2.5. WAS CASE REFERRED TO MEDICAL EXAMINER?   1   Netural   1   Netural   2   Netural   Netural   2   Netural	Sequentially   Sequential   Sequentially   Sequen	Sequentially list conditions, if any, leading in death)   LAST	S. DECEDENT'S EDUCATION   IF YES, GIVE WAR OR DATES	Section   Sect	Second   S	Second   Specific	Sequentially list conditions   Sequentially list conditions	St. DECEDENT'S EDUCATION   Specify:   Spec	Section   Sect	Specify   Spec	Specify:   Specify:

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE Randoll

c/o

M.D.

29c. LICENSE NUMBER

Maryland General Hospital

9 1991 MAR

31. DATE FILED (Month, Day, Year)

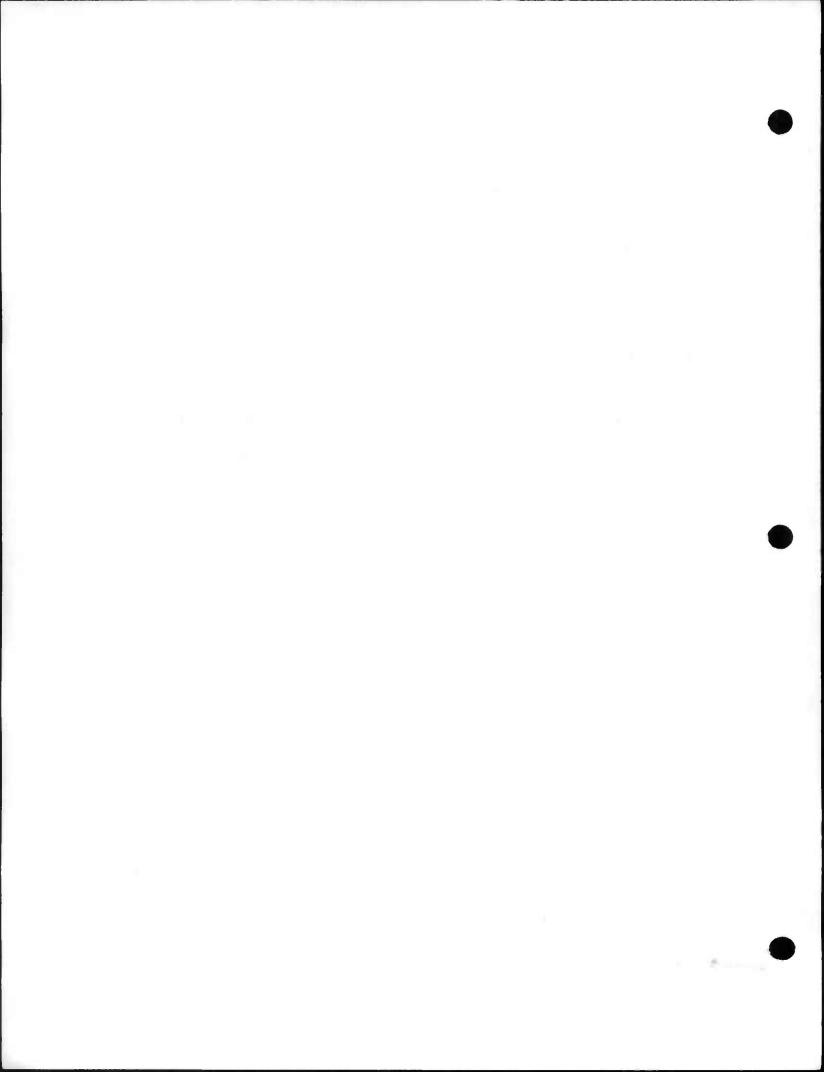
29b. SIGNATURE AND TITLE OF CERTIFIER

BE 2

Hassan Farhat,

29d. DATE SIGNED (Morith, Day, Year)

▶ 03-17-91



DHMH-16 Rev 1/89

146	ng physician.	he burial-transit permit. Pages, 1, 2, 3 should		
BALTIMORE, MARYLAND 21203-3146	after death. Page 6 may be retained by the hospital or attendir	y the funeral director, page 5 should be detached for use as tl	noval.	cal examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within whithin	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages, 1. 2. 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC			WENTAL HYGIENI REG. NO.	Ē		
	1. DECEDENT'S NAME (First, Middle, Lest)	1 -				2. DATE OF DEATH MONTH DA	v	YEAR 3. TH	ME OF DEATH
		J. Fergy				3 8		91 1	12 30 M
		S. SEX 6. AME		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7, DATE OF BIRTH (Month, Day, Year)	19	8. BIRTHPLACE Country)	E (State of Foreign
	9a. FACILITY NAME (If not inatitution, give stree		70	Ph. CITY, TOWN (	R LOCATION OF DI	11-3-1	9c. COU	INTY OF DEATH	.,D.C.
œ	PRINCE GEORG		TAL CNIE		PHENE		-		EORGES
DIRECTOR	RESIDENCE OF DECEDENT	23 1405/1			-116.76	(-)	, , , ,		
뿐	10a. STATE 10b. COUNTY	C		TOWN OR LOCAT					INSIDE CITY LIMITS? YES 2 NO
	Md. P,	G.	1 00.	Lumbia	ZIP CODE		10g. CIT	IZEN OF WHAT	
ERA	The state of the s	mont Ave.			20785		ī	J.S.A.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)			merican Indian,
BY F	1 Never Married 2 Married 3 Vidowed 4 Divorced	IF YES, GIVE WAR OR			2 ☑ NO Specif			Specify:	Black
	15. DECEDENT'S EDUCA	TION	16a. DECEDENT'S U	SUAL OCCUPATION	ON	16b. KIND OF BUS	INESS/IN		Diagn
COMPLETED	(Specify only highest grade co	College (1-4 or 5+)	He. Do NOT use Kitchen			Glenda	ale	Hosp.	- 1
MP	12th		Kittellei	петр	V	D.C.		t.	
	17. FATHER'S NAME (First, Middle, Last)				300,75000,500,500	ME (First, Middle, Meiden			
BE	Samuel Fe	rguson	19b. MAILING A	ADDRESS (Street )		ancine Sr			
2	Alan B. Harriso	n				lash., D.		20020	
	20a. METHOD OF DISPOSITION  10CDBurial 2 Cremation 3 Remov	2	0b. PLACE OF DISPOSIT					- City or Town, S	
	4 Donation 5 Other (Specify)	N	1t. Olive				sh.	D.C.	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE			Washir	igton & S	ons.	Inc.	
	Jany 1	V. Pri	all			ughs Ave			
	23. PART I. Enter the diseases, or co shock, or heert fallure. Li			ot enter the mo	de of dying, su	ch se cardiec or respi	ratory er	rrest,	Approximete interval Between
	IMMEDIATE CAUSE (Finsi disease or condition	Para		anda.	01	100			Onset and Death
	resulting in death) a.	DUE TO COR AS	A CONSEQUENCE OF	vien	y an	rease			years.
_	<b>.</b>	Green	novel	erole	cara	no voken	las	į	4.eau
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate	DUE TO'(OR AS	A CONSEQUENCE OF	):		de	eas	ce	1
\2	cause. Enter UNDERLYING CAUSE (Disease or Injury c.	DUE TO (OR A)	A CONSEQUENCE OF						
Į.	that initiated events resulting in death) LAST	DOE 10 (ON AC	A CONSEQUENCE OF	,-					
	d.					I			
CAL	PART II. Other significant conditions	contributing to death	but not resulting in		o and	PERFOR	RMED?	AMAJ	LABLE PRIOR TO IPLETION OF CAUSE
EDIC	La Colored Colored	1000	DO AD R	13	DAY BILL	1 YES 2	NO	OF 0	DEATH?
Σ	of a collecti	(000)	0000	0	agecu	the l		'	YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL	1000		26. F	LACE OF DEATH (C	heck only one)			
SIC		HOSPITAL:		OTHER: 4 Nursing Ho	ne 5 🗆 Residence	6 Other (Specify)			
PHYSICIAN:	27. MANNEH OF DEATH	28a. DATE OF SHUUM (Moren, Clay, Mar	30b. TIME		JURY AT ORK?	28d. DESCRIBE HOW	INJURY O	CCURED	
B	1 Feature 5 Pending 2 Accident Investigation	-	1 1	y 10		N	7-		
E	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (5)	RY — At home, farm, a pacify)	January, on	co	261. LOCATION (Street City or Town, State)	and Numb	er or Hural Houte	Number,
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my kn	owledge, death occurre	d at the time, dat	e and place, and du	e to the cause(s) and ma	IN SE SOON	totad.	
M M	(Check only one) 2 MEDICAL EXAMINER								f manner as stated.
E C	296, SIGNATURE AND TITLE OF CERTIFIER	• . 0			29c. LICENSE NI	MBER	29d. D/	ATE SIGNED (Mor	nth, Day, Year)
0	Cera Xana	and on	MD		144	let		3/081	19/
5	30. NAME AND ADDRESS OF PERSON WHO	AND TR	DEATH (ITEM 27) (Type,	Print) //9	Copilo	& HECCH	75	BLUM	763
1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	GNATURE		4.110	1177			1)
1	MAR 1 9 1991	Guha Davide	ion-Handall						

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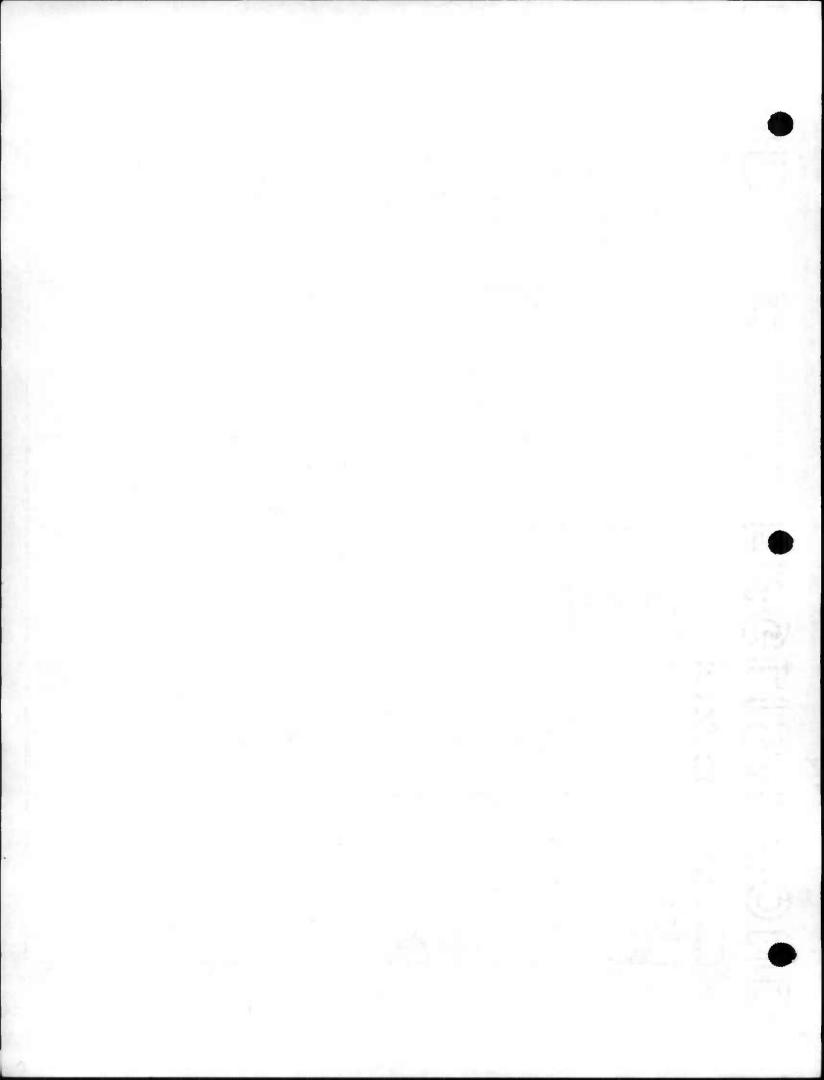
insit permit. Pages 1, 2, 3 should

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page		9
OR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5		the second of the man and the second parties of the second of the second of the second of the second second of the second
funeral		- Inch
the state	oval.	10
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31. DATE FILED (Month, Day, Year)
MAR 1 9 1991

FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DE	PARTMENT OF HE		NTAL HYGIENE REG. NO.	:	0/225
1. DECEDENT'S NAME (First, Middle, Lest)	GEHRKE		2.	DATE OF DEATH DAY		AR 10 55 A M
4. SOCIAL SECURITY NUMBER 169-18-4143	- 4 10	RS. MONTHS DAYS	HOURS MIN.	DATE OF BIRTH (Month, Den Year)	5	BIRTHPLACE (State or Foreign Country)
9a. FACILITY NAME (If not Institution, give sto FAUSTON FE RESIDENCE OF DECEDENT	NENAL ACSP.	FAUS	TOW,	uD.	9c. COUNTY	ARFORD
10e. STATE 10b. COUNTY	100	BEL AIR				10d. INSIDE CITY LIMITS? 1 VES 2 NO
100. STREET AND NUMBER 410 MACPHAIL RD.  11. MARITAL STATUS		10f.	21014	<i>J.</i>		OF WHAT COUNTRY? U.S.A.
11. MARITAL STATUS  1  Never Married 2 Merried  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES	If yes, spec	NDENT OF HISPANIC ( city Cuban, Maxican, P 2 X NO Specify:		or No.— 14.	RACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)  16. h GRADE  17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+) (Give killife. Do f	ENT'S USUAL OCCUPATION and of work done during most NOT use retired.)	Y t of working	16b. KIND OF BUS	INESS/INDUST	RY
	VAGE		18. MOTHER'S NAME MARY F	(First, Middle, Maiden S	Sumame)	
P LILLIAN WORLE		AILING ADDRESS (Street and D37 HARMAN A			, State, Zip Co.	10)
20s. METHOD OF DISPOSITION 1 Surial 2 Cremetton 3 Remote 4 Donation 5 Other (Specify)	20b. PLACE AND of cemetary, crem	TO CATE OF DISPOSITION ( matery or other place)  R MEMORIAL (	Name	OATE 20c. LOC	EATION — CRY BELAIR	or Town, State  M D,
21. SIGNATURE OF FUNERAL SERVICE LIC	Dolo	CHARLI	ADDRESS OF FACILITY ES L. STEVE. FORT	VENS FUNE	RAL HO	ME, INC.
	complications that caused the death. List only one cause on each line.  DUE TO (O) A& A CONSEQUEN	mge	ves	a cardiac or respi	ratory srreat	, Approximate Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUEN					
The second secon	a contributing to death but not reau	iting in the underlying	cause given in Pa	rt I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER:	ACE OF DEATH (Check			
27. MANNER OF DEATH  10. Netural 5 Pending  12 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	Bb. TIME OF 28c. INJURY WOI 1 1 Y	JRY AT RK? ES 2 NO	8d. DESCRIBE HOW I	NJURY OCCUP	ED
3 Suicide 6 Could not be	28e. PLACE OF INJURY — At home, building, etc. (Specify)	farm, street, factory, office	20	81. LOCATION (Street a City or Town, State)	and Number or	Rural Route Number,
One) I MEDICAL EXAMIN	CIAN: To the best of my imperiodge, death R: On the basis of stamination and/or inves					ause(a) end manner as stated.
290. SIGNAY ONE AND THE OF CENTIFIES	Y	(Tree With A	29c. LICENSE NUMBE	ER	TOO DATE S	GNED (Month, Dey. Year)

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-750us after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMP

	FOR Items, 17, 18	STATE OF MARYLAND /	DEPARTMENT	OF HEALTH AND M	MENTAL HYGIENE	910	7226
FUNERAL DIRECTOR	579-36-7512 1 9a. FACILITY NAME (If not institution, give street  ST JOJEPA //  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. STREET AND NUMBER  4001	SEX  SEX  O. AGE (in yrs. last  o.) AGE (in yrs. last)  o.) AGE (in yrs. last)  o.) AGE (in yrs. last)  o.) AGE (in yrs. last)  o.) AGE (in yrs. last)  o.) AGE (in yrs. last)  o.) AGE (in yrs. last)  o.) AGE (in yrs. last)  o.) AGE (in yrs. last)	Polithday) F UNDER YRS.  9b. CITY,  10c. CITY, TOWN 0	TOWN OR LOCATION OF DE	MONTH  3  7. DATE OF BIRTN (Month, Day, Year)  7 2 8  ATN  IC ORIGIN? (Specify Yea	9 B. BIRTINPLA COUNTRY) 9c. COUNTY OF DEATI 10g. CITIZEN OF WHAT	I. INSIDE CITY LIMITS?  YES 2 NO COUNTRY?  American Indian,
COMPLETED BY F	17. FATNER'S NAME (First, Middle, Last)	npleted) (Gi	CEDENT'S USUAL OC	luring most of working  16. MOTNER'S NA	16b. KIND OF BUSI		Block
TO BE	Vernon Carroll  19e. INFORMANT'S NAME (Type/Print)  Incz Lumpkins  20e. METNOD OF DISPOSITION    Burlel 2   Cremation 3   Remova  4   Donation 5   Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICEN	Grey Bush 200. PLACE of the place Garri	of DISPOSITION (Na ice)  ISON FOI	Gross and Number or Rural is Oakford Ave er St. Ba me of cemetery, cremetory or rest Vet.	Acute Number, City or Yown,  Itimore,  20c. Loc Cem. Owi	MD 21: ATION — City or Town, Lngs Mill	State Ls, MD
ERTIFICATION	23. PART LEfitar tha disease, or con shock, or heart fedure. Lis immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEC	SUENCE OF):	Infare fory D erebil V	y Heights haa cardiac or reapir finan	s Avenue atory srreat,	
BY PHYSICIAN: MEDICAL CE	PART II. Other significant conditions of the con	End S	ceaulting in the understanding	28. PLACE OF DEATN (Ch R: sing Home 5	Part I. 24a. WAS AN / PERFORI 1 YES 2	MED? AM NO OF	RE AUTOPSY FINDINGS NILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
LETED		AN: To the best of my knowledge, de	eth coursed at the	ilms, data and place, and due	to the course(s) and man	man an etertad	

2 MEDICAL EXAMINER: On the basis

29c. LICENSE NUMBER 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 38 3 9/

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) Type, Print)

2/130

Julia Dandon Thirting MAR 19 1991

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Memtal Hygiene prior to bunial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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1. DECEDENT'S NAME (FI	si, Middle, Lasi)							2. DATE	OF DEATH			3. TIME OF DEATH
MA	RIE S	OMMERS (	GOODRICE	H				3	" 1	.8	91	10:42A w
4. SOCIAL SECURITY NU	WSER	5, 9EX	8. AGE (In yrs. i	asi birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	(Mont)	OF BIRTH h, Day, Year)		8. BIRTI	HPLACE (State or Foreign
212-10-5424		1 □ M 2 💢 F	90	YRS.				8-3	25-00			yland
9a. FACILITY NAME (If not	institution, give s	treet and number)			9b. CITY, TOWN			EATH		9c. COUN		DEATH
Good Samari		spital			Balt	imor	e			N	/A	
10e. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN OR LOCA	TION						10d. INSIDE CITY LIMITS?
Maryland	N	/A			Baltimor	e						1 X YES 2 NO
10e. STREET AND NUMBE	R				1	of. ZIP COO	E			10g. CITIZ	EN OF	WHAT COUNTRY?
6201 Loch	Raven 1	T				212					SA	
11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN	NT EVER IN U.S. A	RMED NO	If yes, a	pecify Cubi	ın, Mexica	n, Puerto	i? (Specify Ye Ricen, atc.)	s or No—	14. RAC	E — American Indian, k, White, etc.
Widowed 4 Di	100000000000000000000000000000000000000	IF YES, GIVE	MAR OR DATES		1 🗆 YE	\$X2XXNO	Specif	y:			Spec	White
	ECEDENT'S EDU		16a. C	DECEDENT'S	USUAL OCCUPAT	ION		16b	. KIND OF BU	ISINESS/INDU		
(Specify of Elementary/Secondary	(0-12)	College (1-4 or 8	+)	(Give kind of ite. Do NOT u	work done during n se retired.)	iost of worki	ng					
8				S	ales Cle	erk			Reta	il		
17. FATHER'S NAME (First,	Middle, Last)					18. MOT	HER'S NA	ME (First, I	Middle, Maider	Surname)		
Louis Sc					-			a Ho	-Y			
19a. INFORMANT'S NAME	, ,,				ADDRESS (Street							21 21 1
Robin Rees	ITION		_		Weldon A		е ва	-	Y	CATION - C		
1 Buriel 2 Creme 4 Donation 5 Oth	tion 3 🗆 Rem	oval from Stata	of cemeta	ry, cremator	y or other place) t Cremat			1				Maryland
						OLY		10/	בטן ועב	- L THIOT	C 9 1	lary raila
21. SIGNATURE OF FUNE	RAL SERVICE LI	CENSEE			22. NAME	ND ADDRE	SS OF FA	CILITY				
Seone	ge Josep	the ter	iarse		22. NAME			Mit	chell-	Wiede	fel	d Home
George 23. PART I. Enter the	Josep disessa, or	h Ferrar:	se at caused the	death. Do	22. NAME /	Yor	k Rd	Mit Ba	chell- ltimor	Wiede ce, Ma	fel ryl	
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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.	betificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	examiner must be notified at once.
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH GOLD VEAD DL 6. BIRTHPLACE (Stage or Foreign A. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH DAYS HOURS 2/3329890 71 1 M 2 X F 9-4-1919 West Virginia Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Harbor Hospital Center Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Baltimore 1 X YES 2 NO 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 500 Washburn Avenue 21225 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Merried YES 2 X NO Specify: Specify: 3 X Widowed 4 Divorced White 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete) Elementary/Secondary (0-12) College (1-4 or 5+) Home Maker 10th Grade Housewife 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) Pierce James William Mamie Lecresa Garfield Hudson 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) James Ford 2206 Parkwood Drive Valrico, Florida 33594 20e. METHOD OF DISPOSITION
1 ☑ Burlel 2 ☐ Cremetion 3 ☐ Removal from State
4 ☐ Donation 5 ☐ Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State Cedar Hill Cemetery Baltimore, Maryland 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 4001 Ritchie Hwy. Baltimore, Md. 21225 10 23. PART I. Enter the diseases, or complications that caused the dasth. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or hasrt feliure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Dagth MASS G, I, BLZEPING DUE TO (OR AS A CONSCIUENCE OF): disease or condition\_ 3 Week resulting in death) Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 | YES 2 | -NO Cardiovascular arter 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 🗌 Nun rme 5 - Residence 6 - Other (Specify) 27. MANNER OF GEATH 28e. DATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 28b. TIME OF 1 Netural м 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be datermined COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner se stated 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE WAX C. Na 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Printy ter. ar

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32 REGISTRAR'S MENANDE

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31. DATE FILED (Month, Day, Year)

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BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HE FORM OF MATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FIRST CONTROL After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2,	be filed where a norm after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
H OF	HT CL	be file	IMPO

FRANK J. PERETTT 31. DATE FILED (Month, Day, Year) MAR 1 9 1991

32, REGISTRAR'S SIGNATURE Julia Davidson-Randell

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1 - STATE REGISTRAR	STATE OF MARY		CATE OF		MENTAL HYGIEN REG. NO			
1. DECEDENT'S NAME (First, Middle, Last) Mary El	izabeth		Grubb		2. DATE OF DEATH MONTH 1		3. TIME OF DEATH 1 13:35	
4. SOCIAL SECURITY NUMBER 2/4-58-9574	5. SEX 6. AGE	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	6.	BIRTHPLACE (State or Foreign Country)	
98. FACILITY NAME (W not institution, give str 1431 Demarcey Way	eet and number)			more Cit		9c. COUNTY	OF DEATH	
RESIDENCE OF DECEDENT  100. STATE  Maryland  N/A			, town on Loca Baltimor				10d. INSIDE CITY LIMITS? YES 2 \( \square\) NO	
100. STREET AND NUMBER 1431 Demarcey Way			10	1. ZIP CODE 21224			S.A.	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 NO	If yes, s		NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	s or No- 14	RACE — American Indian, Black, Whita, atc. Specify: White	
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			ON ost of working	16b. KIND OF BU		TRY	
17. FATHER'S NAME (First, Middle, Last) Milton Joseph	Roles				a May O'Co	Sumame)	14-36s	
190. INFORMANT'S NAME (Type/Print) Milton J. Roles		19b. MAILING 802 S	ADDRESS (Street	vn, State, Zip Co	ode)			
208_METHOD OF DISPOSITION 1	val from State	0b. PLACE AND DATE	OF DISPOSITION	(Name	DATE 20c. L	CATION - CIT	y or Town, State	
21. SIGNATURE OF FUNERAL SERVICE LICE	D. Ze	de	22. NAME A	ND ADDRESS OF FA	iler & Son	Inc.	ge, Md. 901 S. Conkling St.	
23. PART I. Enter the diseases, pr control of the second o	Ist only one ceuse on MIXED DRUG	ed the deeth. Do n each line.	TION	ode of dying, suc	ch as cardlec or ree	Piratory arrea	t, Approximate Interval Between Onset and De	
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PART II. Other significant conditions	contributing to death	in the underlyle	ng ceuse given in	PERFO	N AUTOPSY PRMED? 2 NO	24b. WERE AUTOPSY FINDIN ANALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	rtpetient 3 DOA	26. PLACE OF DEATH (Check only one)  OTHER:  OA 4 □ Nursing Home 5 (\$\mathbb{T}\text{Residence 6 } \mathbb{O}\text{ Other (Specify)}					
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) UNKNOWN	) INJ	URY, W	JURY AT ORK? YES 2 NO		DESCRIBE HOW INJURY OCCURED UNKNOWN		
3 Suicide 8 Could not be 4 Homicide	28e. PLACE OF INJUI building, etc. (Sc UNKNOWN	RY — At home, farm, opecify)	street, factory, offi	08	281, LOCATION (Street City of Town, State	)	Rural Route Number,	
and and	CIAN: To the best of my kno						cause(a) and manner as stated	
296-STURTURE AND THE OF CENTIFIER	MI	usp		O.C.M			GIGNED (Month, Day, Year) -14-1991	
60. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF		Print)					

111 Penn Street Baltimore, Maryland 21201

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Secretary 'States and the Secretary of things

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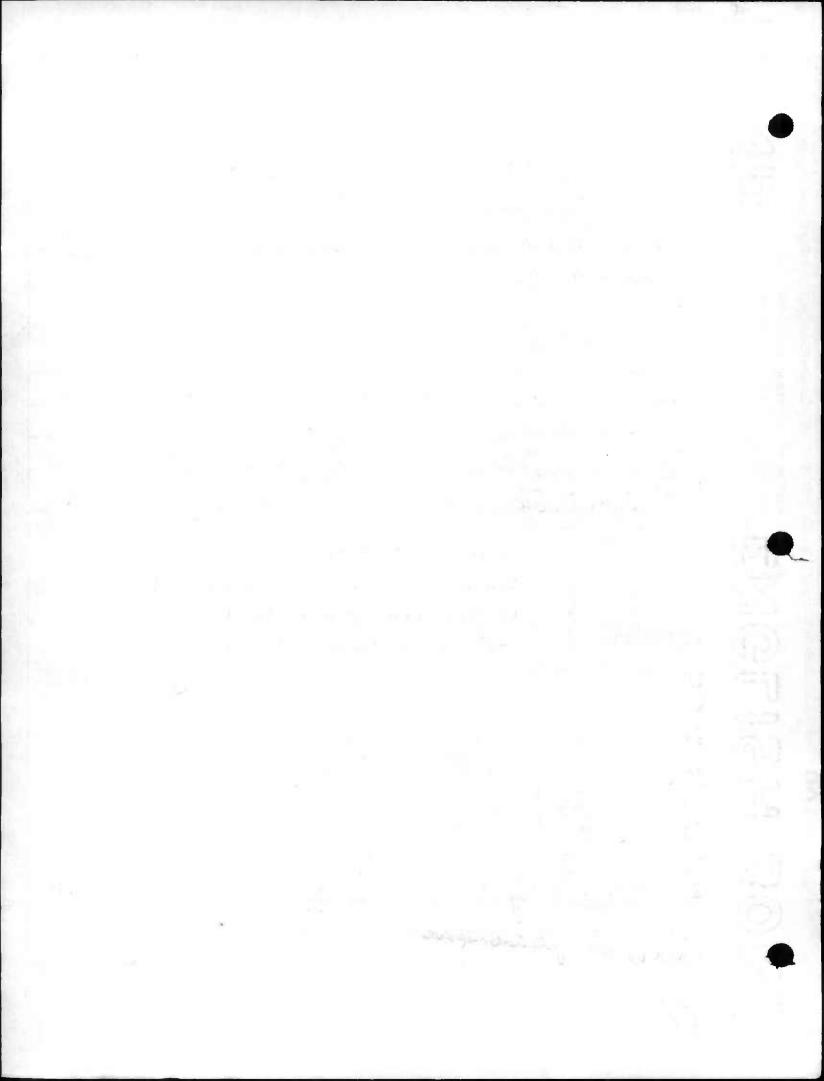
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TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospiton TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Bept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF	MARYLAND /	DEPAR					MENTA	HYGIE REG. N			
	1. DECEDENT'S NAME (First, Middle, Las				IOAIL		DEA		MONT	OF DEATH	DAY	YEAR	3. TIME OF DEATH
	LAURA GORTLER  4. SOCIAL SECURITY NUMBER	5. SEX	L 405 //2 1						03		6	91	9:40 A M
	N/A	1 🗆 M 2 💢 F	6. AGE (In yrs. Ia:	YRS.	MONTHS	DAYS	HOURS	MIN.	Sept	of BIRTH		Nort	h Carolina
~	9a. FACILITY NAME (If not institution, give							ION OF DI				NTY OF DE	
D.	NORTH ARUNDEL	<u>HOSPITAL</u>		-	GLE	N_BL	JRNIE	, ME	21	061	ANNE	ARUN	DEL
DIRECTOR	10a. STATE 10b. COUN	ne Arunde	1	10c. CIT	Y, TOWN	OR LOCA		sade	ena			- 1	IDD. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 8214 Wapati					10	f. ZIP COL	211	22		1.14		tates
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Vidowed 4 Divorced	FORCES?	NT EVER IN U.S. AI 1 YES 2 XX WAR OR DATES	RMED		If yes, sp	ecity Cub	OF HISPAI en, Maxica Specif	in, Puerto	1? (Specify ) Rican, atc.)	es or No—	14. RACE Black, Specify	American Indian, White, atc. White
ED	15. DECEDENT'S EI (Specify only highest gra		16a. Di	ECEDENT'S	USUAL O	CCUPATI	ON and work	ina	161	. KIND OF B	USINESS/IND	DUSTRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Give kind of a. Do NOT u	se retired.)		SE OF WORK	mg			N/A		
E CON	17. FATHER'S NAME (First, Middle, Lest) Fred	W.	Go	rtler	, II	I		HER'S NA		Middle, Maide	en Surname)	Po	merantz
TO 8	19a. INFORMANT'S NAME (Type/Print)		19								own, State, Zip		1100
F	Fred W. Gortler	, III		8214	Wap	ati	Ct.	, Pas	sader	ia, Ma	arylan	id 2	21122
	20a. METHOD OF DISPOSITION  1 Surial 2 Cremation 3 Ref  4 Donation 5 Other (Specify)	emovel from State	20b. PLACI of cemetar Oak					Marcl	19		Fred		sburg, VA
	21. SIGNATURE OF FUNERAL SERVICE	Lolen	um	2	22.	McCI	ully	Funda, Mai	eral	Home	of Pa 3204 M	sader lounta	na ain Rd.
	23. PART I. Entey the diseases, of shock, or heart feilur IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. List only one ce		<b>e</b> .				ying, suc	ch aa cer	diac or res	spiratory ar	reat,	Approximate interval Between Onset and Death
Z	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
CATIO													
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	d. OUE TO	O CHRO			LA	BNO	RMA	ALIT'	7			
MEDICAL	PART II. Other algnificent condition	iona contributing t	o deeth but not	resulting	in the u	nderlyin	g ceuse	given in	Part I.		ORMEO?		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ä													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	4.00		OTHE	R:			heck only o				
IYS	1 YES 2 NO	1   Inpatient 2   ER/Outpatient 3   ODA   4   Nursing Home 6   Residence 6   Other (Specify)						SCHOOL D					
	1 Natural 5 Pending	(Month,	28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY M					<b>NO</b>	28d. DEŞCRIBE HOW INJURY OCCURED				
ED BY	2 Accident 3 Suicide 4 Homicide 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28b. LOCATION (Street and Number or Rural Route Number, City or Town, State)									oute Number,			
	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
MPLET	(Check only	The state of the s				onlaion	death acc	urad at the	a time det	e and alece	and due to t	he councie	and manner so stated
COMPLET	(Check only one) 2 MEDICAL EXAM	The state of the s				opinion,				a and place,			and menner as stated.
BE	(Check only 1 De CERTIF TING PH ONE) 2 MEDICAL EXAM	INER: On the basia of	D. Hay	r Investigati	ion, in my	trics		CENSE NU		a and place,	29d. DA		'Month, Day, Year)
	(Check only one) 2 MEDICAL EXAM	TIEN WHO COMPLETED CA	USE OF OEATH (ITT	EDICA	e, Print)	trics	D3	CENSE NU	IMBER 17		29d. DA	TE SIGNED M	Month, Day, Year)

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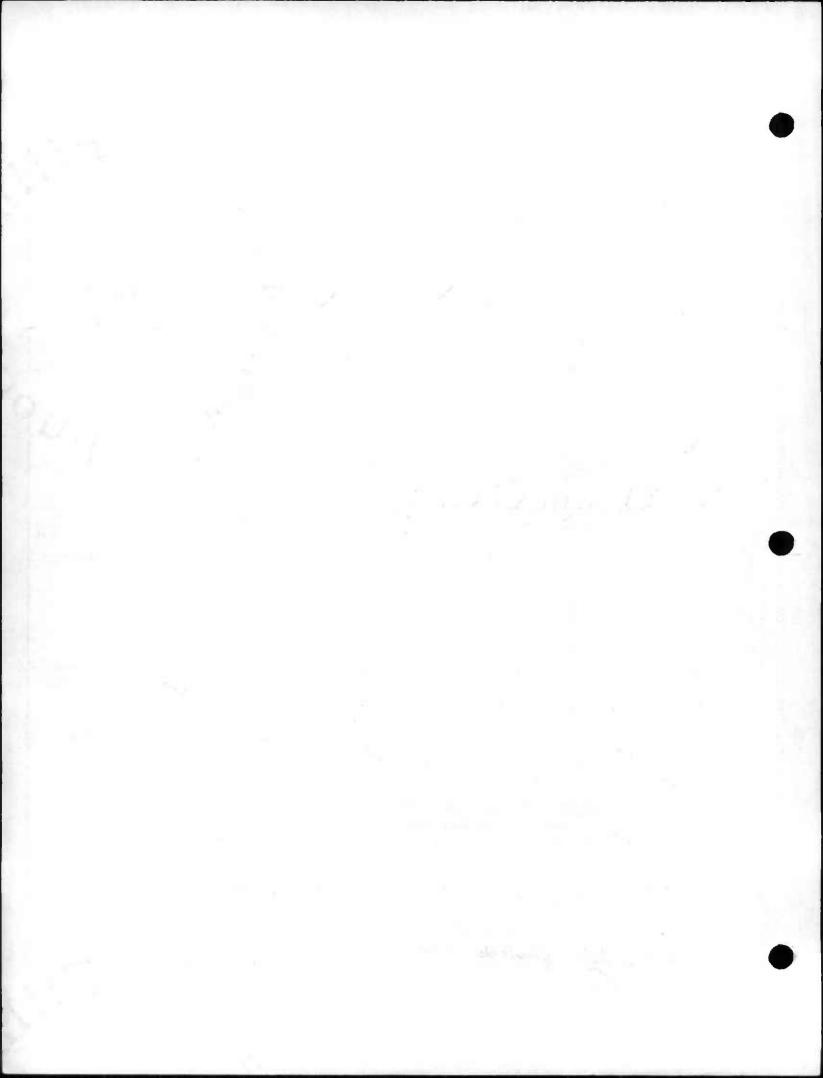


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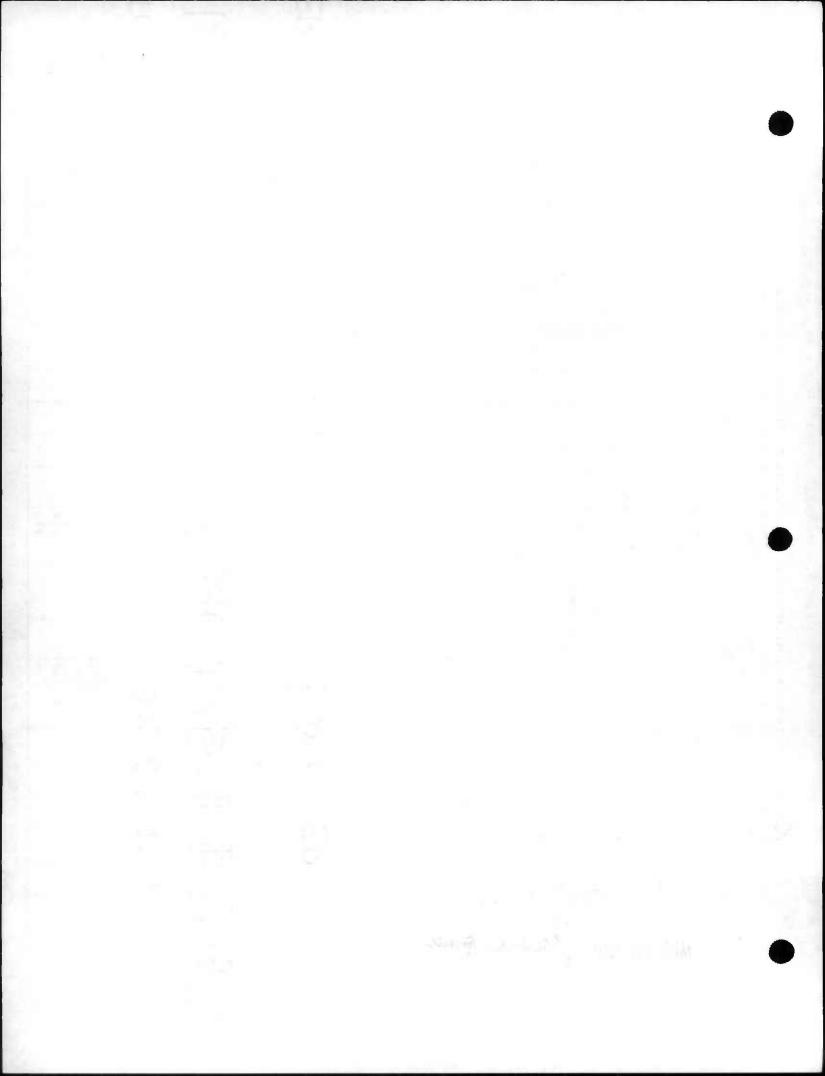
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215-07-8		5. SEX 1  M XXF	6. AGE (In yrs	7 YRS.	IF UNDER	DAYS	IF UNDER HOURS	24 HPIS.	7. DATE (Mont APF	OF BIRTH	913	6. BIRTI Count	HPLACE (State or Foreign try) MD.
. FACILITY NAME (# not	institution, give	street and number)			96, CITY	, TOWN (	OR LOCATIO	ON OF DE				NTY OF C	DEATH
BON SECO		XTENDED	CARE	FAC.	EI	LLIC	COTT	CI	ΓY		HO	WARI	D
a. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY
MD.					BA	ALTI	MORI	E C	ITY				LIMITS?
3635 ELK		ROAD				101	I. ZIP CODE		1218	3	10g. CIT		S.A.
. MARITAL STATUS  Never Married 2  Widowed 4 Div		12. WAS DECEDED FORCES? IF YES, GIVE	NT EVER IN DS I YES 2 WAR OR DATES			If you, sp	ENDENT O	n, Mexica	in, Puerto	17 (Specify Yo Rican, etc.)	ns or No—	14, RAC Blac Spec	E — American Indian, sk, Whita, etc.
	CEDENT'S ED		164	DECEDENTS	USUAL O	CCUPATH	ON		161	. KIND OF BI	JSINESS/INI	DUSTRY	
(Specify of Elamentary/Secondary	nly highest grad (0-12)	completed) College (1-4 or 5	+)	(Give kind of a life. Do NOT us	work done se retired.)	auring mo	nat of workin	TV					
12				HOM	EMAK	KER			1.5	OWI	IOH V	ME	
FATHER'S NAME (First,	Middle, Last)						16. MOTI-	IER'S NA	ME (First,	Middle, Maide	n Sumame)		
M. DORSE	Y HOL	LIFIELD					NE	LLI	E GF	RIFFI	TH		
a. INFORMANT'S NAME	(Type/Print)			196. MAILING	3 ADDRES	S (Street	and Number	or Rural	Route Nun	ber, City or To	wn, State, Zi	p Code)	
ATHLEEN (	GAT.T.A	GHER		531 1	W 3r	cd.	ST 1	#1-7	A F	ETHI.	EHEM	, PA	. 18015
De. METHOD OF DISPOS	ITION		oth	ACE OF DISPO	SITION (N	ame of ce	metery, crem	natory or			OCATION —		
Donation 5 Oth		noval from State	LOI	RRAIN	E PA	ARK	CEMI	ETEI	RY.	WO	OODLA	AWW.	MD. 2120
									-				
MMEDIATE CAUSE (F	diseases, or heart failure	complications the	use on each		I	HENI		. J	ENK	905 NS A	YORK ND S	ONS	AD 21212 BALTO, M Approximate Interval Betw
3. PART I. Enter the shock, or MMEDIATE CAUSE (Filsease or condition resulting in death)	diseases, repeated the second	complications the List only one ca	O (OR AS A CO	tine.	not ente	HENI	RY W	. J	ENK	905 NS A	YORK ND S	ONS	AD 21212 BALTO, M
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	1 - FOR STATE REGISTRAR	STATE OF MARYL		CATE OF DEA		REG. NO.	•			
- Ņ	1. DECEDENT'S NAME (First, Middle, Last	ANDREW E	DWARD GO		2. D/	TE OF DEATH	Y YE	EAR	E OF DEATH	
	HNDKK	W 6.		RDON		3 11	91		845	
	212-07-8659		-	IF UNDER 1 YEAR IF UNDER HOURS	R 24 HRS. 7. DA MIN. (M	TE OF BIRTH conth, Day, Year) n.13,19	15	BIRTHPLACE Country)		
	9a. FACILITY NAME (If not institution, give	almot and a united	10	9b. CITY, TOWN OR LOCAT		n.13,19.	9c. COUNTY	laryla	nd	
Œ	ST JOSEPH HO	ca i TA		TOWSON		.)		TIM	105	
ЕСТОВ	RESIDENCE OF DECEDENT	31 1111		1000301	V , /- 1	D	0176	-) //-1	UN-E	
HE(	10a. STATE 10b. COUN			TOWN OR LOCATION					INSIDE CITY	
DIR.		timore	Lu	therville					YES 2 N	
RA	100. STREET AND NUMBER 1628 Charmuth Rd.			10f. ZIP COI			. 17.	OF WHAT C	DUNTRY?	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	LUS ARMED	210		GIN? (Specify Ves	U.S	RACE - Am	ericen Indian	
	1 Never Married 2 X Merried	FORCES? 1 X YES	2 NO	If yes, specify Cub	en, Mexican, Puer		14.	Black, White Specify:		
ВУ	3 Widowed 4 Divorced	WW II			ороспу.			White		
TED	15. DECEDENT'S ED (Specify only highest grad		16a. DECEDENT'S U	SUAL OCCUPATION ink done during most of work retired.)	ding	16b. KIND OF BUS	HNESS/INDUS	THY		
LETI	Elementary/Secondary (0-12)	College (1-4 or 5+)				D . 1 T .				
COMPL	11. 17. FATHER'S NAME (First, Middle, Last)		linting	Operator 18 Mg	THER'S NAME /EL	Bethle		eeT		
	John Golczewski			1 210	roline	The second second				
) BE	19a. INFORMANT'S NAME (Type/Print)	-	19b. MAILING	ADDRESS (Street and Numb				de)		
임	Eleanor B. Gordon	1	1628	Charmuth R	d., Lut	hervill	e, Md.	2109	3	
	20a. METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Re		PLACE AND DATE	OF DISPOSITION (Name		ATE 20c. LO				
- 4	4 Donation 5 Other (Specify)	Du	emetary, crematory of laney Va	lley Mem. G			monium	, Md.		
	Dulaney Valley Mem. Gdns.3/14/9 Timonium, Md.  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc.									
	· danal	In the		1050 York						
RTIFICATION	Sequentielly liet conditions, if any, leading to immediate	b. HE	CONSEQUENCE OF	MS C						
SA	cause. Enter UNDERLYING CAUSE (Disease or injury	c				100				
RTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF)							
CE	PART ii. Other significent condition	one contribution to doub b		AL - 11-1 - 11-11-11-11-11-11-11-11-11-11-	ation to Book I	L		1		
CAL		TESTINAL			given in Part i	24a. WAS AN PERFOR		MAIL	AUTOPSY FIN ABLE PRIOR 1 LETION OF CA	
MEDIC		103//////	- 1566	E-1)/1001		1 TYES 2	□ NO	OF DE	ATH?	
Σ								10	YES 2 N	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF	DEATH (Check onl	ly one)				
Sic	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outp		OTHER: 4   Nursing Home 5   1	Residence 6 🗆 C	Other (Specify)				
РНУ	27. MANNER OF OEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJURY AT WORK?	28d.	OESCRIBE HOW I	NJURY OCCUP	RED		
ВУР	1 Natural 5 Pending 2 Accident Investigation		***************************************	M 1 YES 2	□ NO					
ED E	3 Suicide 8 Could not b	28e. PLACE OF INJURY building, aic. (Spec	— At home, farm, st	reet, factory, office		LOCATION (Street a City or Town, State)	and Number or	Rural Route N	umber,	
<u> </u>	4 Homicide determined									
1	enel -	SICIAN: To the best of my know NER: On the bests of examination							nanner as str	
JWC				29c. LI	CENSE NUMBER	-	29d. DATE S	IGNED (Month	, Day, Ybar)	
E COMPL	296. SIGNATURE AND TITLE OF CERTIF	IEH /								
BE	29b. SIGNATURE AND TITLE OF CERTIF	HOUSE PLAYS,	CIAN	1)	10390	100	13	111 19	1	
ш	29b. SIGNATURE AND TITLE OF CERTIF	HOUSE PLAYS,	ATH (ITEM 27) (Type,	Print)	10390	0	> 3	111 19	/	
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BE	KAUSOUS I	HOUSE PLAYS,	HOSPI.	Print) IAL, 7620	40390 YURIC	RD.TO	h Sow	1119 MD	2120	



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 29 mours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the belian with the force Dan of Health and Marrial Handen prior to hard in the many	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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certifica	Hyniene	r other
the death	the atter	injury, o
ires that	signed by	vs any
law requi	is been s	23 shov
AN: The	Ificate ha	r item
SICI	is cert	9
F	E :	2
ENDING PHY	R: After th	is marke
DR ATTENDING PHY	DIRECTOR: After th	item 28 is marke
OSPITAL OR ATTENDING PHY	UNERAL DIRECTOR: After th	NT: If Item 28 is marke

7	FOR STATE REGISTRAR  1. OECEOENT'S NAME (First, Middle, Last)	STATE OF MARY		RTMENT OF CICATE OF		MENTAL HYGIEN REG. NO 2. DATE OF CEATN		3. TIME OF OEATN	
	Fra	nciska -	Gu	thall		March 15°		M M	
	212-74-4993	1 🗆 M 2 🔀 F	84 YRS.	# UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	July 4, 1906	5	BIRTHPLACE (State or Foreign Country) Romania	
TOR	9a. FACILITY NAME (If not institution, give stre 8129 Clyde Bank R			Balti	MORE	EATH	Balt	imore	
DIRECTOR	10e. STATE 10b. COUNTY	timore		ry, town on Loc altimore	ATION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
FUNERAL	8129 Clyde Bank Road				01, ZIP CODE 21234		USA	OF WHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YI IF YES, GIVE WAR OF	ES 2 NO	if yes,	ECENOENT OF NISPAI specify Cuben, Mexico ES 2 NO Specif X	NIC ORIGIN? (Specify Yes, Puerto Rican, etc.) ly:	or No- 14.	RACE — American Indian, Black, White, etc. Specify:	
COMPLETED	15. OECEDENT'S EDUCI (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT L Homemake)		FION nost of working	16b, KIND OF BU	SINESS/INOUS	ТЯУ	
BE CON	17. FATHER'S NAME (First, Middle, Lest) Daniel Fraunhoffer				Theresi	ame (First, Middle, Meider a Pehtold			
0	190. INFORMANT'S NAME (Type/Print) George J. Guthall					Route Number, City or Tow Itimore, Md.		de)	
	20e. METHOD OF OISPOSITION 1 XI Burlel 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	val from State	20b. PLACE AND DAT	E OF DISPOSITIO	N (Name	DATE 20c. LC		or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LICE			22. NAME	AND ADDRESS OF FA		rford Ro	ad 21214	
	23. PART I. Enter the diseeses, or co ahock, or heart failure. L IMMEDIATE CAUSE (Finel	omplications that cau lat only one ceuse of	sed tha death. Do n each lina.	not enter the n	node of dying, suc	ch as cardiac or resp	iratory arreat	Approximate Interval Between Onset and Death	
	disease or condition resulting in death)	DUE TO (OR	AS A CONSEQUENCE	OFF:	more			yrs	
TION	disease or condition resulting in death)  a. Conserve Hemm Forware  DUE TO (OR AS A CONSEQUENCE OF):  ARTEMOSCIENCIA: Conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury thet Initiated events resulting in death) LAST  d. ATKIPL FIBRILLITION							× rs	
	PART II. Other aignificant conditions					Part I. 24s. WAS AI		24b. WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL	CENERAUVASC. DISENSE / CVA  HYPOTITYROID  PERFORMED?  1 YES 2 THO  1 YES 2 THO								
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:								
>	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Nome 5 Residence 6 Other (Specify)  27. MANNER OF OEATN 1 Netural 8 Pending 28a. DATE OF INJURY (Month, Dey, Year)  28b. TIME OF INJURY WORK? 4 Nursing Nome 5 Residence 6 Other (Specify)  28b. TIME OF INJURY WORK? 4 Nursing Nome 5 Residence 6 Other (Specify)  28d. OESCRIBE HOW INJURY OCCURE						RED		
	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Route City or Town, State)						Rural Route Number		
ВУ	3 Suicide 8 Could not be	28e. PLACE OF INJ building, etc. (	URY — Al home, farm, Specify)			City or lown, State	)		
	3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only)	building, etc. (	Specify) nowledge, death occur	rred at the time, d	ite and place, and du	e to the cause(e) and me	nner as stated.		

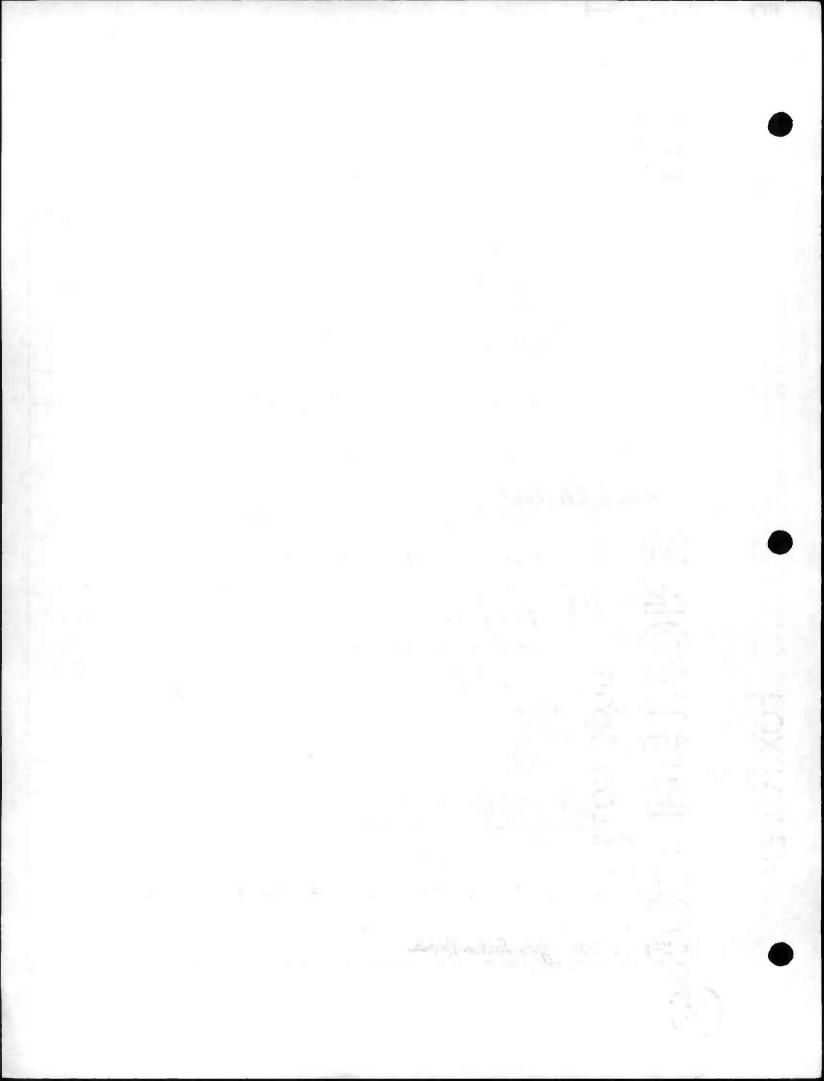
Baltimore, Maryland

o MD 7801 York Road

Vincent A. DiPietro

31. DATE FLED (MOON!), Day, Year)

MAR 19 1991

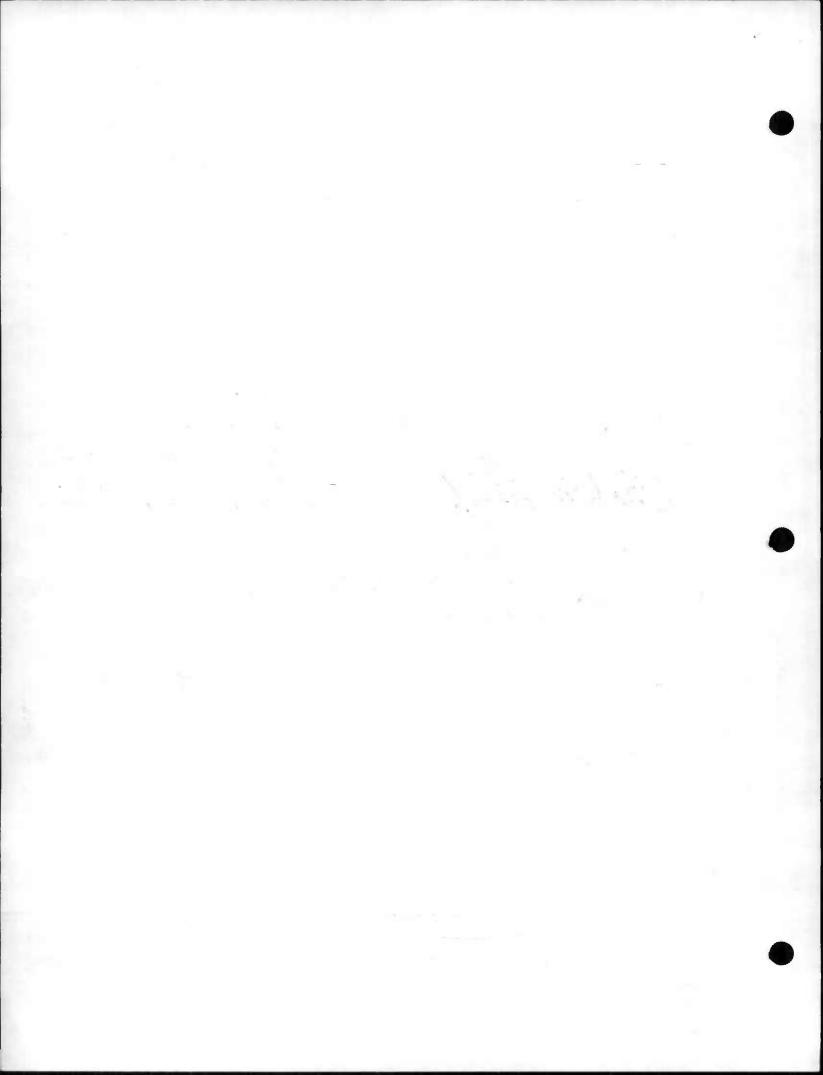


BALTIMORE, MARYLAND 21203-3146

10

	FOR STATE REGISTRAR	STATE OF MA	ARYLAND / DEPA CERTII		F HEALTH AND I	MENTAL HYGIEN REG. NO	_	07234	
1	1. DECEDENT'S NAME (First, Middle, Last)	Reba		GENTRY		March 13,	"1991 <sup>YEA</sup>	10:15 P M	
	4. SOCIAL SECURITY NUMBER  219 - 03 - 2595  9. FACILITY NAME (If not institution, give	1 🗆 M 2 💢 F	3. AGE (In yrs. last birthday, 74 YRS.	MONTHS DA			1916 8. BI	HTHPLACE (State or Foreign bunta)	
TOR	Franklin Square				ssville	A		nore County	
DIREC	Maryland 106. COUNT	Baltimore	10c. C	Dunda				10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
ERAL	1936 Ormand Road				101. ZIP CODE 21222		10g. CITIZEN O	OF WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS  1 Never Merried 2 Werried  3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	EVER IN U.S. ARMED YES 2 NO R OR DATES	If yes		NIC ORIGIN? (Specify Yenn, Puerto Rican, etc.)	or No 14. F	tACE — American Indian, Black, White, etc.	
BE COMPLETED BY FUNERAL DIRECTOR	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondery (0-12) 7th Grade	JCATION e completed) College (1-4 or 5+)	(Give kind o	's usual occul of work done durin use retired.) LMBLY L	g most of working	186 KIND OF BU		W	
BE CO	17. FATHER'S NAME (First, Middle, Last) William Harvey S.	hiflett			Pea	ME (First, Middle, Maiden TL J. Knig	ht		
10	190. INFORMANT'S NAME (Typo/Print) Benjamin F. Gent	ry	1	936 Ora	nand Road,	Baltimore		1222	
	20s. METHOD OF DISPOSITION  1X Burial 2 Cremation 3 Real  4 Donetion 6 Other (Specify)	novel from State	20b. PLACE OF DISP other place) Oak Lawn	Cemeto	of cemetery, cremetory or 2/18	/91 Ba	ecation - chy o	r Town, State Maryland	
	21. SIGNATURE OF PHIERAL SPRVICE L	- Fisi	11	DUC	ne and address of fa da⇒Ruck Fui	CILITY		dalk, Inc. MD 21222	
CERTIFICATION	23. PART I. Enter tha disease, or ahook, or heart feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Pneul Due to (c) Viats: Due to (c) Carc	monia On as a consequence tatic Carc on as a consequence inoma of bi on as a consequence	о <del>р</del> : inoma t о <del>г</del> : reast		n aa cardiac or raap	ratory srreat,	Approximate interval Between Onset and Death	
PHYSICIAN: MEDICAL C	PART II. Other algorificant condition M-tastatic car			g in the under	lying cause given in	Part I. 24s. WAS AF PERFO	RMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 DOA	OTHER:	86. PLACE OF DEATH (C)				
BY PHYS	27. MANNER OF DEATH  1 X Natural 5 Pending 2 Accident Investigation	28e. DATE OF I (Month, De)	NJURY 26b. T	TIME OF 28-	c. INJURY AT WORK?  YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	D	
	a D autota	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	one)		my knowledge, death occu amination end/or investiga					use(e) and manner as stated.	
TO BE	29b. SIGNATURE AND TITLE OF CENTIFE	Llace		2	29c. LICENSE NU	024	<b>▶</b> 3,	MED (Month, Day, Year) /13/91	
	30. NAME AND ADDRESS OF PERSON W Arturo Pidl			änklin	Square Dri	ve Baltin	nore,	MD 21237	
	31. DATE FILED (Molitin, Bay, Your) MAR 19 1991	32 BEGISTRAF							

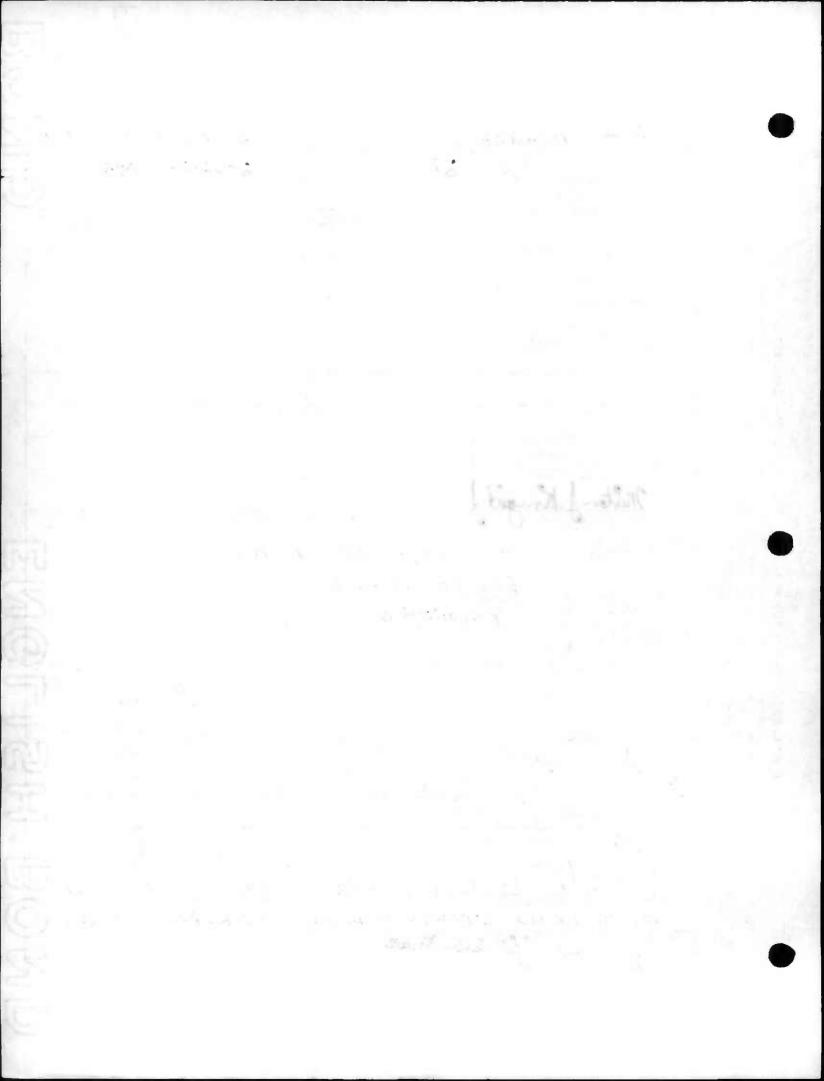




OHMH-18 Rev 1/89

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	'ages 1, 2	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE H	De filed w	IMPORT

ID		ODGES	Ida	Hodge			2. DATE O MONTH	16	1991	3. TIME OF DEATH	
217-09-106	17-09-1069 1 0 M 2 0 F 8 7 YRS. MONTHS DAYS HOURS MIN. (Month, Day, 1967) 6-22-03							>3 Vin	BIRTHPLACE (State or Foreign Country)      Vinginia  TTY OF DEATH		
	Liberty Medical Center Baltimore City									J. J. J. J. J. J. J. J. J. J. J. J. J. J	
Md.	10e. STATE 10b. COUNTY								10d. INSIDE CITY LIMITS? 1  YES 2 X		
1821 Maxwe					101. ZI 212	P CODE 22			USA	WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 3 XWidowed 4		12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	13 )		DENT OF HISP/ y Cuben, Mexic NO Spec	can, Puerto Ri		Bier	E — American Indian, ck, White, etc.	
(Spe	15. OECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 8+)  Hom					f working	16b.	KIND OF BUS	INESS/INDUSTRY		
17. FATHER'S NAME (Fleming Ba					1	LUCY M		iddle, Maiden S	Surname)		
198. INFORMANT S N	AME (Type/Print) P. Hodges		19b.	MAILING ADDRES					e, Md.	21222	
20a. METHOD OF DIS 1 N Burlel 2 Cr 4 Donation 5		oval from State		and date of dis			DATE		sey, Md.	Town, State	
21. SIGNATURE OF F	Elen	Milton	J Knig			J. Ruck		305 Har	ford Road	21214	
23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):									Approximate Interval Between		
disesse or condit	tion	a. CARDI	D PU	LMON	ARY	AR	REST	_		Onset and Dest	
disesse or condit resulting in death	conditions, immediate Deriving or Injury nts	b. SEVE	RE S A CONSEGN EUNIC	SEP- UENCE OF: ) Nin	ARY Sis	AR	REST			Onset and Dest	
Sequentially list of any, leading to cause. Enter UND CAUSE (Disease that initiated ever resulting in deet)	conditions, Immediate DERLYING or Injury nts	b. SEVE  DUE TO (OR AS	RES A CONSEGRED AND S A CONSEGRED	SEP- UENCE OF): ) NID UENCE OF):	ک <sup>(</sup> ک			24a. WAS AN PERFORI	MED?		
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disesse or condit resulting in death resulting in death if any, leading to cause. Enter UNIC CAUSE (Disease that initiated ever resulting in death PART II. Other signal in the cause of th	conditions, immediate ERLYING or Injury nts on MEDICAL	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	S A CONSEGUENT S A CONSEGUENT DUT NOT THE DUTY PAT HOUSE THE PAT HOUSE T	SEP- UENCE OF):  Nin UENCE OF):  DOA OTHE OF INJURY M	26. PLACER: uraing Home 28c. INJUR WORK 1   Yes	E OF OEATH (1 5 □ Residence Y AT	Check only one 6 6 Other 28d. DES	24a. WAS AN PERFORI 1 YES 2 (Specify) CRIBE HOW IN	MED?	Ib. WERE AUTOPSY FINDINGS ANALIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
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3. TIME OF DEATN 6:45 Am

2. DATE OF DEATN

LOLA PENNINGTON HOSLER

HOSLER

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	een signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, of Health and Mental Hyglene prior to burial, cremation, or removal,	
requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	tal-tra	
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regu	een	4

BALTIMORE, MARYLAND 21203-3146

OF VITAL RECORDS, P.O. BOX 13146,

TENDING PHYSICIAN: The law

HOSPITAL DR

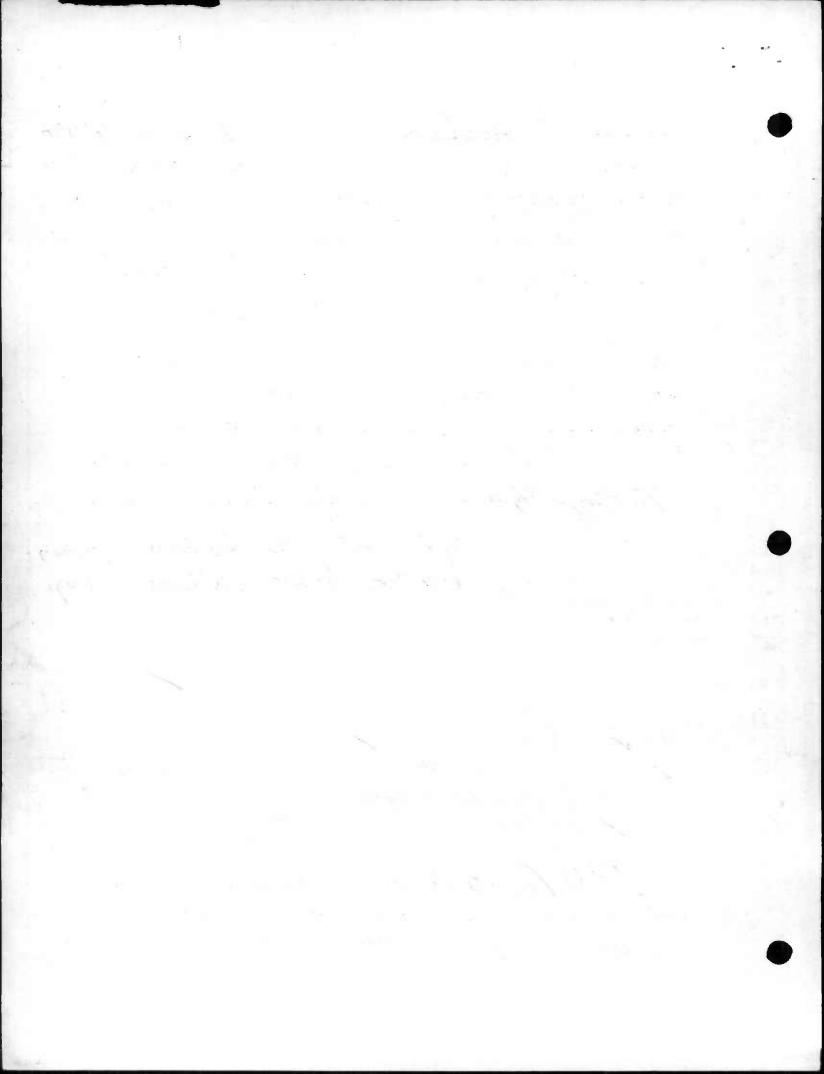
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1, 2, 3 should

4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER t YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH 8. BIRTNPLACE (State or Foreign MONTHS DAYS HOURS 1 M 2 K F YDE 9 269-05-0342 1894 West Virginia August Se. FACILITY NAME (If not institution, give street and number 9c COUNTY OF DEATH 95 CITY TOWN OR LOCATION OF DEATH DIRECTOR Crofton Convelescent Center Crofton Anne Arundel RESIDENCE OF DECEDENT 10a, STATE 10c. CITY, TOWN OR LOCATION 1 YES 2 1 NO MD Anne Arundel Glen Burnie 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? FUNERAL 1416 Isted Rd. 21060 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR OATES If yes, specify Cuban, Maxican, Puerto Ricen, etc.)

1 YES 2 X NO Specify: 1 Never Married 2 Married BY 3 🔀 Widowed 4 🗌 Divorced White COMPLETED 1Se. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 4th None Home Maker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Pennington Unknown 8年 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mr. James D. Lowe 1416 Isted Rd. Glen Burnie, Md. 21060 99 20a. METHOD OF DISPOSITION
1 M Burlal 2 Cremation 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State must Meadowridge Memorial Park Elkridge, Md. 21. SIGNATURE OF PUNERAL SERVICE LICENSES 22. NAME AND AGORESS OF FACILITY Singleton Funeral Home 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, 1 Second Ave. S.W. Glen Burnie, Md. Approximate shock, or heart failure. List only one cause on fach line Interval Between IMMEDIATE CAUSE (Final Onset and Death 9 disease pr condition undent resulting in death) DUE TO (OR AS A C CERTIFICATION Sequantially list conditions, DUE TO (OR AS if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 24a. WAS AN AUTOPSY PERFORMED? PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO BILLY COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one this certificate h HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA me 5 - Residence 8 - Other (Specify) marked, or 27. MANNER-OF DEATN 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO OR: After that after death BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 00 COMPLETED 4 Homicide 28 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER

0 1828 BE 2 757 RITCHIE Huy\_ Cley Burine MAX C MANK MD 32. REGISTERANS SIGNATURE 31. DATE FILED (Month, Day, Year) 9



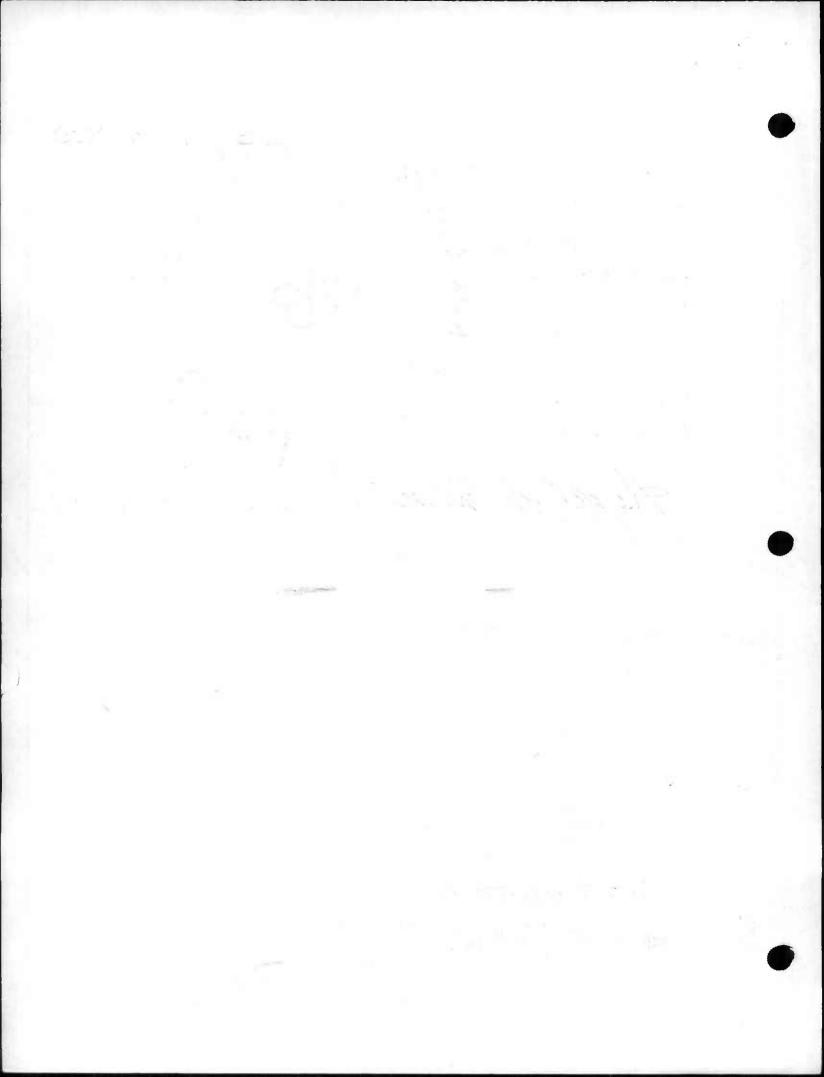
SION OF VITAL RECORDS, P.O.	requires that the death cer	a tea been signed by the attending
N DEWITAL F	THE PERSON NAMED IN	A transport to b
DIVISION	AL OR ATTENDIN	A DIRECTOR AM
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		1

- 1	1. DECEDENT'S NAME (First, Midd ANDREW DOUGL		A A D						2. DATE O	F DEATH	AY	87	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	last birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE C		1	8. BIRTH	IPLACE (State or Foreign	
	213-98-6409		1 🔛 M 2 🗍 F	18 ve	YRS.	MONTHS	DAYS	HOURS MIN.		9-197	72	M A D	yl.AND
	9a. FACILITY NAME (If not institution, give street and number)				als	9b. CITY,	TOWN O	R LOCATION OF		3-171		NTY OF D	
OR O	ST. AGNES HOSP				10.7	BA	LTIM	ORE			0	ITY	
DIRECTO	RESIDENCE OF DECED	L COUNTY			10c, CI	ry, town o	R LOCAT	ION					10d. INSIDE CITY
=	MD A	NNE	ARUNDEL			EN BU							LIMITS?
	10e. STREET AND NUMBER	MINIE A	AKUNDEL	- 14	I GLI	EN DU	_	ZIP CODE			10g. CITI	ZEN OF V	WHAT COUNTRY?
È	7967 PHIRNE R	ROAD I	EAST				2	21061			U.S	.A.	
DI FUNERAL	11. MARITAL STATUS  1 \( \bigceq \text{Married} \) 12. WAS DECEDENT FORCES? 1  17. Mever Married 2 \( \bigceq \text{Married} \) 18. Widowed 4 \( \bigceq \text{Divorced} \) 18. Widowed 4 \( \bigceq \text{Divorced} \) 19. Widowed 4 \( \bigceq \text{Divorced} \)			1 YES 2							14. RACE Black Speci	E American Indian, k, White, atc. #y: WHITE	
3	15. DECEDE				DECEDENT'S				16b.	KIND OF BU	ISINESS/INC	USTRY	
<u>.</u>	(Specify only high Elementary/Secondary (0-12)	nest grade c	completed) Cotlege (1-4 or 5		(Give kind of life. Do NOT u	work done	auring mos	st or working					
COMPL	$11\frac{1}{2}$	_	NONE	S	TUDEN'	Γ				IGH S		<u>.                                    </u>	
3	17. FATHER'S NAME (First, Middle							18. MOTHER'S					
3	FREDERICK  19a, INFORMANT'S NAME (Type/T	G.	H.A	AAB	405- 44411 101	0.4000000	. (1)	MARGAE			RIC		₹
2									(,000)				
	20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemeter), cremetory or 20c. LOCATION — City or Town, State												
	1 M Burlel 2 Cremation 3 Removal from State 4 Donalion 5 Other (Specify) GLEN HAVEN MEMORIAL PARK GLEN BURNIE, MD												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
	HOLOR OF THE STORY OF THE STORY PROPERTY OF STORY OF STORY OF THE STOR												
11	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximat									MD Z1061			
	ahock, or heart fellure. List only one cause on each line.								Interval Betw Onset and D				
	iMMEDIATE CAUSE (Final disease or condition												
	a. Adult respiratory distress syndrome  Due to (or as a consequence of):									3 week			
2			G	Hodgk	cins d	lisea	SP #						
2	Sequentially list conditions if any, leading to immediat	le l	DUE T	O (OR AS A CON	SEQUENCE	OF):							
EHILICATION	cause, Enter UNDERLYING CAUSE (Disease or injury	< .											
_	that initiated events resulting in death) LAST		DUE T	O (OR AS A CON	SEQUENCE	OF):							
		-	l										-
_	PART II. Other algolificant	condition	contributing t	o death but no	ot resuiting	In the u	nderlyin	g cause given	in Part I.		N AUTOPSY	24	MAILABLE PRIOR TO
1										YES			COMPLETION OF CAU OF DEATH?
É													1 YES 2   NO
201													
M	25. WAS CASE REFERRED TO MEDICAL  EVAMINED?  26. PLACE OF DEATH (Check only							LACE OF DEATH	Check only or	e)			
AN. ME	25. WAS CASE REFERRED TO M EXAMINER?		HOSPITAL: 1 Minpetlant 2 ER/Outpetlent 3 DOA 4 Nursing Home 5 Residence 6 Ot						_				
AN. ME	EXAMINER? 1 YES 2 NO				TIME OF 28c. INJURY AT 28d. C			28d, OES	REAL DESCRIBE HOW INJURY OCCURED				
PHYSICIAN: ME	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	nding	26a. DATE ( (Month,	Day, Year)	- 10	M 1 YES 2 NO							
BY PHYSICIAN: ME	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 6 Per 2 Accident	atigation	(Month,	Day, Year)					28f. LOC	ATION (Street	t and Numbe	or Rural	Route Number,
ED BY PHYSICIAN: ME	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Notural 6 Pen  2 Accident Inve  3 Suicide 6 Cou		(Month,							ATION (Street or Town, State		or Aural	Route Number,
MPLETED BY PHYSICIAN: MEDICAL	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 6 Pen  2 Accident Inve  3 Suicide 6 Co.  4 Homicide dete	uld not be ermined	(Month,	Day, Year)  OF INJURY — Alg, etc. (Specify)	I home, farm	, street, fac	tory, offic	ce	City	or Town, Stat	le)	_	Route Number,

St. Agnes Hospital

M.D. S.

Bert Morton,



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mounts after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attenting physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	be fined within 12 hours after beauti with the pater begin, or regain any mental righers, prior to burner, contained a concern.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR A	TO THE FUNERAL DIREC	IMPORTANT: If Item

•	1 - FOR STATE OF MAI	RYLAND / DEPARTMENT ( CERTIFICATE		TAL HYGIENE REG. NO.					
,	1. DECEDENT'S NAME (First, Middle, Last) HESTER HESTER	R. HECKNER	LM M	ATE OF DEATH DAY YE	3. TIME OF DEATH				
		AGE (In yrs. last birthday) IF UNDER 1 1  GH YRS. MONTHS I	VEAR IF LINDER 24 HRS. 7 D.	ATE OF BIRTH Month, Day, Year)	BIRTHPLACE (State or Foreign Country)  Tary I cand  OF DEATH				
TOR	St. Joseph Hosp RESIDENCE OF DECEDENT	wson	8014	more					
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY	10c. CITY, TOWN OR	LOCATION		10d. INSIDE CITY LIMITS?				
AL D	Maryland Baltimore  100. STREET AND NUMBER	Towson	10f. ZIP CODE	10g. CITIZEN	1  YES 2 NO				
NER	1000 E. Joppa Rd., Apt. 103		21204 AS DECENDENT OF HISPANIC OF	U.S	. A .				
B	1 Never Married 2 Married 3 Wildowed 4 Divorced  1. West December 1. New State December	YES 2 NO If	yes, specify Cuben, Mexican, Put  YES 25 NO Specify:	erto Rican, etc.)	Black, White, etc.  Specify:  White				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondery (0-12) College (1-4 or 5 +)	16e. DECEDENT'S USUAL OCC (Give kind of work done dui life. Do NOT use retired.)	EUPATION ring most of working	16b. KIND OF BUSINESS/INDUST	rry				
DMP	5. 17. FATHER'S NAME (First, Miciolia, Last)	Homemaker	18. MOTHER'S NAME (F.	Own Home  Tirst, Middle, Maiden Surname)					
BE C	John William Bortle		20 100 200 200 200	Stauffer					
9	190. INFORMANT'S NAME (Type/Print)	The section was pro-		Number, City or Town, State, Zip Co.	de)				
	Parker F. Heckner  20e. METHOD OF DISPOSITION 1 (\$\overline{\text{Termellon}} \text{ 3 } \overline{\text{ Removal from Starte}}	20b. PLACE OF DISPOSITION (Name other place)	e of cemetery, crematory or	20c. LOCATION — CHY					
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Lorraine Park (	Cemetery 3/20/		Md.				
	· The all			neral Home, In Towson, Md. 2					
	DUE TO (OF	on each line.  As a CONSEQUENCE OF):		cardiac or respiratory streat	Approximate Interval Between Onset and Death				
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other significant conditions contributing to de	eth but not resulting in the und	eriying cause given in Part	I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?  1  YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF DEATN (Check or	nly one)					
IYSIC	1 YES 2 NO 1 Inpetient 2 E		ng Home 5 🗆 Residence 8 🗆		250				
ВУ РН	1 Natural 5 Pending (Month, Day, 2 Accident Investigation	JURY 28b. TIME OF INJURY M	WORK? 1 YES 2 NO	I. DESCRIBE HOW INJURY OCCUP					
ETED	3 Suicide 8 Could not be 4 Homicide determined		iy, oince	. LOCATION (Street and Number or City or Town, State)	nural nutre nutrices,				
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my one) 2 MEDICAL EXAMINER: On the basic of examiners				:euse(e) end manner ee stated.				
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Serve	29c. LICENSE NUMBER	/	IGNED (Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE  TAWF R Chome M  22/2 (400 ) BOX (AN)		RE, MD 2	1209					
	MAR 1 9 199 Par Guille 32 16 18 18 18 18 18 18 18 18 18 18 18 18 18								

BALTIMORE, MARYLAND 21203-3146

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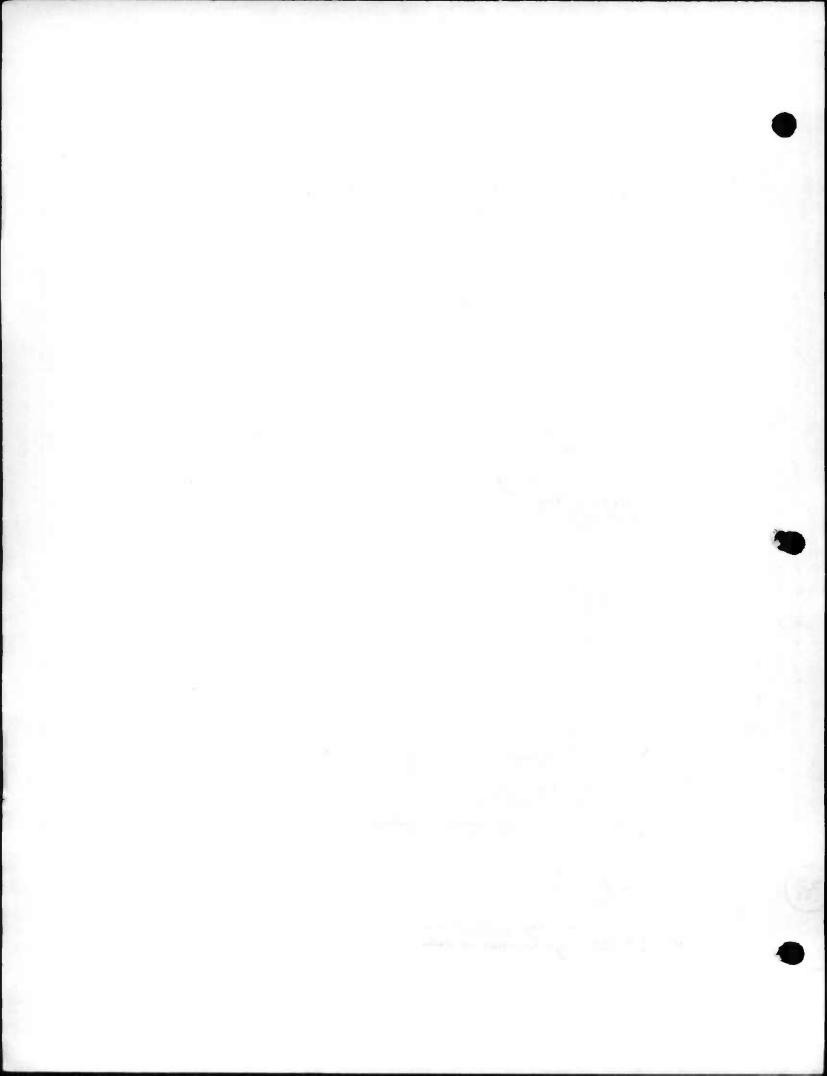
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to the companience of the companienc	De med whom 1/2 mouls after used white the 20ste copy, or regularly need to the recommend, or remove.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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M	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the last control of the control of th	= 1
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12	2	g Z

1 - STATE REGISTRAR		STATE OF I	MARYLAND C	DEPAR					MENTA	L HYGIEN	E		0123	
1. DECEDENT'S NAME (Firs	t, Middle, Last)								2. DATE	OF DEATH	ע	YEAR	3. TIME OF DEATH	
Ernest		Huggs							3	I I	5	91	11:25 a.	
4. SOCIAL SECURITY NUM 037-16-148		5. SEX 1 <b>X</b> M 2 <b>F</b>	8. AGE (In yrs. le	8 Ovrs.	IF UNDER	1 YEAR DAYS	HOURS	MIN.	7. DATE 2 / 28	OF BIRTH			THPLACE (State or Foreign Povidence, RI	
99. FACILITY NAME (If not in 10900 Mt	. Lube		ay		9b. CITY	тоwн рре	or Locati r Mai	on of di	EATH LO		9c. COUN	TY OF D	EATH	
RESIDENCE OF DE	106. COUNTY	G		10c cit	y, town o	ar I	JION DOTO						10d. INSIDE CITY LIMITS? 1  YES 2 NO	
10e. STREET AND NUMBER				1		10	f. ZIP COD	Ε			10a, CITIZ	EN OF	WHAT COUNTRY?	
10900 Mt	Luben	tia Way					20772	2				SA		
11. MARITAL STATUS 1 Never Merried 2 2 3 Dividowed 4 Div	Merried	12. WAS DECEDER	T EVER IN U.S. A			If yes, s		in, Mexica	in, Puerto	Y? (Specify Yes Rican, etc.)	or No—	Blec	E — American Indian, k, White, atc.	
15, DE	CEDENT'S EDUC	CATION COMPONENTS	16a. D	ECEDENT'S	USUAL O	CCUPAT	ON		168	. KIND OF BUS	SINESS/IND	USTRY		
15. DE (Specily on Elementary/Secondery (12 Yrs) 17. FATHER'S NAME (First, A	-	College (1-4 or 5	+)	Give kind of to Do NOT u										
17. FATHER'S NAME (First, I	Aiddle, Last)					_	-		ME (First,	Middle, Malden	Sumame)			
Russell	L Hug	g s					I	ora	Clar	k	,			
10- INCODIANTIO NAME			1	9b. MAJLING	ADDRESS	S (Street	end Numbe	r or Rural	Route Num	ber, City or Tow	n. State. Zio	Code)		
Ronald Mote	on.						,b,c				11111			
29a. METHOD OF DISPOSIT	TION	oval from Stata	other (	E OF DISPO	SITION (No				,		cation — c			
	en -	Sme		teath Do	3	015		n St	Jo NE,	DC 20	017		o., Inc	
23. PART I. Enter the c/ahock, or I IMMEDIATE CAUSE (FI disease or condition resulting in death)	neart fallure.	List only one ca	use on each lin	10.									Approximate Interval Betwee Onset and Dea	
Sequentially llat condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in deeth) LA:	odlata ING ury	a	OR AS A CONS											
PART II. Other algnific  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	ent condition	a contributing to	death but not	resulting	in the ur	ndariyir	ng cause	given in	Part I.	24a. WAS AN PERFOR 1 YES 2	RMED?	246	AMAILABLE PRIDE TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:		2 🗆 2004	OTHE	R:	LACE OF D							
	(Month, Day, Year)				AE OF JURY	28c. IN	JURY AT ORK? YES 2		·	SCRIBE HOW I	NJURY OCC	URED		
2 Accident 3 Suicide 6 4 Homicide	Could not be datermined	28e. PLACE (	OF INJURY — At I	nome, farm,	street, fact				261. LOC City	CATION (Street of Town, State)	and Number	or Rural	Route Number,	
anal		CIAN: To the best of											s) end manner se stated.	
29b. SIGNATURE AND TITL							29c. LIC	ENSE NU			29d. DATE	SIGNET	(Month, Day, Year)	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

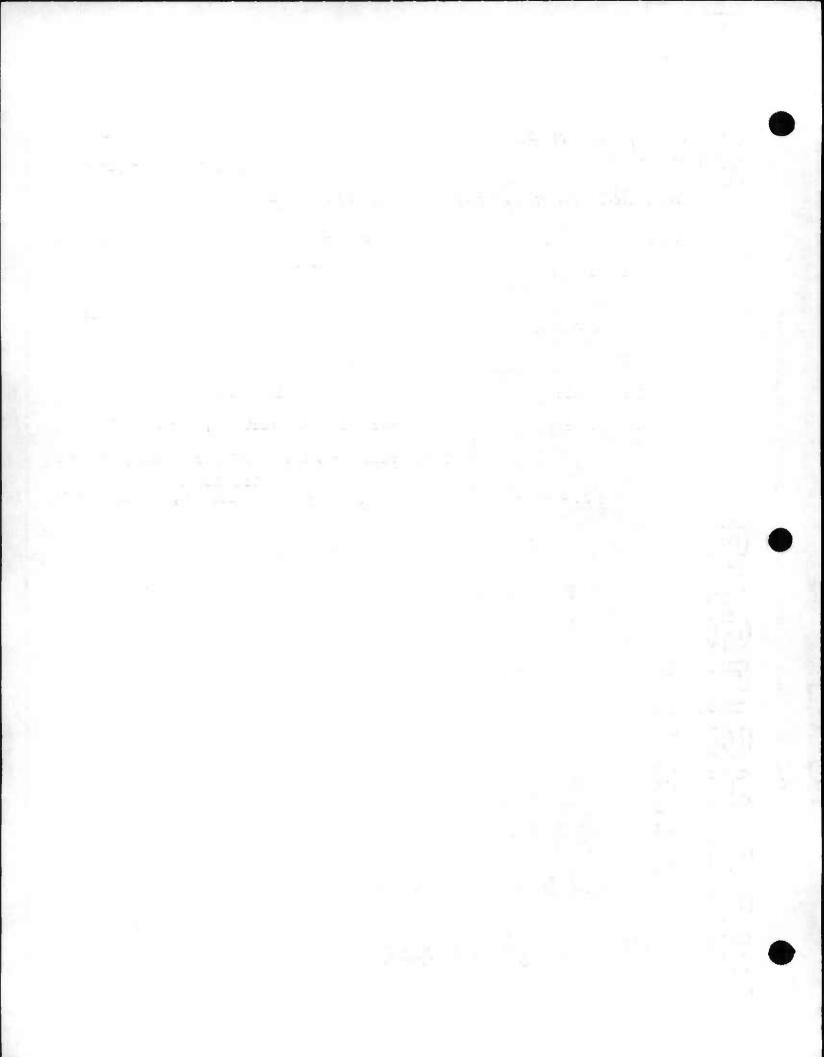
31. DAMAR (M21179 1991

32. REGISTRAR'S SIGNATURE
WAS HAW SOON—MONTHER



	er this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		
	Pages 1,		
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quires tha	n signed	f Health a	IOWE ARM
rySICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	te has bee	ite Dept. c	or tem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
YSICIAN:	s certifica	ith the Sta	ad or the
NDING PH	R: After thi	er death w	le marke
OR ATTE	AL DIRECTOR: After thi	e filed within 72 hours after death with	IPORTANT If Hem 28 is marked
THE HOSPITAL OR /	THE FUNERAL	within 72	TANT H
型 D	O THE	e filed	MPOR

						9	1 07240		
7	FOR STATE REGISTRAR	STATE OF MAR		MENT OF HEALTH AN			07240		
4	1. DECEDENT'S NAME (First, Middle, Last)	- C	ARY ANNA	HESS	2. DATE OF MONTH		3. TIME OF DEATH		
		-3)	AGE (In yrs. last birthday)	IF UNDER 1 YEAR   IF UNDER 24 H	RS. 7. DATE OF I	14-9 BIRTH 10	BIRTHPLACE (State or Foreign		
		1 M 2 F			(Month, De	y, Ybar)	Maryland		
	Se. FACILITY NAME (If not institution, give street	et end number)		9b. CITY, TOWN OR LOCATION (		9c. COUNTY			
OH	Saint Joseph	Hospit	a)	Baltimor	re	To	wson		
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATION			10d. INSIDE CITY		
E I	Maryland N	/A	В	altimore			LIMITS?		
AL	10e. STREET AND NUMBER			101, ZIP CODE		10g. CITIZEI	OF WHAT COUNTRY?		
FUNERAL	800 Dartmouth Road			21212		USA			
	11. MARITAL STATUS  1 Never Married 2 Married	FORCES? 1		13. WAS DECENDENT OF H	lexican, Puerto Rica	pecify Yee or No- 14 n, atc.)	. RACE — American Indian, Black, White, atc.		
B	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	1 □ YESXXXXVO S	Specify:		White		
	15. DECEDENT'S EDUCAT (Specify only highest grade co		16a. DECEDENT'S L (Give kind of w	JSUAL OCCUPATION ork done during most of working retired.)	16b. KIP	ID OF BUSINESS/INDUS	TRY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)		nemaker		N/A			
COMPL	17. FATHER'S NAME (First, Middle, Last)		Holi		'S NAME (First, Midd				
Ŭ Ш	Ferdinand Horichs	S		17-17	ie Gaula				
0 8	19a. INFORMANT'S NAME (Type/Print)		The second second	ADDRESS (Street and Number or I					
۴	Bradburn H. Hess		800 Da	rtmouth Road	Baltimor				
	20a METHOD OF DISPOSITION  1 X Jurial 2 Cremation 3 Remove	al from State	of cametary, crematory	of disposition (Name of other place). Iley Mem.Gar.	DATE	20c. LOCATION — Cit			
	4 Donation 5 Other (Specify)	NSEE-		22. NAME AND ADDRESS O	OF FACILITY	Luthervili	e, Maryland		
	George J. Fer	1 euro	na	22. NAME AND ADDRESS (	Mitche	ll-Wiedefe	eld Home		
				6500 TOTK R			ryland 21212		
- 11	23. PANT I. Enter the diseases, or con	sused the deeth. Do no	ot enter the mode of dving.	such as cerdied	or respiratory arres	t. Approximata			
	ahock, or heart failure. Lie	et only one ceuse	Dn eech line.	ot enter the mode of dying,		an esemple this	Interval Between		
	ahock, or heart failure. Li IMMEDIATE CAUSE (Fine) disease or condition	et only one ceuse	Dn eech line.	- W-20-00-00-00-00-00-00-00-00-00-00-00-00-		an esemple this	Interval Between		
	ahock, or heart fallure. Lie IMMEDIATE CAUSE (Fine)	acute	Dn eech line.	viscular LC		an esemple this	Interval Between		
NO	ahock, or heart fallure. Lie IMMEDIATE CAUSE (Finel disease or condition reaulting in death)  Sequentially list conditions,	acute  DUE TO (OF	DI eech line.  CLUMAN  A AS A CONSEQUENCE OF	viscular LC		an esemple this	Interval Between		
ATION	shock, or heart fallure. LimMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	acute  DUE TO (OF	on each line.	viscular LC		an esemple this	Interval Between		
rification	shock, or heart fallure. Lie immediate cause conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OF	DI eech line.  CLUMAN  A AS A CONSEQUENCE OF	vesculor LC		an esemple this	Interval Between		
	shock, or heart fallure. List IMMEDIATE CAUSE (Finel disease or condition reaulting in death)  Sequentially list conditions, If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury	DUE TO (OF	DI eech line.  CLUMBLA  A AS A CONSEQUENCE OF	vesculor LC		an esemple this	Interval Between		
S	shock, or heart fallure. Lie immediate cause conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR	DR each line.  CLUB A A CONSEQUENCE OF R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF	vesenla Le	cident	( hemors	Interval Between Onset and Death  5 Clays  24b. WERE AUTOPSY FINDINGS		
S	shock, or heart fallure. Lie immediate cause in interest of condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	DR each line.  CLUB A A CONSEQUENCE OF R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF	vesenla Le	en In Part I. 24	(henons	Interval Between Onset and Death		
S	shock, or heart fallure. Lie immediate cause in interest of condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	DR each line.  CLUB A A CONSEQUENCE OF R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF	vesenla Le	en In Part I. 24	a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE		
AN: MEDICAL CERTIFICATION	shock, or heart fallure. List immediate cause inter University in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reculting in death) LAST  PART II. Other algnificant conditions	DUE TO (OR	DR each line.  CLUB A A CONSEQUENCE OF R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF	n the underlying cause give	en In Part I. 24	a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEDICAL CE	ahock, or heart fallure. List immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR  DUE TO (OR  DUE TO (OR  Contributing to de	Dn eech line.  CLUCIAL  R AS A CONSEQUENCE OF  R AS A CONSEQUENCE OF  R AS A CONSEQUENCE OF	to the underlying cause give  26. PLACE OF DEAT  OTHER:	en in Part I. 24	a. WAS AN AUTOPSY PERFORMED?  YES 2 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEDICAL CE	ahock, or heart fallure. List immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR  DUE TO (OR  DUE TO (OR  Contributing to de	Dn eech line.  Clubbal  A AS A CONSEQUENCE OF  R AS A CONSEQUENCE OF  R AS A CONSEQUENCE OF  Bath but not resulting in	26. PLACE OF DEAT	en in Part I. 24	a. WAS AN AUTOPSY PERFORMED?  YES 2 NO	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
PHYSICIAN: MEDICAL CE	ahock, or heart fallure. List immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reculting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  Contributing to de	Dn eech line.  CLUCIO A  A S A CONSEQUENCE OF  A AS A CONSEQUENCE OF  A AS A CONSEQUENCE OF  A AS A CONSEQUENCE OF  A AS A CONSEQUENCE OF  A AS A CONSEQUENCE OF  A AS A CONSEQUENCE OF  A AS A CONSEQUENCE OF  A AS A CONSEQUENCE OF	26. PLACE OF DEAT  OTHER: 4 □ Nursing Home 5 □ Reald  E OF □ 28c. INJURY AT	en in Part I. 24  If (Check only one)  ence 6  Other (S  28d, DESCR	a. WAS AN AUTOPSY PERFORMED?  YES 2 NO	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
BY PHYSICIAN: MEDICAL CE	ahock, or heart fallure. List immediate (Fine) disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be	DUE TO (OF DUE TO (OF	Dn eech line.  Clubbal  A AS A CONSEQUENCE OF  R AS A CONSEQUENCE OF  R AS A CONSEQUENCE OF  RAS A CONSEQUENCE	26. PLACE OF DEAT OTHER: 4   Nursing Home 5   Reside OF   28c. INJURY AT WORK? 1   YES 2   N	en in Part I. 24  1  1  1  1  1  1  1  1  1  1  1  1  1	a. WAS AN AUTOPSY PERFORMED?  YES 2 NO  Decity)  DISE HOW INJURY OCCU	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
ED BY PHYSICIAN: MEDICAL CE	ahock, or heart fallure. List IMMEDIATE CAUSE (Fine) disease or condition reauting in death)  Sequentially list conditions, If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events reculting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending 1 Natural 5 Pending 1 Natural 5 Could not be 4 Homicide 8 Could not be	DUE TO (OF DUE TO (OF	Dn eech line.  Clubbal  A AS A CONSEQUENCE OF  R AS A CONSEQUENCE OF  R AS A CONSEQUENCE OF  RAS A CONSEQUENCE	26. PLACE OF DEAT OTHER: 4   Nursing Home 5   Reside OF   28c. INJURY AT WORK? 1   YES 2   N	en in Part I. 24  1  1  1  1  1  1  1  1  1  1  1  1  1	a. WAS AN AUTOPSY PERFORMED?  YES 2 NO  DOC!/ly)	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
ED BY PHYSICIAN: MEDICAL CE	ahock, or heart fallure. List immediate Cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OF DUE TO (OF	Dn eech line.  Clubbal  A AS A CONSEQUENCE OF  R AS A CONSEQUENCE OF  R AS A CONSEQUENCE OF  RAS A CONSEQUENCE	26. PLACE OF DEAT OTHER: 4   Nursing Home 5   Reside E OF URY M   1   YES 2   N treet, factory, office	en in Part I. 24  If (Check only one)  ence 6  Other (S)  28d. DESCR O  28f. LOCATH City or 1	a. WAS AN AUTOPSY PERFORMED?  YES 2 NO  NO (Street and Number or own, State)	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
BY PHYSICIAN: MEDICAL CE	ahock, or heart fallure. List immediate Cause (Finel disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events reculting in death) LAST  PART II. Other algnificant conditiona  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	DUE TO (OF DUE TO (OF	Dn eech line.  Clubbal  A AS A CONSEQUENCE OF  R AS A CONSEQUENCE OF  R AS A CONSEQUENCE OF  RAS A CONSEQUENCE	26. PLACE OF DEAT OTHER: 4   Nursing Home 5   Reald E OF	en in Part I. 24  If (Check only one)  ence 6  Other (S)  28d. DESCR O  28f. LOCATH City or 1	a. WAS AN AUTOPSY PERFORMED?  YES 2 NO  NO (Street and Number or own, State)	Interval Between Onset and Death  Subset and Death  Subset and Death  Subset and Death  Subset and Death  24b. WERE AUTOPSY FINDINGS  AMAILABLE PRIOR TO  COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
ED BY PHYSICIAN: MEDICAL CE	ahock, or heart fallure. List immediate Cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OF DUE TO (OF	Dn eech line.  Clubbal  A AS A CONSEQUENCE OF  R AS A CONSEQUENCE OF  R AS A CONSEQUENCE OF  RAS A CONSEQUENCE	26. PLACE OF DEAT OTHER: 4   Nursing Home 5   Reside E OF URY M   1   YES 2   N treet, factory, office	en in Part I. 24  1  1  1  1  1  1  1  1  1  1  1  1  1	a. WAS AN AUTOPSY PERFORMED?  YES 2 NO  NO (Street and Number or own, State)  a) and manner as stated d place, and due to the d	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
E COMPLETED BY PHYSICIAN: MEDICAL CE	ahock, or heart fallure. List immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OF DUE TO (OF	Dn eech line.  CLUCIO III.  R AS A CONSEQUENCE OF R AS A CONSEQUEN	26. PLACE OF DEAT  OTHER: 4   Nursing Home 5   Reald  E OF URY M   1   YES 2   N  treet, factory, office  d at the time, data and place, an n, in my opinion, daath occured	en in Part I. 24  1  1  1  1  1  1  1  1  1  1  1  1  1	a. WAS AN AUTOPSY PERFORMED?  YES 2 NO  NO (Street and Number or own, State)  a) and manner as stated d place, and due to the d	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
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BE COMPLETED BY PHYSICIAN: MEDICAL CE	ahock, or heart fallure. List immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OF DUE TO (OF	Dn eech line.  CLUCHUL A  A AS A CONSEQUENCE OF  A AS A CONSEQUENCE	26. PLACE OF DEAT  OTHER: 4 Nursing Home 5 Reald FOR 28c. INJURY AT WORK? M 1 YES 2 N  treet, factory, office  d at the time, data and place, an n, in my opinion, dasth occured  Print) C/O S T.  TOW S D A	en in Part I. 24  1  1  1  1  1  1  1  1  1  1  1  1  1	a. WAS AN AUTOPSY PERFORMED?  YES 2 NO  NO (Street and Number or own, State)  a) and manner as stated d place, and due to the d	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		



3. TIME OF OEATH 12:51

10d, INSIDE CITY

1 TYES 2 K NO

White

Approximate Interval Between

**Onset and Death** 

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE

1 TYES 2 T NO

DHMH-16 Rev 1/89

8. BIRTHPLACE (State or Foreign

Maryland

Specify:

REG. NO.

15

2. DATE OF CEATH MONTH 3

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

LOCH W. HUMPHREYS

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	
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4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. v 13, 1 M 2 | F YRS. 1912 212-01-9896 July Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 17 Treeway Ct. Apt.1B Towson Baltimore RESIDENCE OF DECEDENT 10a STATE 10c. CITY, TOWN OR LOCATION Maryland Baltimore Towson 10e, STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE be detached for use as the burial-transit 17 Treeway Ct. Apt. 1B 21204 USA retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES & NO IF YES, GIVE WAR DR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 14. RACE — American Indian, Black, While, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES XX NO Specify: 1 Never Married 2 Merried BY 3 Widowed 4 Divorced COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S EDUCATION 16b. KINO OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Baltimore, City Police Captain 17 FATHER'S NAME /First Middle I ast 18. MOTHER'S NAME (First, Middle, Malden Surname) to Loch W. Humphreys Sr. Ellen Lusby notified page 5 should 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19s. INFORMANT'S NAME (Type/Print) 2 Elizabeth E. Humphreys 17 Treeway Ct. Apt. 1B, Towson, MD 21204 after death. Page 6 may be 2 20g, METHOD OF DISPOSITION
1 (A Burlai 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE DF DISPOSITION (Name of cemetery, cremetery or other place) 20c. LOCATION - City or Town, State must t filled in by the funeral director, Druid Ridge Cemetery Pikesville, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home konus / Thomas J. Bozek 6500 York Road Baltimore, Maryland 21212 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. Liet only one ceuse on each line. 6 IMMEDIATE CAUSE (Finel METASTATIC CArcinoma of Lung the cremation, disease or condition resulting in death) completely other traumatic event, and com CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF) prior to b If any, leading to immediate cause. Enter UNDERLYING physician CAUSE (Disease or Injury that initiated events the attending phy QUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST 23 shows any injury, or PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL signed by the 1 YES 2 10 has been s Dept. of H PHYSICIAN: State Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one Item certificate OTHER: 1 YES 2 Nd 1 Dipatient 2 ER/Outpatient 3 DOA g Home 6 Residence 6 Other (Specify) HOSPITAL OR ATTENDING PHYSICIAN: item 28 is marked, or this certifi 27. MANNER OF DEATH 28a. DATE OF INJURY 26b. TIME DF 26c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 6 Pending 1 YES 2 NO BY death . After 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide DIRECTOR: A COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL
TO THE FUNERAL (
be filed within 72 h
IMPORTANT. It II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTI 29c. LICENSE NUMBER D15871 2 54 Scott ASAM Al COCKETIVINE MIND 30, NAME AND ADDRESS OF PERSON PLETED CAUSE OF DEATH (ITEM 27) (Type, Print, LAWTENCE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

31. DATE FILED (Month, Day, Year)

MAR 1 9 1991

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TO BE COMPLETED BY FUNERAL DIRECTOR

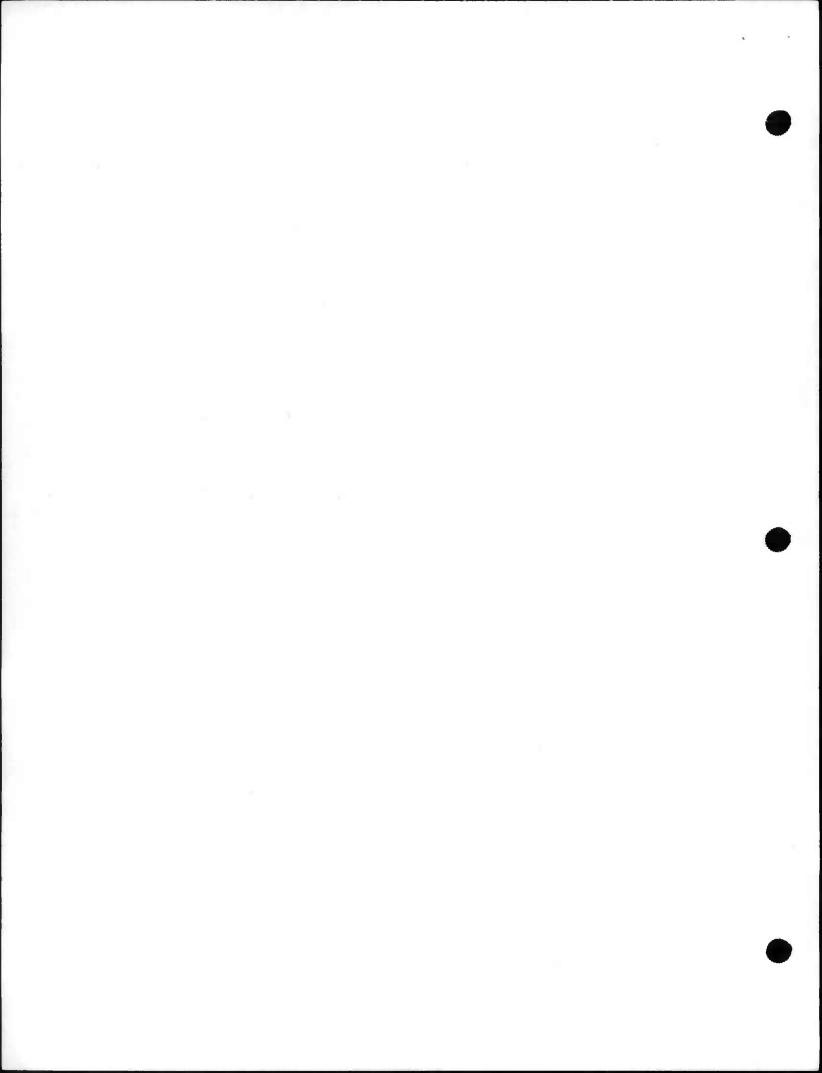
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FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

į	PRESTON HOLT	ON						MARC	H 16,	1991	YEAR 3.	7:07A M
	4. SOCIAL SECURITY NUMBER 241-18-6769	5. SEX 6	AGE (In yrs.	lest birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.		BIRTH Day, Year) -18		Country)	C •
FOR	98. FACILITY NAME (# not institution, give s THE JOHNS HOPKI)		L			TIM	R LOCATION OF DE	ATH			TY OF DEAT	E CITY
DIRECTOR	10a. STATE 10b. COUNTY	1			y, town o		CITY					d. INSIDE CITY LIMITS? X YES 2 \( \text{NO}\)
FUNERAL	1607 NORTH CHA	PEL STRE	EET				21P CODE 21213				SA.	T COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 I IF YES, GIVE WAR	EVER IN U.S. YES 2, R OR DATES	ARMED		f yes, spi	ENOENT OF HISPAN ecify Cuben, Mexican 2 M NO Specify	n, Puerto Ric	(Specify Yea ean, atc.)	or No—	14. RACE — Black, W Specify:	American Indian, Inita, etc. Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 9 th Grade	CATION completed)  College (1-4 or 5+)	16a.	OFFICE OFFI	work done ( se retired.)	during mo	N at of working		thle			1 Corp.
BE COM	17. FATHER'S NAME (First, Middle, Lest) Stephen	ŀ	lolto	n			16. MOTHER'S NAI			Surname) hing	ton	
TO B	190. INFORMANT'S NAME (Type/Print) Frantine M. H	olton		196. MAILING 5021	SUN	SET	RD./Ba	Route Number 1 1 t im	ore,	n, State, Zip Md •	2 1 2	15
	20e. METHOD OF OISPOSITION 12 Suriel 2 Cremation 3 Rem 4 Donation 6 Other (Specify)						metery, cremetory or			e Ar		Stata 1 Co, Md.
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	co				MARCH		110	1 E.	NOR	TH AVE.
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. hypote a. hypote b. hypote b. oue TO (C	PER AS A CONTRACTOR AS A CONTRACTOR	lina.	F): V-EVV	1		h aa cerdii	ac or respi	iratory arro	est,	Approximate Interval Between Onset and Daath
MEDICAL	PART II. Other aignificant condition	d contributing to d	esth but n	ot resulting	in the ur	ndarlyin	g cause given in		24a. WAS AN PERFOR 1 YES 2	RMED?	Al C	ERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1) YES 2 NO	HOSPITAL:	ER/Outpatier	M 3 🗆 DOA	OTHEI	R:	ACE OF OEATH (Ch					
BY PH)	27. MANNER OF DEATH  1 Patural 8 Pending 2 Accident Investigation	26a. DATE OF II (Month, Day		28b. TII	ME OF JURY M	28c. IN. W0	PRK7	28d. OEŞ(	RIBE HOW I	NJURY OCC	UREO	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, e	INJURY — A tc. (Specify)	At home, farm,	street, fac	tory, offic	•	28f. LOCA City of	TION (Street or Town, State)	and Number	or Rural Rou	nte Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ER: On the basis of exa										and manner as stated.
TO BE C		ini					29c. LICENSE NUI	MBER 1		29d. DATI	3/16	logh, Day, Year)
	30. NAME AND ADDRESS OF PERSON W	5 SAR	uc	John	11	plea	Hap				1 '	
	31. DATE FILED (Month, Day, Year) MAR 1 9 1991	Juna Davids	s signatur	dell								

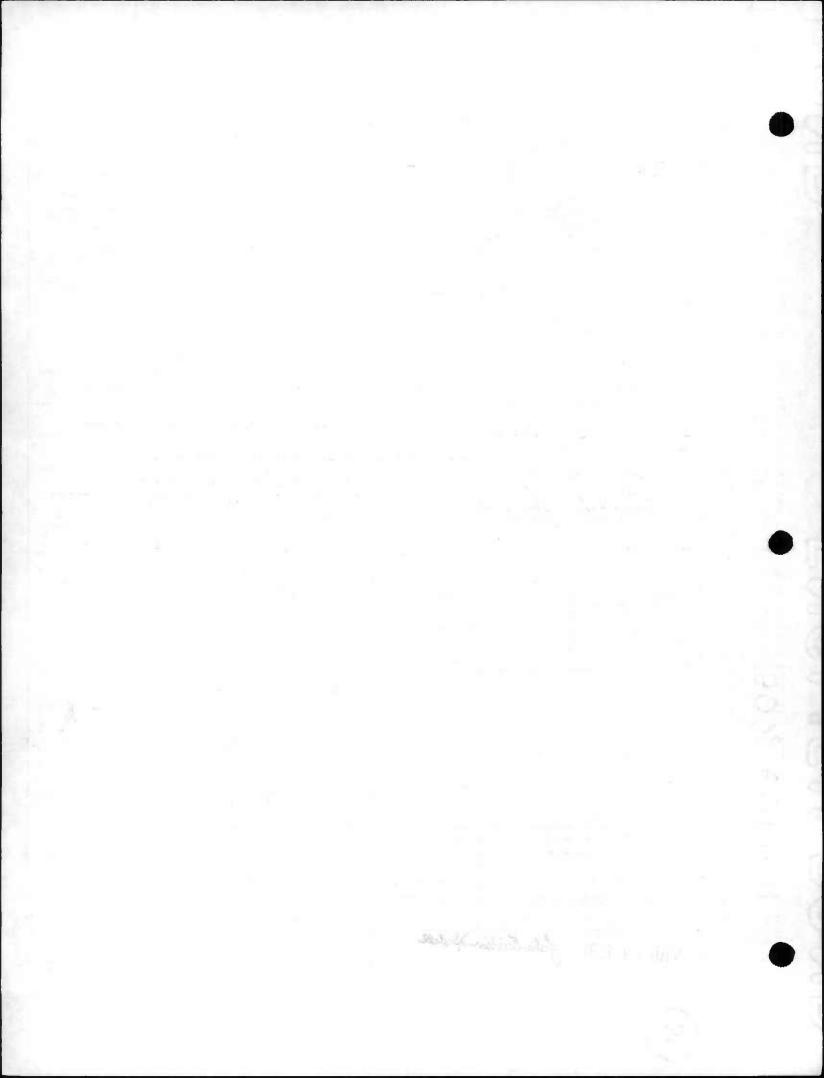




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, P.O.
RECORDS, P.O.
N OF VITAL R
ION OF
DIVISION

	1. DECEOENT'S NAME (First, Middle, L	_ Jessica Nicol	e Clark - Hea	ith	2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	2- 2,00	s. last birthday) IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	S. BIRTI	HPLACE (State or Foreig
	N/A		142 AND MONTHS DAYS	HOURS MIN.	2 24 9	Count	mD
OR	9a. FACILITY NAME (If not institution, g University of V	noryland medical		timore	ATH 9c.	Balt	more
RECTO	RESIDENCE OF DECEDENT 10a. STATE 10b. CO.	UNTY	10c. CITY, TOWN OR LOC.	ATION			10d. INSIDE CITY LIMITS?
DIR.	10s. STREET AND NUMBER	Anne Arundel		Pasade			1 - YES 2 1 N
FUNERAL		tabeth Rd		Or. ZIP CODE	22	US	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS  Never Married 2 Married  3 Widowed 4 Olivorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES D IF YES, GIVE WAR OR DATES	XNO If yes, s	ECENDENT OF HISPAN specify Cuban, Maxicar ES 2 NO Specify		14. RAC Blac Spec	E — American Indian. ck, White, etc.
ETED	15. DECEDENT'S (Specify only highest of	grade completed)	. DECEOENT'S USUAL OCCUPAT (Give kind of work done during n life, Do NOT use retired.)	TION most of working	16b. KINO OF BUSINES	SS/INOUSTRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	NA		MA		
COMPL	17. FATHER'S NAME (First, Middle, Last Daniel	)	Heath	16. MOTHER'S NAI	WE (First, Middle, Maiden Surna	eme)	Clark
TO BE	19a. INFORMANT'S NAME (Type/Print)	4.1	19b. MAILING ADDRESS (Street				
F	200. METHOD OF DISPOSITION	HEATH	7915 Eliza		Pasadena, M	ID ON — City or T	21122
	1 X Buriel 2 Cremetion 3 4 Donation 5 Other (Specify)	Ceda	etary, crematory or other place) ar Hill Cemete	ry 3/6/	91 Baltim	nore, N	M
CAGINITIES OF THE PROPERTY OF	410		MO [ '11	IIIV FIIDOT	A HOMO OT P		
		or complications that caused the ure. List only one cause on each	3204 a death. Do not enter the m	Mountain	Rd., Pasade	ena, MI	Approximat Interval Bet
		or complications that caused the ure. List only one cause on each	3204 a death. Do not enter the milna.	Mountain	Rd., Pasade	ena, MI ry arrest,	Approximatinterval Bet Onset and I
	shock, or heart falls IMMEDIATE CAUSE (Final disease or condition	or complications that caused the ure. List only one cause on each	a death. Do not enter the milina.	Mountain mode of dying, such	Rd., Pasade	ena, MI ny arrest, Henos	Approximatinterval Bet Onset and U
	shock, or heart falls  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate	or complications that caused the ure. List only one cause on each	a dasth. Do not enter the milina.  TESICL Crit NSEQUENCE OF:	Mountain mode of dying, such	Rd., Pasade	ena, MI ny arrest, Henos	Approximatinterval Bet Onset and U
	shock, or heart fall immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	a. Aortic at  DUE TO (OR AS A CO)	a death. Do not enter the milina.  CESICC Crit NSEQUENCE OF:  NSEQUENCE OF:	Mountain mode of dying, such	Rd., Pasade	ena, MI ny arrest, Henos	Approximatinterval Bet Onset and
ERTIFICATION	shock, or heart fall immediate cause. Enter Underlying CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. AOCHIC GT  DUE TO (OR AS A COL	a death. Do not enter the milina.  CESICC Crit NSEQUENCE OF:  NSEQUENCE OF:	Mountain mode of dying, such	Rd., Pasade	ena, MI ny arrest, Henos	Approximatinterval Bet Onset and
AL CERTIFICATION	shock, or heart fall immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	a. AOCHIC GT  DUE TO (OR AS A COL	a death. Do not enter the milina.  CESICC Crit NSEOUENCE OF:  NSEOUENCE OF:  NSEOUENCE OF:	Mountain node of dying, such its, per	Rd., Pasade as cardiac or reapirator	ena, MI ry arrest,  Henos,  Pestine	Approximatinterval Bet Onset and I Government and I Gover
MEDICAL CERTIFICATION	shock, or heart fall immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	a. AOCHIC GT  B. M. C. M	a death. Do not enter the milina.  CESICC Crit NSEOUENCE OF:  NSEOUENCE OF:  NSEOUENCE OF:	Mountain node of dying, such its, per	Rd., Pasade  n as cardiac or reapirator  rc volul S  forcated IN	ena, MI ry arrest,  Henos,  Pestine	Approximatinterval Bet Onset and I Government and I Gover
MEDICAL CERTIFICATION	shock, or heart falls  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant cond  25. WAS CASE REFERRED TO MEDICA EXAMINER?	a. A COLOR AS A COLOR CO. DUE TO (OR AS A CO	a death. Do not enter the milina.  CESICA, CTIT NSEOUENCE OF:  NSEOUENCE OF:  NSEOUENCE OF:  NSEOUENCE OF:  OTHER:	Mountain  node of dying, such  ical Gort  itis per	Rd., Pasade  as cardiac or reapirator  CVCIVL S  FORCATE D IN  Part I. 24a. WAS AN AUTT  PERFORMED  1 12 YES 2 1	ena, MI ry arrest,  Henos,  Pestine	Approximatinterval Bet Onset and I Government and I Gover
IYSICIAN: MEDICAL CERTIFICATION	shock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant cond	a. A COLOR AS A COLOR DUE TO (OR AS A COLOR	a dasth. Do not enter the milina.  CESICC Crit NSEOUENCE OF:  NSEOUENCE OF:  NSEOUENCE OF:  OTHER: 4   Nursing He 28b. TIME OF   28c. II	ing cause given in	Rd., Pasade  as cardiac or reapirator  CVCIVL S  FORCATE D IN  Part I. 24a. WAS AN AUTT  PERFORMED  1 12 YES 2 1	ena, MI ry arrest,  AC MOS  ACSTINE  OPSY PRO 24	Approximatinterval Bet Onset and I S do
IYSICIAN: MEDICAL CERTIFICATION	shock, or heart fall iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant cond  25. WAS CASE REFERRED TO MEDIC EXAMINER? 1  YES 2 NO	a. A COLOR AS A COLOR DUE TO (OR AS A COLOR	3204 a death. Do not enter the miline.  CESICL, Crit NSEOUENCE OF):  EM ECOCO NSEOUENCE OF):  NSEOUENCE OF):  OTHER: 4   Nursing Ht 28b. TIME OF NJURY M 1	Mountain node of dying, such ical Gort its per its per ing cause given in  PLACE OF OEATH (Chrome 5 - Residence NJURY AT WORK? YES 2 NO	Part I. 24e. WAS AN AUTT PERFORMED  1 N YES 2 1 1  Both only one)  8 1 Other (Specify)  28d. DESCRIBE HOW INJUR	OPSY 24	Approximatinterval Bet Onset and I Go Go Go Go Go Go Go Go Go Go Go Go Go
D BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or heart falls  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that intilated events resulting in death) LAST  PART II. Other algnificant cond  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	a. A COLOR AS A COLOR DUE TO (OR AS A COLOR	a death. Do not enter the miline.  CESICA, Crit NSEOUENCE OF):  PARTICLE AND AND AND AND AND AND AND AND AND AND	Mountain node of dying, such ical Gort its per its per ing cause given in  PLACE OF OEATH (Chrome 5 - Residence NJURY AT WORK? YES 2 NO	Rd., Pasade  as cardiac or reapirator  CVCIVL S  FORCATE D IN  Part I. 24a. WAS AN AUTT  PERFORMED  1 YES 2 0 1  ack only one)  6 0 Other (Specify)	OPSY 24	Approximatinterval Bet Onset and I Go Go Go Go Go Go Go Go Go Go Go Go Go
LETED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or heart fall  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant cond  25. WAS CASE REFERRED TO MEDICE EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident 3 Suicide 8 Could no 4 Homicide CERTIFYING F  Check only  1 CERTIFYING F	a. A COLOR AS A COLOR DUE TO (OR AS A COLOR	a death. Do not enter the miline.  CESICL, Crit NSEOUENCE OF:  NSEOUENCE OF:  NSEOUENCE OF:  NSEOUENCE OF:  26. OTHER: NJURY M 1  Al home, farm, street, factory, of the death occurred at the time, do	Mountain node of dying, such ical Gord its per its per ing cause given in  PLACE OF GEATH (Cho ONUS ITS Residence NUSURY AT WORK? YES 2 NO fice	Part I. 24a. WAS AN AUTO PERFORMED 1 YES 2 1 4 City or fown, State to the cause(a) and manner	OPSY 24  OPSY 24  OPSY 24  NO COURED  Number or Rural as stated.	Approximatinterval Bet Onset and I Government Interval Bet Onset and I Government I
TED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or heart fall  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant cond  25. WAS CASE REFERRED TO MEDICE EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident 3 Suicide 8 Could no 4 Homicide CERTIFYING F  Check only  1 CERTIFYING F	a. ACT TWO GLAS A COLOR TO (OR AS A COLOR TO (OR	a death. Do not enter the miline.  CESICL, Crit NSEOUENCE OF:  NSEOUENCE OF:  NSEOUENCE OF:  NSEOUENCE OF:  26. OTHER: NJURY M 1  Al home, farm, street, factory, of the death occurred at the time, do	Mountain node of dying, such ical Gord its per its per ing cause given in  PLACE OF GEATH (Cho ONUS ITS Residence NUSURY AT WORK? YES 2 NO fice	Part I. 24a. WAS AN AUTO- PERFORMED  1 YES 2 1  6 Other (Specify)  28d. DESCRIBE HOW INJUR  28t. LOCATION (Street and Northly or Rown, State)  to the cause(s) and manner time, data and place, and du	ena, MI ry arrest,  Lestine  OPSY 17 NO  Pry OCCURED  Number or Aural as stated.	Approximatinterval Bet Onset and I Government Interval Bet Onset and I Government I





2a

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - FOR STATE REGISTRAR	TATE OF MARYLA		TMENT OF I			YGIENE EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)  GIADYS , HEA	Glad	ys Hil	da Hem		2. DATE OF MONTH	DAY	5-91 YE/ 9/		A M
	4-SOCIAL SECURITY NUMBER S. S.	SEX SAGE (A	n yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E	HRTH 8-	18-2	THPLACE (State or	Foreign
	9s. FACILITY NAME (If not institution, give street	M 2 X F	2 YRS.		OR LOCATION OF DE	8	8 4	28 M	aryiand	
E I	11	NECAL HOS	ρ	Colum		ain .	- 1.	Hou		
DIRECTOR	RESIDENCE OF DECEDENT  10s. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE C	ITY
DIR	Md. Hou	Jard	E	Ellicott	City				LIMITS?	□ NO
BAL	100. STREET AND NUMBER 9330 Michaels Way	/		10	2/043		1		OF WHAT COUNTRY USA	7
BY FUNERAL	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 2 NO	If yes, s	CENDENT OF HISPAN pecify Cubsn, Maxica 3 2 KNO Specify	n, Puerto Rica			RACE — American In Black, White, atc. Specify: Whit	
	15. DECEDENT'S EDUCATION (Specify only highest grade com	ON Cotacil	16a. DECEDENT'S	USUAL OCCUPAT	ON .	16b. KIN	ID OF BUSIN	ESS/INDUST		
COMPLETED		ollege (1-4 or 5+)		work done during ri se retired.) Shier	ost or working		C+00	le Dw	okerage	
OMF	17. FATHER'S NAME (First, Middle, Last)		- Jai	purer	18. MOTNER'S NA	ME (First, Midd			Okerage	
BE C	John Melvin See	ets			Hilda					
10	190. INFORMANT'S NAME (Type/Print)  John F. Hemp		1,000		and Number or Rural I Lels Way					21 0/12
	20s. METHOD OF DISPOSITION 1 □ Buriel 2 (X Cremation 3 □ Ramoval	Annual Charles	PLACE OF DISPO	SITION (Name of c	emetery, crematory or	27,690.17	20c. LOCA	TION — City	or Town, State	2104
	4 Donstion 5 Other (Specify)		Metro (		ry, Inc		Bal	timo	re, MD	
	21. SIGNATURE OF THREAT SERVICE LICENS George E. Mac	-		299 Crer	Frederi ation S	ck Ro Societ	ad,	Balto Mar	o., MD vland 2	1228
	23. PART I. Enter the diseeses, or com shock, or heert feliure. List IMMEDIATE CAUSE (Finel diseese or condition resulting in death) s	Arteri	ach line.	not enter the m		h es cardiac	or reapiral	tory arrest,	Approx interval Onset	
NO	Sequentielly list conditions, b	DUE TO (OR AS A	CONSEQUENCE O	PFI:			المحاد	CISE		
CATI	if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury									
CERTIFICATION	that initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE O	PF:						
CAL CE	PART II. Other significent conditions or	ontributing to deeth b	ut not resulting	in the underlyi	ng ceuse given in	Part I. 24	E. WAS AN AL		24b. WERE AUTOPS AVAILABLE PRI	
DIC						1	YES 2	100	COMPLETION ( OF DEATH?	
PHYSICIAN: MEDIC						-			1 TES 2	NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26.	PLACE OF DEATN (Ch	eck only one)				
IYSI		Inpetient 2 DER/Outp	atient 3 DOA	4 - Nursing No	me 5 🗆 Residence			URY OCCUR	-n	
BY PI	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)		JURY V	YES 2 NO	200. 52001				
	3 Suicide 6 Could not be 4 Nomicide determined	28s. PLACE OF INJURY building, stc. (Spec	— At home, farm,	street, factory, off	ice		ON (Street sno own, State)	d Number or F	tural Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 0	N: To the best of my know. On the beste of exemination							use(s) end manner	e stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE NUI	1	md:		GNED (Month, Day, Ye	esr)
10	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DE	ATN (ITEM 27) (1/10)	e, Print)	025	720		-3	115191	
		UCK								
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE							
	MAR 1 9 1991 de	Walter - The				·			DHM	H-16 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

10

	1 - STATE REGISTRAR	STATE OF MARYL		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN REG. NO.	E	01110
	1. DECEDENT'S NAME (F. Haz]	ewood		WELL THE STREET	2. DATE OF DEATH	Y YEAF	3. TIME OF DEATH
	Louis C HAZ	ELWOOD Sr.			March 17.	1991	9:20 A M
	4. SOCIAL SECURITY NUMBER		MO	UNDER 1 YEAR IF UNDER 24 HRS.  NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Co	RTHPLACE (State or Foreign untry)
	213-01-8323° 9e. FACILITY NAME (If not institution, give a		85 YAS.	CITY, TOWN OR LOCATION OF D	Sept.5. 190		Lahoma
DIRECTOR	Franklin Square Hos		90	Rossville	EATH	Baltim	ore County
EC.	10a, STATE 10b, COUNT		10c. CITY, T	OWN OR LOCATION			10d. INSIDE CITY LIMITS?
ā	Md.		Balti	more			1 YES 2 NO
\A	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
FUNERAL	707 S. Bouldin Stre			21224		USA	
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DO	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1  YES 2 NO Speci	an, Puerto Ricen, etc.)	B Si	ACE — American Indien, lack, White, etc. pecify: 11te
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION e completed)  College (1-4 or 5+)	16a, DECEDENT'S US		16b. KIND OF BUS		
MP	9		Inspecto		General		
8	17. FATHER'S NAME (First, Middle, Last)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AME (First, Middle, Maiden	Sumame)	
BE	Charles F. Hazlewoo	i			nda January		
2				DRESS (Street end Number or Rural			)
	Joseph D. Beach Sr.	201		tram AVenue Balt		CATION — City o	r Town, State
	1 Donation 8 Other (Specify)	noval from Stata of	cemetary, crematory or			ltimore.	
	21. SIGNATURE OF FUNERAL SHRVICE LI	- 0		22. NAME AND ADDRESS OF F	ACILITY		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. Chronic  Due to (or as A  Due to (or as A  Chronic		Failure ic Leukemia ve Pulmonary D	isease		
PHYSICIAN: MEDICAL CER	PART II. Other significent condition	d. ns contributing to death b	out not resulting in	the underlying cause given in	n Part I. 24a, WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? V	HOSPITAL:		26, PLACE OF DEATH (C	check only one)		
YSI	1 TYES 2 NO	1   Inpatient 2   ER/Out		THER:  Nursing Home 5 Residence	8 Other (Specify)		
	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Ybar)	28b. TIME C	PF 28c. INJURY AT WORK?  M 1 YES 2 NO	26d. DEŞCRIBE HOW	INJURY OCCURE	0
TED BY	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	/ — At home, farm, stre	et, factory, office	281. LOCATION (Street City or Town, State	end Number or Ru )	iral Route Number,
COMPLETED	(oncon only	7		at the time, date and place, end do			rse(s) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	FAQ LAD TATA		29c. LICENSE N	UMBER	29d. DATE \$10	NED (Month, Day, Year)
TO	30. NAME AND ADDRESS OF PERSON W			in Square Driv	0 21227	-	<del>+</del>
- 8	31. DATE FILED (Month, Day, Year)	332. REGISTRAR'S SIGN	TYRE 1.00	in square prily	E 2123/		
	MAR 19 1991	geria Dairdson	Market				



and Wholes

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within T2 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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Anna	st, Middle, Last) Ma	e	HU	G			2. DATE OF DEATH	6, 1	YEAR 991	3. TIME OF OEATH 1:45 P
4. SOCIAL SECURITY NUI 215–24–2813		5. SEX	6. AGE (In yrs.		IF UNDER 1 YEAR		7. OATE OF BIRTH (Month, Day, Year) Dec. 2, 19			PLACE (State or Foreign
9a. FACILITY NAME (If not	institution, give str		02.		9b. CITY, TOW	N OR LOCATION OF C	<u> </u>		NTY OF O	
Franklin S		ospital			Ross	ville		Bal	timo	re
Md.	10b. COUNTY	Baltimo	ne	10c. CIT	y, TOWN OR LO Balti					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
100. STREET AND NUMBE	. Road				194	101. ZIP COOE 21220		USA		VHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Di	X Married	12. WAS OECEOEN FORCES? 1 IF YES, GIVE W	YES 2	ARMEO	If yes,	ECENDENT OF HISPA	NIC ORIGIN? (Specify Yo an, Puerto Rican, etc.) //y:			— American Indian, k, White, etc.
15. Di (Specify of Elementary/Secondary 122	CEDENT'S EDUC nly highest grade ( (0-12)	ATION completed) College (1-4 or 8 d		DECEDENT'S (Give kind of life. Do NOT u	usual occupi work done during se retired.)	ATION most of working	16b. KIND OF BE	JSINESS/INC	DUSTRY	
17. FATHER'S NAME (First,							AME (First, Middle, Maide			
George Kni	×			405 0440 014	1000000		420011 100	ertsch	. 0. 11	
Joseph W.				1316			Route Number, City or To Itimore, M			
20a. METHOO OF DISPOS 1)() Burlel 2 Creme 4 Donatton 5 Oth	tion 3 Remo er (Specify)		20b. PLA g/ ceme HOI	TY HI		Mar. 19, 199	1 Mic	ddle Ri		
21. SIGNATURE OF FUNE	A J. J.	edden	,			and J. Ruck	Inc. 5305 H	arford	Road	21214
23. PART . Enter the shock, or IMMEDIATE CAUSE (I disease or condition resulting in death)	heert fallure. I	Lung Ca	se on eech	Metas	tatic	mode of dying, au	ch as cardiac or ree	piratory ar	rest,	Approximate interval Betwee Onset and Dec
Sequentially list conditions, leading to immonster under UNDERL CAUSE (Disease or in that initiated events resulting in death) Li	nediate YING njury	OUE TO	(OR AS A CON	ISEQUENCE C	<b>F</b> ):					
PART II. Other signific	cent condition	contributing to	death but n	ot resulting	In the underl	ring ceuse given i	n Part i. 24a. WAS A PERFC	N AUTOPSY DRMED? 2 NO	246	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED	TO MEDICAL	HOSPITAL:	I som war		OTHER:	PLACE OF DEATH (C	19 140.00			
EXAMINER?		1 Ainpatient 2	MJURY	26b. TII	AE OF 28c.	INJURY AT WORK?	6 Other (Specify) 28d. OESCRIBE HOW	INJURY OC	CUREO	
1 YES 2 NO 27. MANNER OF DEATH	Pending Investigation	(Month, E			W 1	YES 2 NO				

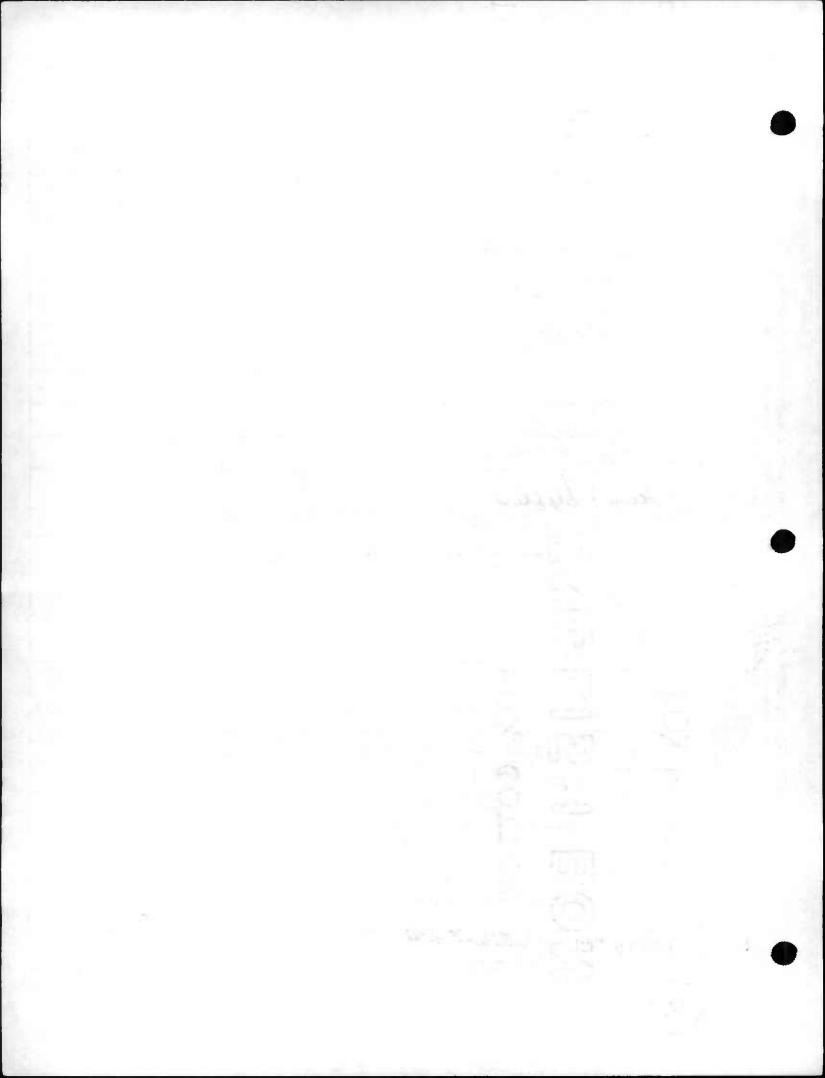
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
Marcos Wolff, M.D. 9000 Franklin Square Drive, Baltimore, Maryland



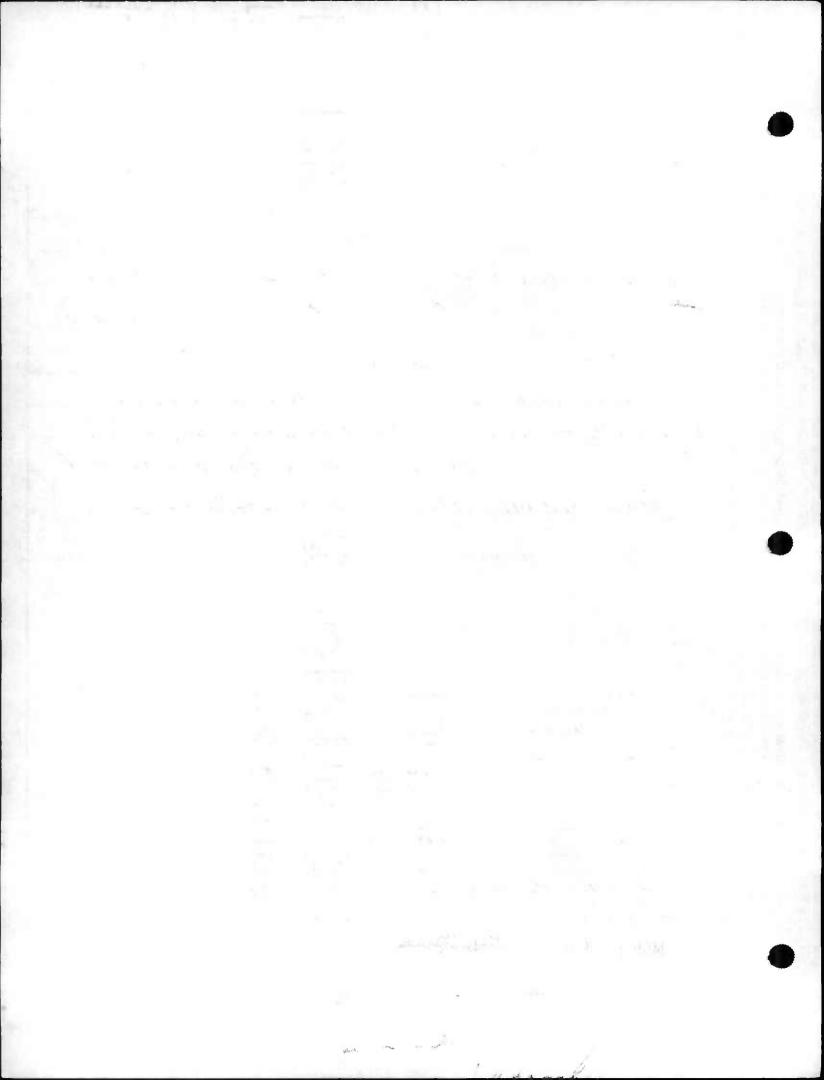
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March 16, 1991

21237



FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM				GIENE G. NO.	07247
1. DECEOENT'S NAME (First, Middle, Last LUCILLE			HNSON		2. DATE OF DE	ATH	3. TIME OF OEATH 7:45 P M
4. SOCIAL SECURITY NUMBER 57 7-34-9879	5. SEX 8. AGE (In yrs.	YRS. MO		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Month, Day,	1TH 6. 1-20	BIRTHPLACE (State or Foreign Country)
50. FACILITY NAME (If not institution, given THE JOHNS HOPKIN	NS HOSPITAL	96	BALTIM				Y OF OEATH
THE JOHNS HOPKIN RESIDENCE OF DECEDENT 106. STATE 10b. COU		10c. CITY, TO	OWN OR LOCATION	ON O			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER  2036 ASh  11. MARITAL STATUS	land Ave			2120	5	10g. CITIZE	N OF WHAT COUNTRY?
Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 24 IF YES, GIVE WAR OR DATES	ARMED	If yes, spec	NDENT OF HISP Ify Cuban, Maxie	ANIC ORIGIN? (Specan, Puerto Rican, Wy:	cify Yea or No— 14	B. RACE — American Indian, Black, White, atc.
15. OECEOENT'S E (Specify only bighest on Elementary/Secondary (0-12)		DECEDENT'S USI (Give kind of work life. Do NOT use re	UAL OCCUPATION done during most stired.)	of working	16b, KIND	OF BUSINESS/INOUS	STRY
	HORIOS			18. MOTHER'S N	IAME (First, Middle,	Meiden Surneme)	
19a. INFORMANT'S NAME (Type/Print)	Shasaa	19b. MAILING AO	OORESS (Street and	Number or Rure	al Route Number, City	y or Town, State, Zip Co	ode) 2124
20s METHOD OF DISPOSITION 10 Burlel 2 Cremation 3 R		CE AND DATE OF		Name	DATE	20c. LOCATION — CIR	y or Town, State
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	11/1/	22. NAME AND	ADDRESS OF	FACILITY	MITWICH	1 1109
	a. <u>Udeno Orca</u> BUE TO (OR AS A CON	iine. noma o	0		ich as cerdlec o	r reapiratory arrea	Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b DUE TO (OR AS A CON	ISEOUENCE OF):					
CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A COM	ISEOUENCE OF):	16	77			
PART II. Other significent conditions of the significant condition	tions contributing to death but n	ot resulting in t	the underlying	ceuse given	DH P	WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Hups natre 25. was case referred to medical examiner? 1 yes 2 1000 27. Manner of Death	L		26. PL/	CE OF DEATH	Check only one)		
EXAMINER?	HOSPITAL:  1 Inpatient 2 ER/Outpatient		THER:	6 - Residence	e 6 🗆 Other (Spe	clfy)	
27. MANNER OF DEATH  1 Natural 6 Pending 2 Accident Investigation		28b. TIME O	M 1 Y	RY AT	28d. DEŞCRIBI	E HOW INJURY OCCU	RED
		it home, farm, stre	et, factory, office	D	261. LOCATION City or Tow	(Street and Number of rn, State)	r Rural Route Number,
Control only	HYSICIAN: To the best of my knowledge MINER: On the besis of examination and						
296. SIGNATURE AND TITLE OF CERTI	FIER Haelling	MD	1	29c. LICENSE N			SIGNED (Month, Day, Year)
2 30. NAME AND ADDRESS OF PERSON Todd M. Ko	WHO COMPLETED CAUSE OF DEATH	(ITEM 27) (Typo, Pr	solfe s			re MD	



1991

3. TIME OF DEATH

> Approximate Interval Between **Onset and Death**

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

2. DATE OF DEATH MONTH DAY

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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U)	F
5	A
IVISION OF VITAL RECORDS, P.O. BOX 68760,	o ATTENDIAL DUVELLIAN: The law remittee that the death certificate he executed within 24 mars after death

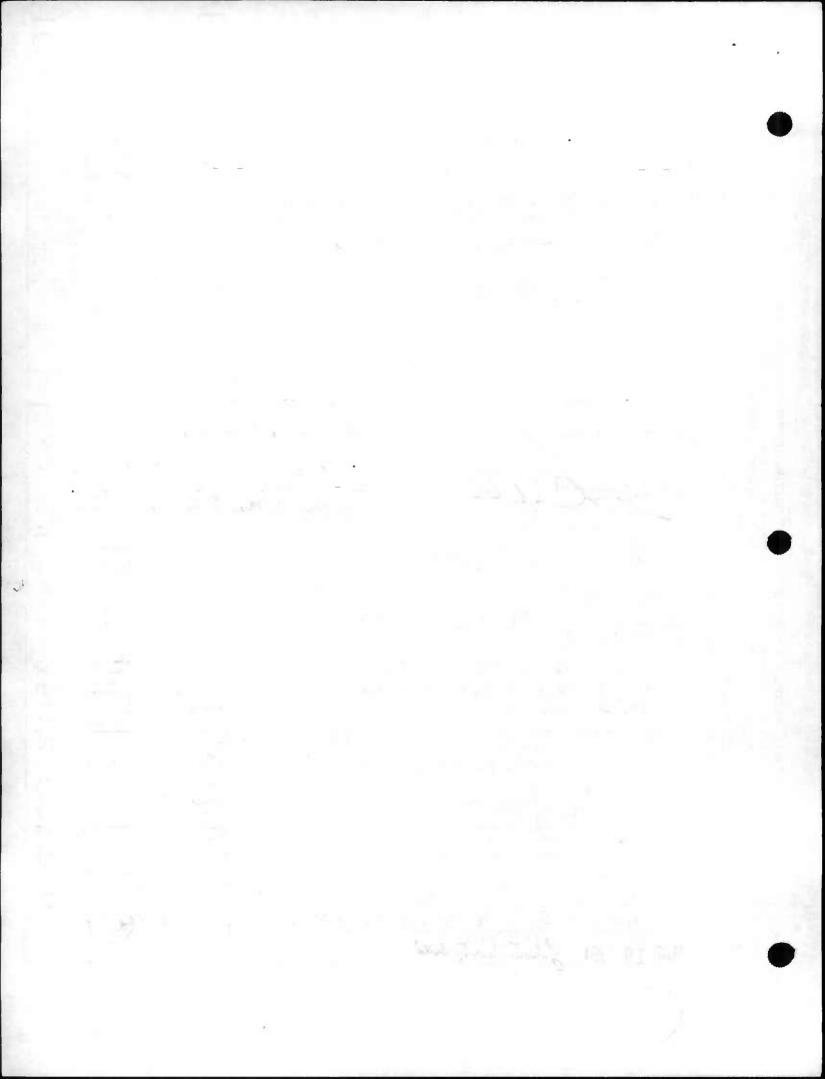
	JAMES J.	JAM	IISON						03	13	199	1	
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yr	s. lest birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF B (Month, Day	/ Wanti		BIRTHPL/ Country)	ACE (State or Forei
	192-20-9759	1 M 2 - F	64	YRS.					05-10	-1926	P	enns	ylvanio
	9e. FACILITY NAME (If not institution, gh						OR LOCATIO			1	e. COUNTY	OF DEAT	Н
	Francis Scott Ke	y Medical	Cente	r	Ва	ltim	ore (	City					
	10a, STATE 10b, COU	NTY		10c. Cl	TY, TOWN	OR LOCAT	TION					10	d. INSIDE CITY
Dinector	Maryland Ba	ltimore			Dund	alk.						1	LIMITS?
	10e. STREET AND NUMBER				-		. ZIP CODE			1	10g. CITIZEN		T COUNTRY?
	1924 Jasmine Roa	d					21222	7			USA		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDE FORCES?	NT EVER IN U.S	B. ARMED	13.		ENDENT O	F HISPAN	IIC ORIGIN? (S				Amarican Indiar
à	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES				2 NO		n, Puerto Rican /:	, atc.)		Specify:	thite
3	15. DECEDENT'S E (Specify only highest gr		164	Give kind of	work done			a	16b. KIN	D OF BUSIN	ESS/INDUS	TRY	
<u></u>	Elementary/Secondary (0-12)	College (1-4 or 5	5+)	life. Do NOT									
	6th Grade			Weld	er_				_	ethle		teel	
COMPL	17. FATHER'S NAME (First, Middle, Last)						The Court of the C		ME (First, Middle		rname)		
1	Horace L. Jamiso	YL		L				_	Kersc				
2	19e. INFORMANT'S NAME (Type/Print)								Route Number, C				1
	Michael Jamison					*****		me,	Balti	$\overline{}$		2121	
	20gr. METHOD OF DISPOSITION 1 Suriel 2 Cremation 3 R	emoval from State	of cemi	ACE ANO DA	ry or other	. 2 1		101	OATE		TION - City		
1	4 Donation 5 Other (Specify)	ANTENSEE	_ icre	st Law			3/16/ ND ADORES		CILITY	Syre	svill	L, 1	larylan
	21. SIGNAL OF TONE ALL SAME	17//							eral H	ome o	6 Dun	dalk	Inc.
	791	AL	_		7	922	Wise	Ave	nue. Be	altim	ore.	MD	21222
CERTIFICATION	Sequentially list conditions, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in deeth) LAST	a Alm	GORAS A CO GEOLIA GORAS A CO COL JO COL OR AS A CO	elvil	lale	is	·						
MEDICAL CER	PART II. Other significant condit	d					ig cause (	given in		PERFORM	ED?	A CO	ERE AUTOPSY FI MILABLE PRIOR OMPLETION OF ( F DEATH?
N:		Bullion		6									44
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF D	EATH (C	neck only one)				
X	1 TES 2 NO	1 🗆 Inpatient 2		_	4 🗆 Nu	reing Hor		esidence	6 Other (Sp				
PHYSICI	27. MANNER OF DEATH	28a. DATE ( (Month,	Day, Year)	28b. Ti	ME OF NJURY	W	JURY AT ORK?		28d. DESCRI	BE HOW INJ	URY OCCU	RED	
B	1 Natural 5 Pending 2 Accident Investigation				М		YES 2	NO					
0	3 Suicide 6 Could not	be buildin	g, etc. (Specify)	At home, farm	, street, fa	ctory, offi	ce		261. LOCATIO	ON (Street and own, State)	d Number or	Rural Rou	te Number,
ETE													
COMPLET	COLLECT ONLY	IYSICIAN: To the best	of my knowledg	ge, death occu	rred at the	time, dat	e and place	, end du	to the cause(	) and mann	er as stated.		
Š	one) 2 MEDICAL EXAM	MINER: On the basis of	examination er	nd/or investige	tion, in my	opinion,	death occu	red at the	time, date and	l place, and	due to the o	cause(e) a	nd manner as
u	29b. SIGNATURE AND TITLE OF CERT				77.7			ENSE NU					fonth, Day, Year)
0	Walceparan	W Svoci	80 PM	D.			D	23	425	-	3	115	191
5	30. NAME AND AGORESS OF PERSON	WHO COMPLETED CA	NSE OF DEATH	(ITEM 27) (Ty)	pe, Print)	, ,	11		D 1-		-		
	V-SIVBIY M	2, 15	76 14	errite	Bl	rd	Ha	4, 6	sallo	, M	1) à	112	22.
	DA DATE PHED Manth Co. Man		RAR'S SIGNATI										

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

31. DATE FILED (Month, Day, Year)

DHMH-16 Rev 1/89

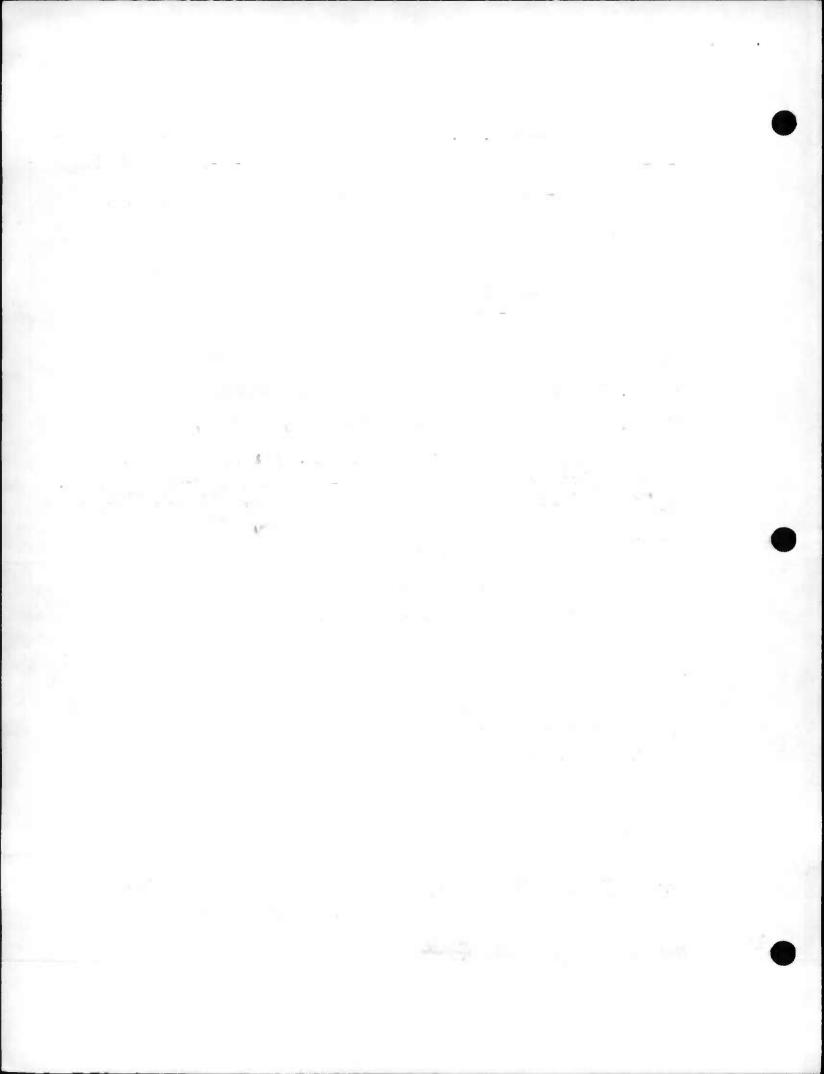


HYSICIAN: The law requires that the death certificate be executed within 2.1 wours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fut the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Nem 28 is marked, or flem 23 shows any Injury, or other traumatic e

641

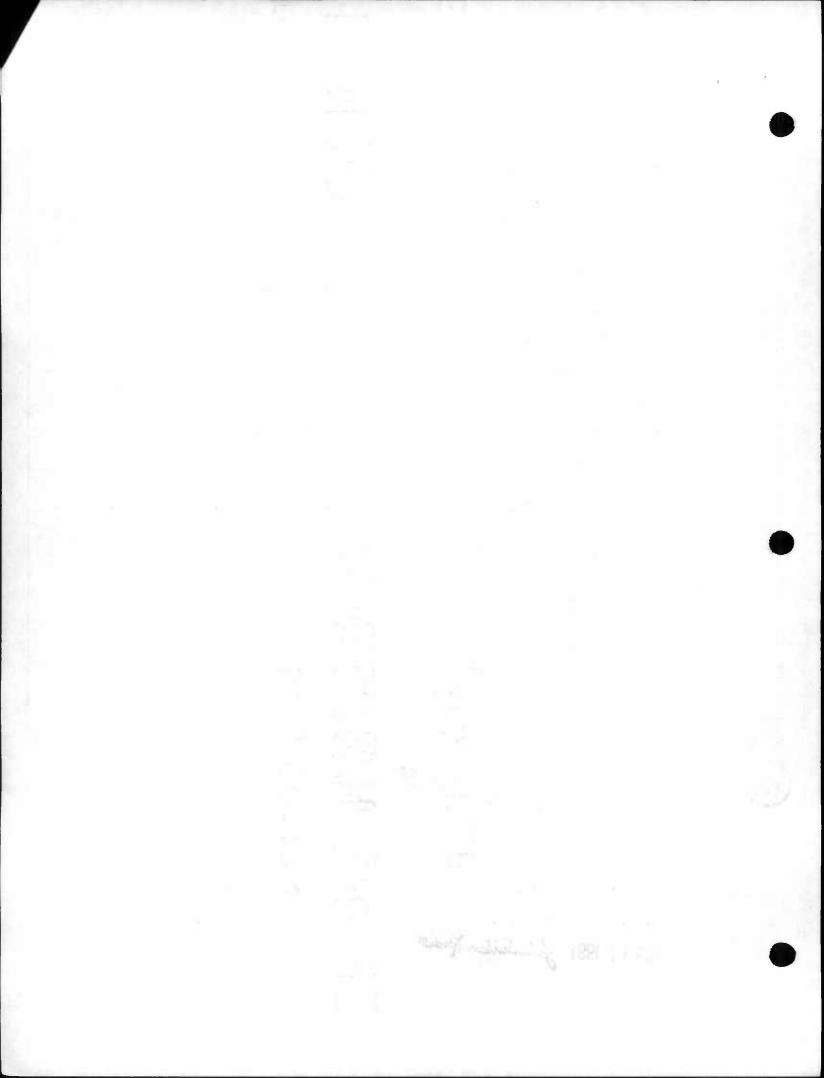
- 11	1. DECEDENT'S NAME (First		1 1							MC	ATE OF DEATH	DAY	YEAR	3. TIME OF OEATH
1	Arthur Le							-		-	larch 1	5 19	991	9:45 a
	4. SOCIAL SECURITY NUMBER 217-12-8384	IBER	5. SEX	6. AGE (In yrs.	last birthday) YRS.	MONTHS D	YEAR DAYS	HOURA	MIN.	7. DA	TE OF BIRTH lonth, Day, Year) 2-22-1	922	Coun	HPLACE (State or Foreign try) UGINIA
	9e. FACILITY NAME (If not in					9b. CITY, TO			ON OF D	EATH		9c. CO	UNTY OF	
	Franklin Sq		fospital			Ros	SUA	ille				<u> </u>	Balti	more
The state of the s	Maryland	Bala	r timore		10c, C/1	Edgen								10d. INSIDE CITY LIMITS? 1 YES 2 NO
ONE INC.	100. STREET AND NUMBER 2721 Wells		2				1	2121					ISA	WHAT COUNTRY?
5	11. MARITAL STATUS 1 Never Merried 2 2 3 Widowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V NAUY =	WAR OR DATES	ARMED NO	If y	yes, spi		en, Mexica	in, Pue	IGIN? (Specify rto Ricen, etc.)	Yee or No-	Bloc	E — American Indian, ck, White, etc.
; [	15. DEC (Specify on	CEDENT'S EDU	CATION completed)			Work done dur			ina		16b. KIND OF I	JUSINESS/II	NDUSTRY	
COUNT LEVEL	Elementary/Secondary (	(0-12)	College (1-4 or 5	+1		work done dur 180 retired.) Manage					Nati	onal	Can	
	17. FATHER'S NAME (First, A George A		ı								rst, Middle, Meid elle J		)	
1	19e. INFORMANT'S NAME (										Vumber, City or 1			
2	Bettie E.		1		272	1 Well	SE	Avenu	ue,	Bal	timore	, Mar	ylan	d 21219
i	209. METHOD OF OISPOSIT  1 Donetion 5 Othe	ion 3 L. Rem	oval from State	20b. PLA othe Gar	ce of dispo	Of Fai	o or con ith	Cem	metory or 3/	19/	91 20c.	location. Balti	more	Town, State  MD
	21. SIGNATURE OF FUNERA	AL SERVICE LI	CENSEE			22. NA	AME AN	NO AOOR	ESS OF FA	CILITY				
		heart fallure.	complications the			792	22 0	Vise	Ave	nue	Balt	imore	. MD	Approximata interval Between
Mollogian		heart fallure.	a. Seve		Ino.  Geste SEOUENCE SEOUENCE	ve Heador):	art Inf	Fai arct	lure	nue.	Balt	imore	. MD	21222 Approximata interval Between
CAL CENTIFICATION	shock, or finded in the state of the state o	itions, edieta ying jury ent condition	a. Seve Due To Due To C. Ante Contributing to	ere Con or or as a con or or as a con or or as a con or or as a con or or as a con or or as a con or or as a con or or as a con	Geste SEQUENCE ( LYOCAY SEQUENCE ( CYOTI) SEQUENCE (	ve Heador:	art Inf	Fai arct Dise	lure	nue.	Balt cerdiac or re	AN AUTOPS FORMED?	mreat,	2122 Approximate interval Betwee Onset and Dest
MEDICAL	shock, or filmmediate Cause (Fidisease or condition resulting in death)  Sequentially list condition flam, leading to immediate. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LAS	Itlons, edieta ying structure.  Arter  Diabe	a. Seven Due to Due to Due to Co. Arte due to iosclerottes Mell:	ere Con or on as a co	Geste SEQUENCE ( LYOCAY SEQUENCE ( CYOTI) SEQUENCE (	ve Heador:	art Inf	Fai arct Dise	lure	nue.	Balt cerdiac or re	imohe apiratory a	mreat,	Approximata interval Betwee Onset and Dest
MEDICAL	shock, or it immediate CAUSE (Fidisease or condition resulting in death)  Sequentially list condition from the cause. Enter UNDERLY CAUSE (Disease or injutted initiated events resulting in death) LAST II. Other significations was case reference of the cause of the	Itlons, edieta ying jury st  Arter Diabe-Renal	a. Seve oue to be Prevous oue to oue	ere Con or on as a co	Geste SEQUENCE ( LYOCAY SEQUENCE ( CYOTI) SEQUENCE (	ve Heador: dial	28. PI	Fai arct Dise	lure	Pert ed S 6	Balt.  24s. WAS PERI 1 YES	AN AUTOPS FORMED?	mreat,	Approximate interval Between Onset and Dest
MEDICAL	shock, or it immediate CAUSE (Fideses or condition resulting in death)  Sequentially list condit if any, leading to immediate. The cause. Enter UNDERLY CAUSE (Disease or injut at initiated events resulting in death) LAS	Itlons, edieta ying jury st  Arter Diabe-Renal	a. Seven Due to Due to Due to Co. Arte due to iosclerottes Mell:	ere Con o (on as a con o (on as a con o con as a con o death but no tic Per itus ciency	Ine.  IGESTE SEQUENCE  SEQUENCE  CONTROL  TO TO THE PROPERTY OF THE PROPERTY O	ve Heador: dial or: hin the under the correction of the correction	art Inf rt lerlying	Fai arct Dise	lure ion ase given in Dise	Pert a Pert	Balt.  24s. WAS PERI 1 YES	AN AUTOPS FORMED?	mreat,	Approximate interval Between Onset and Dest
rn Isician, medical	shock, or immediate cause (Fidebase or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  CAUSE (Disease or injut at initiated events resulting in death) LAS  PART II. Other algnific  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 5	heart failure.  inal  ittions, edileta filiury sst  cent condition Arter  Diabe: Renal TO MEDICAL	B. Prevenue to the contributing to to scleroit tes Mellinsufficial Hospital:	ere Con o (or as a con vious M (or as a con o death but no tic Per itus ciency	geste seouence Lyocar seouence eroti seduence intreaulting	ve Heador: dial or: Head In the under	22 ( he mo art Inf. rt ierlying SCU 28. Pi	Fai arct Dise	lure ion glven in Dise	nue.	Balt cerdiac or re	AN AUTOPS ORMED?	mrreat,	Approximata interval Betwee Onset and Dest
DI PRISICIAN. MEDICAL	shock, or immediate cause (Fidesese or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  CAUSE (Disease or injut at initiated events resulting in death) LAS  PART II. Other algnific  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 5	Ittons, edieta ying structure.  Arter  Diaber Renal TO MEDICAL	a. Seve Due to D	ere Con o (or as a con vious M (or as a con o death but no tic Per itus ciency	Geste SECUENCE  LYOCAT SECUENCE  Treaulting ipher  20b. TI	ve Heador: ve Heador: dial or: c. Heador: In the under al Vas	22 ( he mo art Inf.  Leriying SCU  26. Pi	Fai arct Dise g cause lar	lure ion glven in Dise	Part as 6	Balt  L 24a. WAS PERI  1 VES  Other (Specify)	AN AUTOPS ORMED?  2 NO	MD Brreat,	Approximate interval Betwee Onset and Des On
DI PRISICIAN. MEDICAL	shock, or immediate shock, or immediate cause (Fidisease or condition resulting in death)  Sequentially list condition from the shock of the shock o	heart failure.  Intions, edileta filore.  Intions, edileta filore.  Intions, edileta filore.  Pent condition  Arter  Diabe:  Renal  Pending investigation  Could not be determined	a. Seve Due To D	ere Con of or as a co	Geste SEQUENCE  YOCAT SEQUENCE  To treaulting To pher  To home, farm	ve Heador): dial dial dial dial dial vas	22 (he mo art Inf rt ierlying SCU 28. Pii ng Hom wC 1   ry, office	Fai arct Dise g cause lar LACE OF DISE g cause lar arct arct pise g cause lar arct arct pise g cause lar arct arct	lure ion dse given in Dise	nuch as in Part in Par	Balt  Cerdiac or re  L. 24a. WAS PERI  Description  Control (Specify)  DESCRIBE HO  LOCATION (Str. City or Yown, St	AN AUTOPS FORMED?  2 NO  W INJURY (	MD  Brreat,  24  DCCUREO  ber or Rure	Approximate interval Betwee Onset and Des On
rn Isician, medical	shock, or immediate shock, or immediate cause (Fidisease or condition resulting in death)  Sequentially list condition from the shock of the shock o	heart failure.  Intions, edieta filiure.  Intions, edieta filiure.  Intions, edieta filiure.  Pending filiury	a. Seve Due to D	death but notice Per citus  ER/Outpatien  FINJURY  PRINTURY  FINJURY  OF INJURY  OF INJURY  FINJURY  OF INJURY   geste seouence Lyocar seouence eroti seduence treaulting ipher  a 3 DOA 28b. Tiff thome, farm	792 not enter the Ve Head of September 1992 In the under 1992 In t	22 (he mo art Inf rt ierlying SCU 28. Pii ng Hom wC 1   ry, office	Fai arct Dise g cause lar LACE OF no 5 1 JURY AT DRIVY YES 2	lure ion dse given in Dise	Part Part Part Part Part Part Part Part	Balt  Cerdiac or re  L. 24a. WAS PERI  Description  Control (Specify)  DESCRIBE HO  LOCATION (Str. City or Yown, St	AN AUTOPS  AN AUTOPS  ORMED?  2 NO  W INJURY (  were and Numerals)  and due to	DOCCUREO Der or Rura	Approximate interval Betwee Onset and Des On	





BALTIMORE, MARYLAND 21215-0020	SIGNAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should if the Stare Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	he medical examiner must be notified at once.
DIVISION OF WITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTER TO PAINSICIAN: The law requires that the death certificate be executed within 2	TO THE FUNERAL DIRECTOR TO SPRINGAR has been signed by the attending physician and completely filled in by the it be filed within 72 hours after one the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: It liem 28 is marked, or item 23 shows any inlury, or other traumatic event, the medical examiner must be notified at once.

	1. OECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR  3. TIME OF DEATH												
	AGNES MAY KENNEDY									h 12, 1	991	9:22 A M	
OR	4. SOCIAL SECURITY NUME	72	5. SEX	t birthday) IF UNDER 1 YEAR			IF UNDER 24 HRS.	7. DATE OF BIR (Month, Day,	ATE OF BIRTH 6. BIRT!		HPLACE (State or Foreign		
	219-10-2387										1925 Maryland		
	98. FACILITY NAME (If not institution, give street and number)  96. COUNTY OF DEATH  Severna Park  96. COUNTY OF DEATH  Anne Arundel												
EC	RESIDENCE OF DEC	10b. COUNT	γ		10c. CITY	, TOWN OF	LOCAT	ION				10d. INSIDE CITY	
DIRECTOR	Maryland	Anne	Arundel					lyn Par	•		LIMITS? 1 YES 2 X NO		
BY FUNERAL	312 Doris	312 Doris Avenue, 2122								25 USA			
		MARITAL STATUS   12. WAS DECEDENT EVER IN U.S. AF FORCES? 1   YES 2 X IF YES, GIVE WAR OR DATES					yes, sp		tican, Puerto Rican, etc.)			RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	(Specify onli Elementary/Secondary (C	ary/Secondary (0-12) College (1-4 or 5+)						ON st of working	16b. KIND OF BUSINESS/INDUSTRY				
M	9th	licicila ( not)		I no	memak	ter	_	40 MOTHER'S NA		usewife			
BE CC	17. FATHER'S NAME (First, Middle, Last)  August  Ehart  Catherine Kemper Ehart												
70	Ms. Mary		nedy	16	312			ve., Bal				21225	
	20a, METHOO OF OISPOSIT 1 A Buriel 2 Cremetic 4 Donation 6 Other	n 3 🗆 Rem	oval from State	20b. PLACI	Cross	or other pla	sition ete	(Name		Baltimo		wn, Stata Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Kevin E. Ecker McCully Funeral Home of Brooklyn												
	22 DADT I Court the of	ر کے ر امام	and Heatles at					. Pataps					
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reapiratory arrest, sheck, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition IMMEDIATE CAUSE)  IMMEDIATE CAUSE (Finel disease)											interval Between	
	DUE TO (OR AS A CONSEQUENCE OF):												
MOIT	Sequentially list conditions, if any, leading to immediate  b. CIRRINDS S DF LIVER  DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	cause. Enter UNDERLY CAUSE (Disease or Injuthat Initiated events resulting in death) LAS	Jry S	C. DUE TO	(OR AS A CONSE	ISEOUENCE OF):								
CE			0										
MEDICAL	PART II. Other eignificent conditions contributing to deeth but not r					resulting in the underlying cause given in				1 Part I. 24a. WAS AN AUTOPSY PERFORMED?		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
_	-	-	1 TES 2 NO									1   YES 2   NO	
XX.	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)												
S	EXAMINER?		HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER		e 5 🗆 Residence	8 Other (Spec	city)			
Y PHYSICIAN:	27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF 26c. INJURY AT WORK?  M 1 YES 2 NO												
red BY	2 Accident Investigation 3 Suicide 6 Could not be determined 4 Homicide determined  28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28. LOCATION (Street and Number or Rural Route Number, City or Town, State)												
COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
BE	296. SIGNATURE AND TITLE OF CERTIFIER  AHOUSE PARTY DESCRIPTION DEV. YEAR DELICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  31319,												
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Dr. S. P. Mundra, M.D. 203 East Patapsco Ave., Balto., Md. 21225												
	31. DATE FICED (Month, Day,		32. REGISTA	AR'S SIGNATURE	12.	-32							
	MAR 19	1001	Salla Daste	Mary-Mary									



BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMDIETED BY DHYSICIAN MEDICAL CERTIFICATION

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

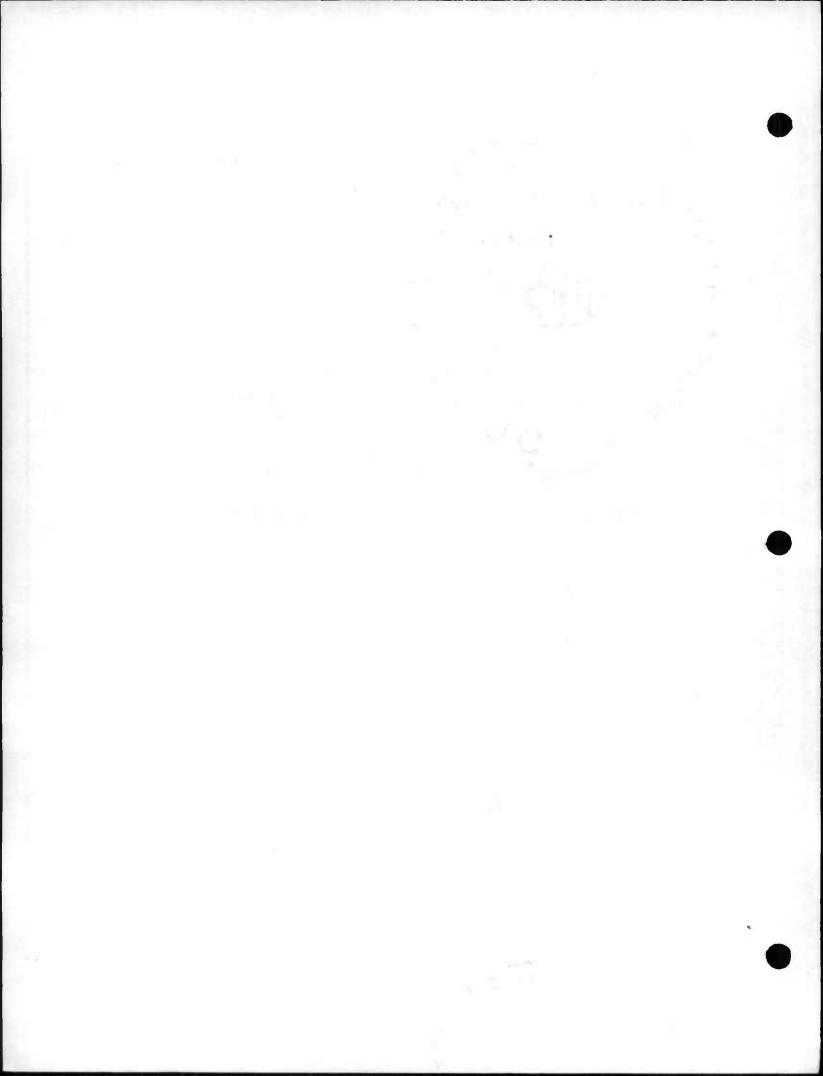
1. DECEDENT'S NAME (First, Middle, Lest) JOSEPHINE ANN KORNELUK 2. DATE OF DEATH MONTH									γ	YEAR	YEAR 3. TIME OF DEATH			
	JOSEPHNE A-KORNELUK									03 17 91			12:36Am	
			5. SEX	6. AGE (In yrs. last		IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	7. DATE OF BIRTH (Month, Day, Sper) 3/17/1912		8. BIRTHP (Quntry)	BIRTHPLACE (State or Foreign Country)	
		220-05-0359 1 □ M 2 M F			YRS.					/1917	2 Maryland		•	
_	9e. FACILITY NAME (If not inst							OR LOCATION OF DE					Y OF DEATH	
6	Harbor Hospital Center					Baltimore City N/A						N/A		
ᇤ┃	RESIDENCE OF DECI	10c. CIT	Y, TOWN (	OR LOCA	TION				10d. INSIDE CITY					
DIRECTOR	Maryland	Ba	ltimo	ore	(Curti	s Bay)				LIMITS?				
	10e. STREET AND NUMBER	101. ZIP CODE				10g. CITIZEN OF W								
FUNERAL	1610 Haze	1 Stre	et,	21220				US			USA			
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR									NIC ORIGIN? (Specify Yee or No 14. RA			- American Indian, White, atc.	
BY F	1 Never Merried 2 Nover 1 Never Merried 2 Nover 1 Nove	1 Never Merried 2 Married FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES										Specify		
		DENT'S EDUC	ATION	140.0	ECEDENT'S	1101111 0	OCUBATI		Lagr way	D OF BUS	11500 414			
	(Specify only	highest grade o	completed)	- 4	Give kind of le. Do NOT u	work done se retired.)	during mo	est of working	100. Kill	D OF BUS	iness/ini	JUSTRY		
COMPLETED	Elementary/Secondary (0- 6th	12)	College (1-4 or 5 -	•)	Homer					House	ewif	2		
OM	17. FATHER'S NAME (First, Mid	idle, Last)				ilaite		18. MOTHER'S NA	ME (First, Middle	e, Maiden S	Surname)			
BE C	Anton		Turc	Sr.				Joset	ha Ste	epne	ck T	urc		
TO B	Mrs. Bever		ans	1				Arden Rd					1225	
	209. METHOD OF DISPOSITIO	ON			E OF DISPO	SITION (N	eme of ce	metery, crematory or				City or Tow		
	1X Buriel 2 Cremetion 3 Removed from State Credar Hill Cemetery Baltin									timo	imore, Maryland			
!	21. SCHATURE OF FUNERAL SERVICE LICENSEE Kevin E. Ecker McCully Funeral Home of Brooklyn 237 E. Patapsco Ave., Balto., Md. 21225										. 21225			
	23. PART I. Linter the dis	seases, or c	omplications the	t caused the c	ieeth. Do								Approximeta	
	IMMEDIATE CAUSE (Fina	ai	list only one cau									Interval Batween Onset and Death		
	disease or condition reaulting in death)	<b>+</b>	CAR	DIAC	ARR	Es1	-							
			DUE TO	(OR AS A CONS	EOUENCE O	HF):								
N	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):													
EA	if any, leading to immed cause. Enter UNDERLYII		502 10	(On AS A CORS	EOVENCE	r).							į į	
MEDICAL CERTIFICATION	CAUSE (Disease or Injury that initiated events		DUE TO	(OR AS A CONS	EOUENCE C	F):								
F	reaulting in daeth) LAST	Г <b>(</b> ,	i											
2	PART II. Other significes	nt condition	a contributing to	death but not	resulting	in the u	nderivin	g ceuse given in	Part i 24	I. WAS AN	ALITOPSV	24h	WERE AUTOPSY FINDINGS	
8	PART II. Other algorificant conditions contributing to death but not re congestive heart friend									PERFORMED?			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
EDI	Hypertension									1 TYES 2 NO			OF DEATH? 1 ☐ YES 2 MO	
	sick Sinus Syndrome										1 TES 2 SMO			
M	25. WAS CASE REFERRED TO	-	3 - 711	CA OI III			26. P	LACE OF DEATH (C/	neck only one)					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:  1   Yes 2   MO														
H	27. MANNER OF DEATH	20-0-20	26e. DATE Of (Month, D		26b. TII	ME OF		JURY AT ORK?	28d. DESCR	BE HOW I	NJURY OCCURED			
ВУ	1 Netural 5 1 1 2 Accident		M 1 YES 2 NO											
	3 Suicide 6 6	home, farm, street, factory, office  26f. LOCATION (Street end Number or Rural Route Number, City or Town, State)						oute Number,						
	29e. CERTIFIER 1 CERT	IFYING PHYSIC	CIAN: To the best of	l my knowledge.	death occur	red at the	1ime, det	and place, and du	to the councie	a) and mar	nner ee st	tled.		
COMPLETED	Check only One)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and menner se stated.  (Check only One)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and menner as stated.													
ш	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)													
TO B	NO HAM SHO ACCUMENT	PERSON	COMPLETED CAU	SE OF DEATH (1)	- UX	a Print'		140			1	03	17/91	
	D.M.P. Rai	ssell	30	001 5	. Ha	non	2	84.6	a Him	are	N	Q		
	31. DATE FILED (Month, Pay)	1991	32. HEGIGTA	Davidson-	Pandal	2								

BALTIMORE, MARYLAND 21263-3146

FOR STATE REGISTRAR

	BEATRIC	16, Last) X E (	TH			2. DATE OF DE	PAY C	YEAR 3.	1:10 Am			
	4. SOCIAL SECURITY NUMBER 217 30 3948		AGE (In yrs. leal birthday) 91 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BII (Month, Day, 4/8/	Year)	a. BIRTHPLA Country)	CE (State or Foreign			
TOR	9a. FACILITY NAME (If not institution, give street and number)  ST. A gives the spital Baltimore  RESIDENCE OF DECEDENT  9b. CITY, TOWN OR LOCATION OF DEATH  Baltimore											
DIRECTOR		COUNTY Balta.	10c. CI	Bal-	ATION M	d,			1. INSIDE CITY LIMITS? YES 2 HO			
FUNERAL	10e. STREET AND NUMBER 5919	Leewoo	& Ave	, 1	2122	-8	10g. CIT	ZEN OF WHA	COUNTRY?			
<u>a</u>	11. MARITAL STATUS 1 Never Merried 2 Merri 3 Wildowed 4 Divorced	12, WAS OECEDENT B FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes, s	CENDENT OF HISPAN pecify Cuban, Mexican S 2 NO Specify	n, Puerto Rican,	ORIGIN? (Specify Yes or No-Puerto Rican, stc.)  14. RACE — American in Black, White, etc.  Section:  But a company of the comp					
		T'S EDUCATION est grade completed)  College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT u HOUSE)	USUAL OCCUPAT work done during in the speringd.) WITE	ION lost of working	18b. KIND OF BUSINESS/INDUSTRY						
notified at once.  TO BE COMPLE	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)  UNK											
TO BE	190. INFORMANT'S NAME (Typo/P Evelyn Jo	ones	19b. MAILING	6 III	old Fre	deric	k Rd	Balto	.,Md (28)			
must be	20a. METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 4 Donation 5 Other (Spec		20b. PLACE OF DISPO other place). Arbu	sition (Name of c	emetery, cremetory or		20c. LOCATION — Balto					
examiner examiner	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  James A. Morton & Sons, Inc.											
enrong progress and comperey med in the med of the training of the training of the med ERTIFICATION	shock, or heart iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DEM DEM	OR AS A CONSEQUENCE OF	DF):	PNEU	MOI	VIA		Interval Between Onset and Death			
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vith the State Dept. of ted, or Item 23 she PHYSICIAN: N	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  1 Physitient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)											
요물이 요	1											
after of atter	3 Suicide 6 Coul	3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)										
10 E	29a. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.											
TO THE FUNERA DE filed within 7 IMPORTANT: 1 TO BE CON	296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  29d. DATE SIGNED (Morith, Day, Year)  57 - Augus  03 1791											
2	30. NAME AND ADDRESS OF PE	E, ANGE	LES St	on, Print)	s Hosp	.90	10 Cato	my A	e. Batti			
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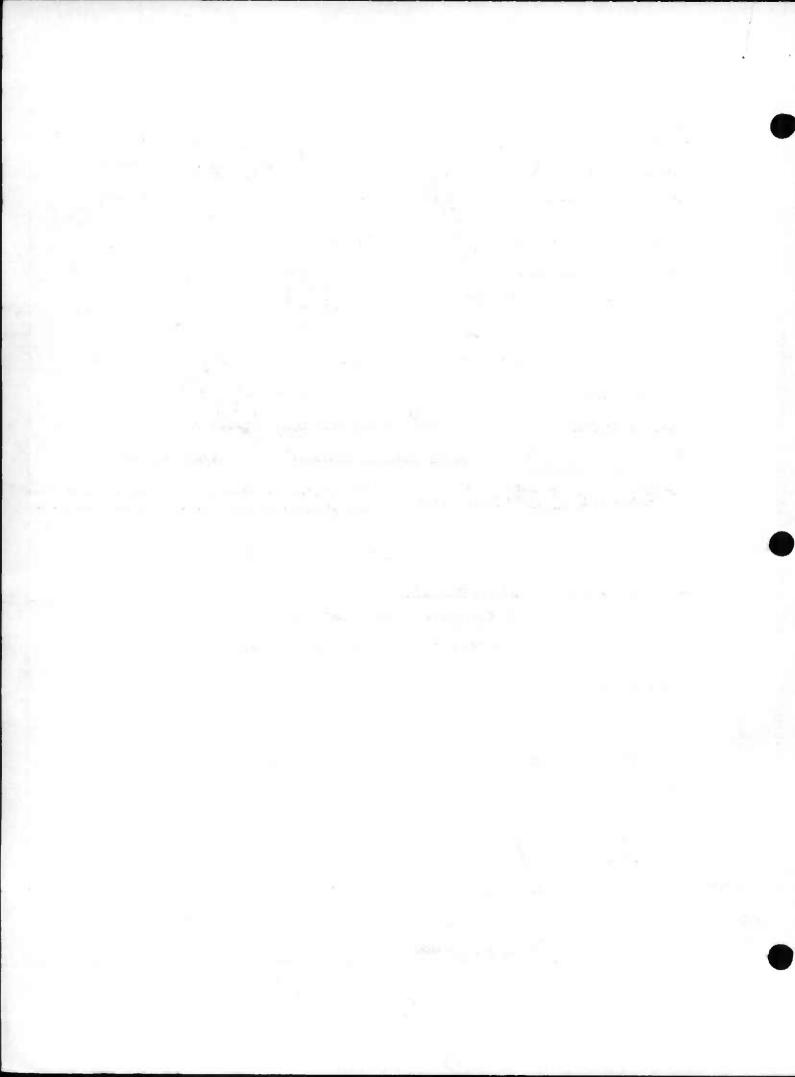
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



DHMH-15 Rev t/89

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- 1	1. DECEDENT'S NAME (First, Mid	idle, Lest)	Kapi	2:0					2. DAT	E OF DEA	DAY		YEAR 91	3. TIME OF DEATH 9:55 F
	4. SOCIAL SECURITY NUMBER	<i>W</i> ,		6. AGE (In yrs. Is	st birthdev)	IF UNDER 1 YEA	AR IF	UNDER 24 HRS.	7. DATI	OF BIRT	15 H			HPLACE (State or Fore
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OR	Suburban Hos	spital				Bethe		OCATION OF DE	ATH			9c. cour Mor		mery
ЕСТОВ	RESIDENCE OF DECED	b. COUNTY			10c. CITY	Y, TOWN OR LO	OCATION	1						10d. INSIDE CITY
DIR	Maryland	Mont	gomery			Rocky	vill	Le						VES 2 N
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E	15. DECEDE (Specify only hig	NT'S EDUCA		(	Give kind of v	USUAL OCCUP		f working	10	Sb. KIND (	F BUS	INESS/IND	USTRY	
J.E	Elementary/Secondary (0-12)		College (1-4 or 8+) 4 years		ACC	ountant	t			Fede	era	1 Gov	verr	ment
E COMPLET	17. FATHER'S NAME (First, Middle Ralph Kapla:	e, Last)					10	Rose			falden :	Surname)		
TO BE	19a. INFORMANT'S NAME (Type/ Cecile Kapl							Number or Rurel Road,						and 2085:
- 6	20a METHOD OF DISPOSITION 1 X Burial 2 Cremation	3 - Remov	val from State	20b. PLAC	e OF DISPOS	anon Co	of comete	ry, cremetory or						ryland
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CONTRACTOR OF THE CONTRACTOR O	DR A	DIREC	HOURS
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	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remo
	出	用	filed

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN LOUISE REBECCA LEONARD 1991 03 16 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTN (Month, Day, Year) 6. BIRTNPLACE (State or Foreign 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR DAYS HOURS 1 M 2 F 215-07-1895 10-24-1917 Maryland 9e. FACILITY NAME (If not institution, give street and nu 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR Francis Scott Key Medical Center Baltimore City 10c. CITY, TOWN OR LOCATION tod. INSIDE CITY Maryland Baltimore Dundalk 1 YES 2 NO 10e. STREET AND NUMBER tof. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 2751 Moorgate Road 21222 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YNO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS t4. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rice

1 YES 2 NO Specify: t Never Married 2 Merried Specify: BY 3 🕅 Widowed 4 🗌 Divorced White COMPLETED t6e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) t5. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) Administrative Asst. 2 Years Johns Hopkins University 18, MOTHER'S NAME (First, Middle, Maiden Surneme 17. FATHER'S NAME (First, Middle, Last) Marvin H. Crockett Sarah A. Jones BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) t9e. INFORMANT'S NAME (Type/Print) 2 1025 S. Butler Way, Lakewood, Colorado 80226 J. Arden Greenholtz å 20a. METNOD OF DISPOSITION
1 A Burlel 2 Cremation 3 Re
4 Donation 5 Other (Specify) DATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name must Loviaine Park 3/21/91 Baltimore, MD 22. NAME AND ADDRESS OF FACILITY Duda → Ruck Funeral Home of Dundalk, Inc. examiner 7922 Wise Avenue, Baltimore, MD medical 23. PART I. Enter the diseases, or compilications that could the deeth. Do not enter the mode of dying, such as cerdica or respiratory arrest, Approximate shock, or heart fellure. List only one ceuse on each line. Onset and Death IMMEDIATE CAUSE (Finel # disease or condition Intracerebral hemorrhage event, resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): Embolic stroke traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): inforction CAUSE (Disease or injury that initiated events other resulting in death) LAST 5d fibrillation 6 Injury, PART II. Other algorificant conditions contributing to deeth but not reculting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b, WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE апу I TES 2 NO OF DEATH? Shows Congestive heart 1 TES 2 NO edema S 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem HOSPITAL:
140 Inpatient 2 ER/Outpatient 3 DOA OTHER: t YES 2 NO ng Home 6 - Reeldence 6 - Other (Specify) marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d DESCRIBE NOW INJURY OCCURED t Natural 5 Pending M t YES 2 NO BY 2 Accident 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 28 Is 6 Could not be determined COMPLETED 4 Homicide If item 29e. CERTIFIER

(Check only

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data end place, and due to the cause(e) and manner as stated. IMPORTANT: 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE MO 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)



2

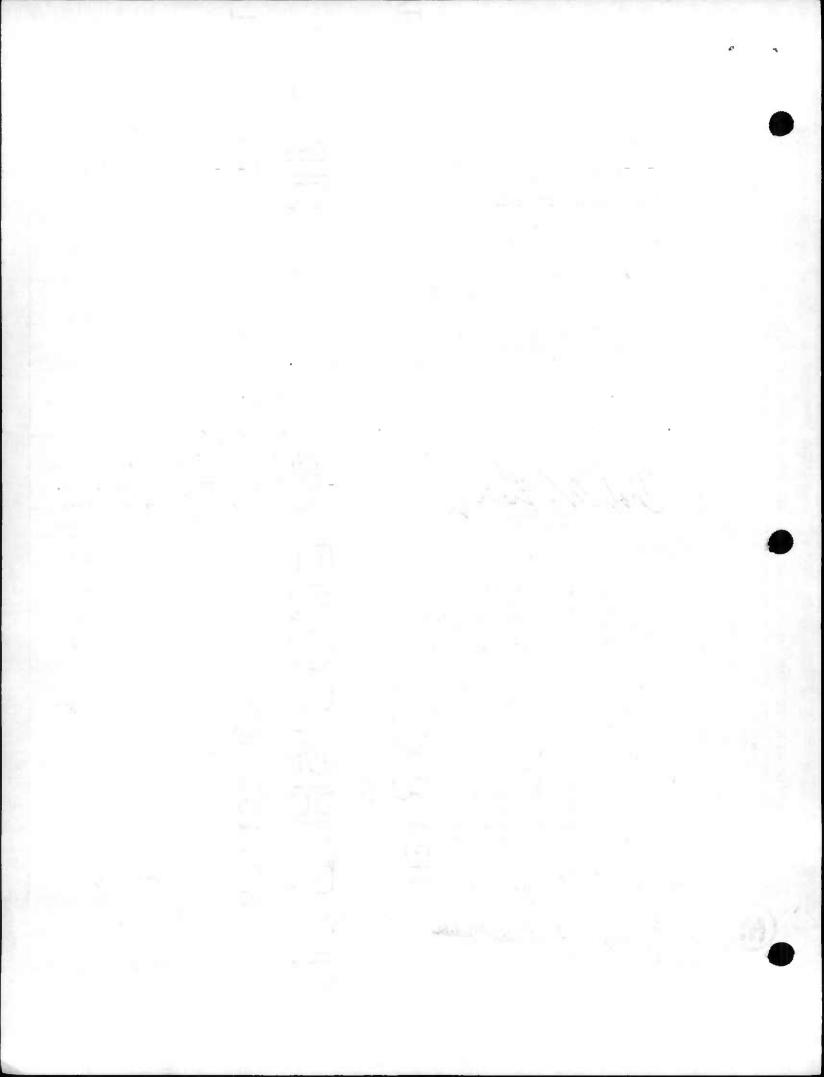
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31. DATE FILED (Month, Day, Year)

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SUPPOSTRANCE GRANDA

Eastern



	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF						NO.		
	1. DECEDENT'S NAME (First, Middle, Last) GEORGE V		LE BRUN					2. DATE OF DEA MONTH March 1	DAY	YEAR	3. TIME OF DEATN 12:50A M
	4. SOCIAL SECURITY NUMBER  217 05 5491  9e. FACILITY NAME (# not institution, give si	1 ★M 2 □ F 72	(In yrs. last birthday) YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE OF BIRT (Month, Day, V 10-1-1	8 8	Count	yland
TOR	Perry Point V.A. RESIDENCE OF DECEDENT	tool and manusity				ille	ON OF DE	-AIN		largo	
DIRECTOR		timore		y, town of Dund		ION					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	1751 Brookview R				101	212				ISA	WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? YEVES IF YES, GIVE WAR OR DO NAVY WIWIT	DATES		f yes, sp		n, Mexica	NIC ORIGIN? (Specin, Puerto Rican, a y:		14. RACI Blac Spec	E — American Indian, k, White, etc.  White
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondery (0-12) 9th Grade		18e. DECEDENT'S (Give kind of Ille. Do NOT us SU	USUAL OF WORK done of retired.)  PETU	during mo	st of workin		Ame	rican S		Refining ing &
BE CC	17. FATNER'S NAME (First, Middle, Leet) William LeBrun						Cath	ME (First, Middle, A CTINE	Boles		
5	190. INFORMANT'S NAME (Typo/Print)  Mrs. Jo Ella Cri		1751	Bro	okvi	ew R	oad,	Route Number, City Baltim	ore, Mi	21	
	204/METHOD OF DISPOSITION 1 (XBurlel 2   Cremetion 3   Remeted   Donation 5   Other (Specify)	oval from State	b. PLACE OF DISPO other place) ar Lawn	Ceme	tery	3	/19/	91 1	oc. LOCATION - Baltimo		own, State Maryland
	Property	tish	1	1	Duda		k Fu	neral H			alk, Inc. D 21222
ATION	IMMEDIATE CAUSE (Final	Pneumonia  DUE TO (OR AS  Diabetes	A CONSEQUENCE O	f): f):		de of dyl	ing, suc	h as cardiac or	respiratory a	rrest,	Approximate Interval Between Onset and Daath
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	с	A CONSEQUENCE O								
PHYSICIAN: MEDICAL C	PART II. Other significant condition	a contributing to death	but not resulting	in the ur	nderlyin	g ceuse g	given in	P	AS AN AUTOPSY ERFORMED? YES 2 NO	241	D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE		ACE OF D	EATN (Ch	eck only one)			
BY PHYS	1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	1 N Inpetient 2 ER/Out 28s. DATE OF INJURY (Month, Day, Year)	28b. TIN	IE OF JURY M	28c. INJ WO 1	URY AT IRK? YES 2		Other (Special Section 1)     Sed. DESCRIBE		CCURED	
	3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, ecify)	street, fact	tory, offic			261. LOCATION ( City or Town,	Street and Numb State)	er or Rural	Floute Number,
COMPLETED		CIAN: To the best of my known R: On the basis of exemination									a) and manner as stated.
TO BE	296. SIGNATURE AND TITUE OF CERTIFIES	yetellow.	)				37	382	29d. D/	TE SIGNES	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WAS  CLIFFORD MITCHEI  31. DATE FILED (Month, Day, Year)	L. M.D. VA	MEDICAL		ER,	PERR	RY PO	DINT, ME	2190	2	
	MAR 1 9 1991 8.	hi Pavidson-Ad	ndell								

Apple Comment 1 1 11

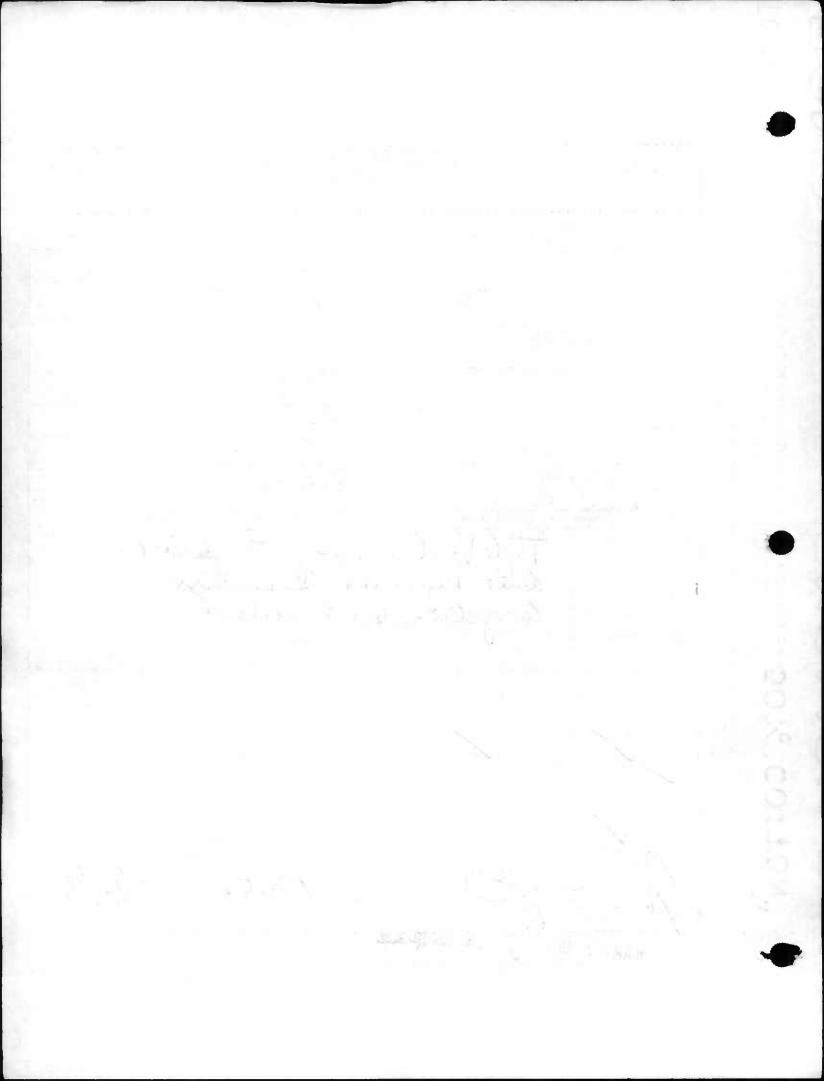
Tak B , this to like the base of

BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within 24 illours after death. Page 6 may be retained by the hospital or attending physician. Certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dent. of Health and Mental Hygiene prior to burial, cremation, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	LATO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. A THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Debt. of Health and Mental Hygiene prior to burial, cremation, or removal.	

31. DATE FILED (MONTH, Day, Year)
MAR 1 9

	FOR 1 - STATE REGISTRAR	STATE OF MA		EPARTMENT TIFICATE			MENTAL HYG		, 00
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEAT		3. TIME OF DEATH
	ROBERT P			LOUGHR	EY. SE	?	MONTH ()3	11 9	
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (in yrs. last bir	thday) IF UNDER	YEAR IF U	NDER 24 HRS.	7. DATE OF BIRTI		Country)
	186-10-0389	1 M 2 D F	74	YRS. MONTHS	DAYS HOU	RS MIN.	11-25-		Pennsylvania
	9e. FACILITY NAME (If not institution, give st	reet end number)		9b. CITY,	TOWN OR LO	CATION OF D			TY OF DEATH
OR	NORTH ARUNDEL HOS	SPITAL ASS	OCIATION	V GI	EN BUE	RNTE		Δ	A COUNTY
1 2	10s, STATE 10b, COUNTY		1	Oc. CITY, TOWN O	R LOCATION	-			10d, INSIDE CITY
DIRECTOR		e Arunde			saden	2			LIMITS?
	10e. STREET AND NUMBER	· mranac		1 4 0	101, ZIP (			10g, CITIZ	EN OF WHAT COUNTRY?
FUNERAL	103 Brookfield	Road			2	1122			U.S.A.
1 2	11. MARITAL STATUS	12. WAS DECEDENT F FORCES? 1	VER IN U.S. ARMEI	D 13. V			NIC ORIGIN? (Speci	ly Yes or No—	14, RACE — American Indian.
	1 Never Merried 2 X Merried	FORCES? 1 A				Cuben, Mexica	in, Puerto Rican, et		Black, White, etc. Specify:
B	3 Widowed 4 Divorced		II		- X				White
ones. COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade		(Glve	DENT'S USUAL OC	CUPATION uring most of w	rorkina	16b. KIND O	F BUSINESS/INDU	ISTRY
	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do	NOT use retired.)					
4 E	11 th. grade		_	Steami	fitte	r		Local a	438
E 0	17. FATHER'S NAME (First, Middle, Last)				16. 1	MOTHER'S NA	ME (First, Middle, M	alden Surname)	
BE at	William	Α.		oughrey		Grace			Mitchell
TO E	19e. INFORMANT'S NAME (Type/Print)	. 1					Route Number, City of		
9 -	Mrs. Grace Lou	gnrey		03 Broo			_		a, Md. 21122
the medical examiner must be notified at once.  TO BE COM	20a. METHOD OF DISPOSITION 1 № Burisl 2 □ Cremetion 3 □ Rem	oval from State	of cemetary, cre	D DATE OF DISPO	ace)		13/14/		ity or Town, State
Ĕ	4 Donation 5 Other (Specify)		Glen H	aven Me	mori	al Pa	rkiggh	Glen I	Burnie, MD.
	21. SIGNATURE OF FUNERAL SERVICE LI	-//			NAME AND AD			Home of	Pasadena
еха	Talenie V. T	dinich							ena, Md. 21122
a a	23. PART I. Enter the disesses, or								est, Approximete
Ē	shock, or heart failure.  IMMEDIATE CAUSE (Final	List/only ona ceuse	on aach lina.	7/			1	17 -	Intarval Between Onset and Death
š	disease or condition reaulting in death)	ruple	Vanel	/ Con	nen	2 di	Leura	asear	€ .
Injury, or other traumatic event,	reauting in death)	DUE TO (OI	R AS A CONSEQUE	INCE OF):	0	1	2 LAZ	-	
2 Z		acute	My	carde	rol	Duy	ander	an .	
ry, or other traumatic CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OI	R AS A CONSEQUE	INCE OF):	_0	00	1)	0.	
E 2	CAUSE (Disease or Injury	a work	skur	the second	all	XX	Mur		
鲁	thet initiated events resulting in death) LAST	DUE TO/O	R AS A CONSEQUE	DICE OF):		0			
P H	leading in death) EAST	d							
AL C	PART II. Other significant condition	e contributing to de	eath but not rea	ulting in the un	derlying cau	se given in		AS AN AUTOPSY	246. WERE AUTOPSY FINDINGS
								ERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
shows any : MEDIC							''.'	ES 2   NO	OF DEATH?
									1.0,120 2.0,110
1			/		26. PLACE	OF DEATH (C	heck only one)		
AN Z3	25. WAS CASE REFERRED TO MEDICAL	HOSPITAL:	R/Outpatient 3	DOA A Num		Residence	8 Other (Specif	v)	
SICIAN:	EXAMINER?	1 - Inpatient 2 DE			mig monite o	_ 11001001100	a - other tobecom		IRED
or Item 23 YSICIAN		1 Inpatient 2 PE 28s. DATE OF IN	JURY 2	18b. TIME OF	28c. INJURY	AT	28d. DESCRIBE	TOW INJURY OCC	OHED
or Item 23 YSICIAN	EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending		JURY Year)	R8b. TIME OF INJURY	WORK?	AT NO	28d. DESCRIBE	10W INJURY OCC	ONES
or Item 23 YSICIAN	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF IN (Month, Day,	NJURY — Al home	INJURY M	WORK?	2   NO	28f. LOCATION (	Street and Number	or Rural Route Number,
8 is marked, or item 23 ED BY PHYSICIAN	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF IN (Month, Day,	NJURY — Al home	INJURY M	WORK?	2   NO		Street and Number	
28 is marked, or item 23 TED BY PHYSICIAN	EXAMINER?  1	28s. DATE OF IN (Month, Day, 28e. PLACE OF I building, etc.)	NJURY — AI home c. (Specify)	INJURY M	WORK?  1 YES  Ory, office		261. LOCATION (: City or Town,	Street and Number State)	or Rural Route Number,
28 is marked, or item 23 TED BY PHYSICIAN	EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1  Netural 5  Pending Investigation  3  Suicide 8  Could not be defermined  29e. CERTIFIER (Check only	28s. DATE OF IN (Month, Day, 28s. PLACE OF I building, etc	NJURY — Al home c. (Specify)  y knowledge, death	, farm, street, fact	WORK?  1 YES  ory, office	place, end du	28f. LOCATION (: City or Town,	Street and Number State)	or Rural Route Number,
28 is marked, or item 23 TED BY PHYSICIAN	EXAMINER?  1 YES 2 NO  27. MANNEB OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be defermined  29e. CERTIFIER (Check only one)  MELICAL EXAMINI	28s. DATE OF IN (Month, Day, 28s. PLACE OF I building, etc ICIAN: To the best of my	NJURY — Al home c. (Specify)  y knowledge, death	, farm, street, fact	WORK?  1 YES  ory, office	place, end du occured at th	28f. LOCATION (: City or Town, e to the cause(e) er	Street and Number State) and menner as state ace, end dus to the	or Rural Route Number, ed. e cause(e) end menner ee stated.
28 is marked, or item 23 TED BY PHYSICIAN	EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1  Netural 5  Pending Investigation  3  Suicide 8  Could not be defermined  29e. CERTIFIER (Check only	28s. DATE OF IN (Month, Day, 28s. PLACE OF I building, etc ICIAN: To the best of my	NJURY — Al home c. (Specify)  y knowledge, death	, farm, street, fact	WORK?  1 YES  ory, office	place, end du	28f. LOCATION (: City or Town, e to the cause(e) er	Street and Number State)	or Rural Route Number, ed. e cause(e) end menner ee stated.
HTANT: If them 28 is marked, or them 23 E COMPLETED BY PHYSICIAN	EXAMINER?  1 YES 2 NO  27. MANNEB OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be defermined  20. CERTIFIER Chack only one)  1 SEMINATION AND TILLE OF CERTIFIE	28s. DATE OF IN (Month, Day.  28s. PLACE OF I building, etc.  ICIAN: To the best of my.  ER: On the best of exam.	NJURY — Al home c. (Specify) y knowledge, death	injury M	WORK?  1 YES  ory, office	place, end du occured at th	28f. LOCATION (: City or Town, e to the cause(e) er	Street and Number State) and menner as state ace, end dus to the	or Rural Route Number, ed. e cause(e) end menner ee stated.
PORTANT: If them 28 is marked, or them 23 BE COMPLETED BY PHYSICIAN	EXAMINER?  1 YES 2 NO  27. MANNEB OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be defermined  29e. CERTIFIER (Check only one)  MELICAL EXAMINI	28s. DATE OF IN (Month, Day, 1985) 28s. PLACE OF I building, etc. ICIAN: To the best of many and the best of example to complete Cause.	NJURY — AI home  c. (Specify)  y knowledge, death nination and/or inv  OF DEATH (ITEM 2	injury M M  a cocurred at the tile estigation, in my o	WORK?  1 VES  ory, office  me, date end   pinion, death of	place, end du occured at ih	28f. LOCATION (City or Town,	Street and Number State)  Indicate the state of the state	or Rural Route Number, ed. e cause(e) end menner ee stated.

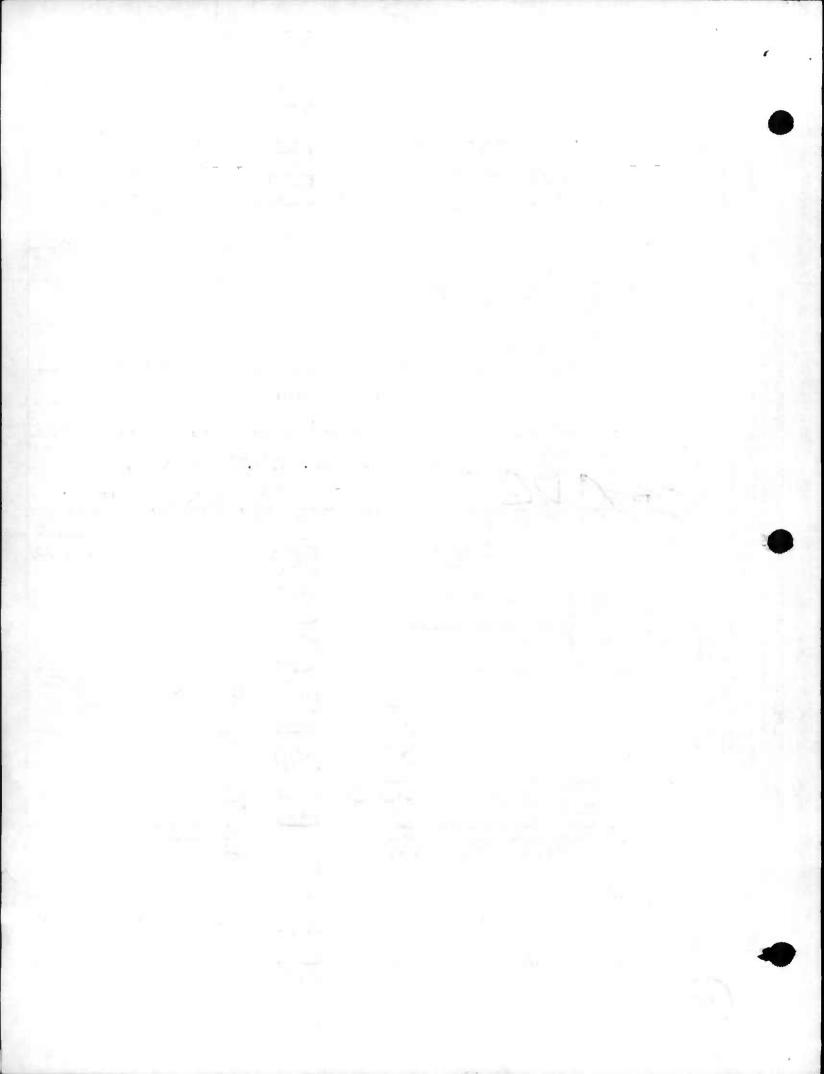
8./7845 OAKWOOD ROAD #205/GLEN BURNTE. MARYLAND
32. REGISTRAR STORMUNG AND MARYLAND



FOR STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTI	-ICAI E	OF L	EATH	RE	G. NO.		
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DE	ATH DAY	YEAR	3. TIME OF DEATH
GEORGE H.	LOEWI				100	03	15	1991	1
4. SOCIAL SECURITY NUMBER 213-07-7329	5. SEX 6. A	GE (In yrs. lest birthday) 76 YRS.			F UNDER 24 HRS.	7. DATE OF BIF (Month, Day, 05 pet 27 m	Mar)	Coun	NPLACE (State or Foreign try) LULAND
9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, 1	TOWN OR	LOCATION OF DE	ATH	9c. C0	OUNTY OF	DEATH
7708 Braddock Av	ienue		Bal	timo.	re Coun	ty	B	altin	nore
Maryland 106. COUNT	Baltimore	10e. CI	Balt		e Count	:y			10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 7708 Braddock Au	enue				1P CODE 21224			SA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR C	res 2/ NO	13. W H	AS DECEN yes, speci	DENT OF HISPAN fy Cuban, Maxica NO Specify	NIC ORIGIN? (Spein, Puarto Rican,	ocify Yes or No-	Blac	CE — American Indian, ck, White, atc.  city:  White
15. DECEDENT'S EDI (Specify only highest grad	UCATION le completed)	16a. DECEDENT	S USUAL OCC	CUPATION	of working	16b. KIND	OF BUSINESS/	V 4 TO 10 TO	
Elementary/Secondary (0-12) 8th Grade	College (1-4 or 5+)	Genero	work done du use retired.)  L For			Be	thlehe	n Ste	el
17. FATHER'S NAME (First, Middle, Last)				1	IS. MOTHER'S NA	_			
George Loewer					Ann	a Vohs			
19a. INFORMANT'S NAME (Type/Print)	3 17 11 11	1,000			Number or Rural				
Marie Loewer Nav		2200	L Ca	ndici	e's Cho.	- T			
20a, METHOD OF DISPOSITION 1 A Burlal 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	moval from Stata	of cemetary, cremato	or other pla	th Co	em. 3/	18/91	Baltir	- City or 1	MD
21. SIGNATURE OF FUNERAL PICE L	CENSEE O		Du 0	ame and da⇔Ri	address of fa uck Fun	eral Ho	me of 1	Dunda	lk, Inc.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE	OF):		0				
that initisted events resulting in death) LAST	d	AS A CONSEQUENCE	OF):		/				
PART II. Other significant condition	ons contributing to des	th but not resulting	g in the unc	derlying o	cause given in		WAS AN AUTOPS PERFORMED? YES 2 NO	SY 24	Ib. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				26. PLA	CE OF DEATH (C)	heck only one)			
EXAMINER?  1   YES 2   NO	HOSPITAL: 1   Inpatient 2   ER	/Outpatient 3 DOA	OTHER 4 Nursi		5 X Rasidence	8 Other (Spe	offy)		
27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJI (Month, Day, Y		IME OF NJURY M	28c. INJUF WORK	RY AT K?	28d. DESCRIB	E HOW INJURY	OCCURED	
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE DE IN	JURY — At home, farm (Specify)	n, street, facto	ry, office		281. LOCATION City or Tox	(Street and Num m, State)	nber or Rure	I Route Number,
one)	SICIAN: To the best of my								o(s) and manner es state
29b. SHONATURE AND TITLE OF CENTIFI			3		D-00	MBER 408	29d. (	3-1	ED (Month, Day, Year) 5-9/
JOZE ARD	A 1 Z / MI	DE DEATN (ITEM 27) (TV	Point	Blv	rd Su	ute 400	1. Bal	Himil	5-91 re, NR 212
31. DATE FILED MONTH, Day Young 1991	32 REGISTRAN'S	SIGNATURE							



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THE TENDING PRINCIPLY THE TAM INQUIRED THAT WE WERE CONTINUED TO SECURE AND THE PRINCIPLY OF THE PRINCIPLY O	) THE FUREAL DIFECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	=	comments in many or them 92 shows one fairne or other transmits awant the madical availables in the modified of

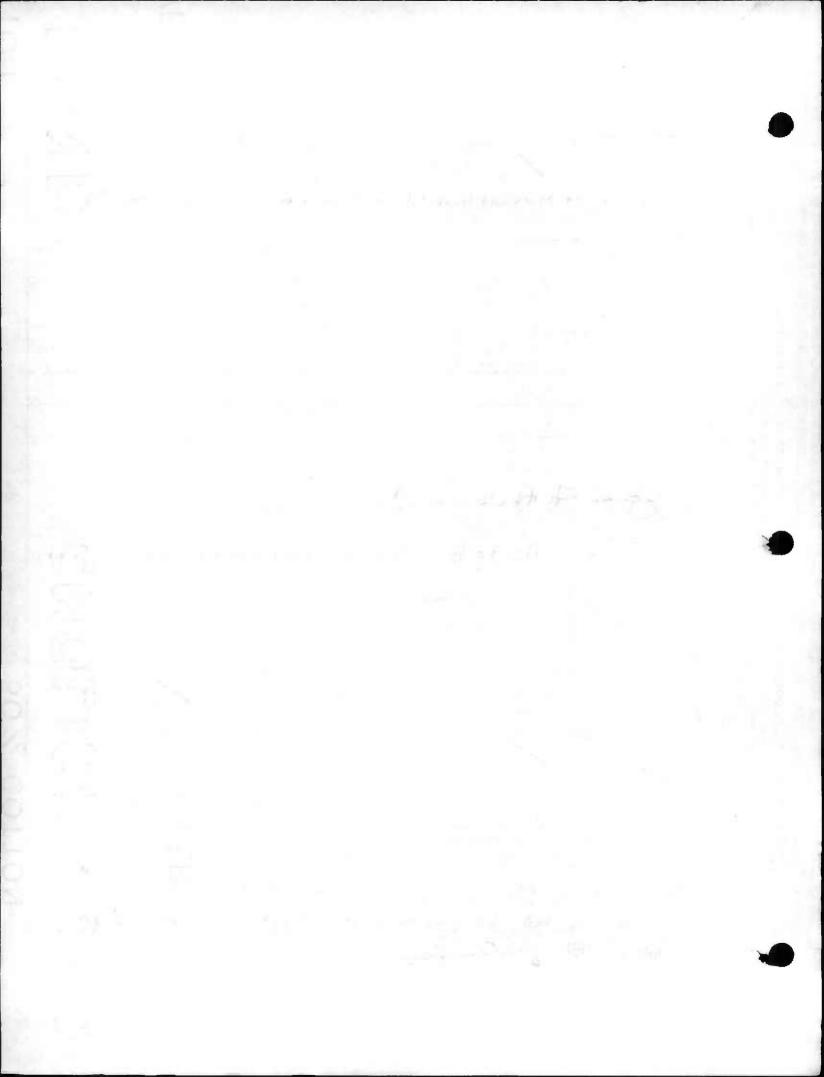
	FOR 1 - STATE REGISTRAR	STATE OF MARYL		IMENT OF H		MENTA	HYGIEN	9   E	0	7258
	1. DECEDENT'S NAME (First, Middle, Last)			CALL OF	DEATH	2. DATE	OF DEATH			TIME OF DEATH
	b3 rettoth	ward Rob	ert Mu	eller		MONT	D	1 4	AR	4:05 A M
	4. SOCIAL SECURITY NUMBER 215-34-6693		In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH 1 Day, Year) 1 / 1 9 3	8.	BIRTHPLA Country)	CE (State or Foreign
	9a. FACILITY NAME (If not institution, give st		) Ins.		OR LOCATION OF DE		1/193	_		yland
TOR		Maryland It	cspital	Balti r		HIA		9c. COUNTY	OF DEAT	H 
DIRECTOR	10e. STATE 10b. COUNTY Md			town on Local						d. INSIDE CITY LIMITS?  X YES 2 \( \square\) NO
FUNERAL	100. STREET AND NUMBER 1727 Clarkso	n St.		10	1. ZIP CODE 21230	)		10g. CITIZEN		T COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	3 - NO	If yes, sp	CENDENT OF HISPAN Hecity Cuban, Mexica B 2 NO Specific	n, Puerto I		or No.— 14.	Black, W	American Indian, hita, etc. White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) Cottege (1-4 or 8+)	16a. DECEDENT'S (Give kind of w life. Do NOT use	ork done during mo		16b	KIND OF BU	SINESS/INDUS		Freight
릴	5th.GRade		Do	ck Hel	per	C	oper	Jarre	tt 1	Motor
BE CON	17. FATHER'S NAME (First, Middle, Lest) Wi	lliam Hen	ry Muel	ler	18. MOTHER'S NA				Ster	wardt
1 1	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Num	ber, City or Tow	n, State, Zip Co	de)	
유	Mrs.Oralie Mue	ller	1727	Clark	son St.	Ba1	co.Md	.2123	0	
	20a, METHOD OF DISPOSITION  1 M Burial 2 Cremetion 3 Remote  4 Donation 8 Other (Specify)		ME OILV	OF DISPOSITION	(Name	DAT	E 20c. LO	CATION — CHy Balt	or Town,	
	21. SIGNATURE OF FUNERAL SERVICE LIC				ND ADDRESS OF FA			alto.		
	10000	410	Q	Mac	11 P	<b>~</b> ~				
	The state of the s	omplications that caused List only one cause on a								Fort Ave
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Acute (	S) Vanto		infarct	5 P	esteri	crexte	insen	Onset and Death
NOI	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	<b>7</b> :						
CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	7:						
ᇤ	reaulting in deeth) LAST	4.								
11	PART II. Other algorificant condition	a contributing to daeth b	out not resulting I	n the underlyin	ng cause given in	Part I.	24a. WAS AN PERFO	RMED?	AV.	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
: MEDICA						_				YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	2   DOA	OTHER:	LACE OF DEATH (C	11				7
PHYS	27. MANNER OF DEATH	28a. DATE OF INJURY	28b, TIM		me 5 Assidence	_		INJURY OCCUP	RED	100
BY PI	1 Natural 5 Pending investigation	(Month, Day, Year)		URY W	ORK? YES 2 NO					
0	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe	/ — At home, farm, e	street, factory, offi	CA		ATION (Street or Town, State	and Number or )	Rural Rout	e Number,
COMPLET	Corrock ormy	CIAN: To the best of my know							ausofal or	nd manner as stated
8				.,, opinioti,						
BE	296. SIGNATURE AND TITLE OF CERTIFIER	MD			D 407	MBER		29d. DATE S	IGNED (M	onth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type,	Print)	~ 1	- 1			, (	

D 22 S. Gree 30 REGISTRAR'S SIGNATURE Fishe Davidson-Aandell

MD

Greene

31. DATE FILED (Month, Day, Year)
MAR 1 9 1991

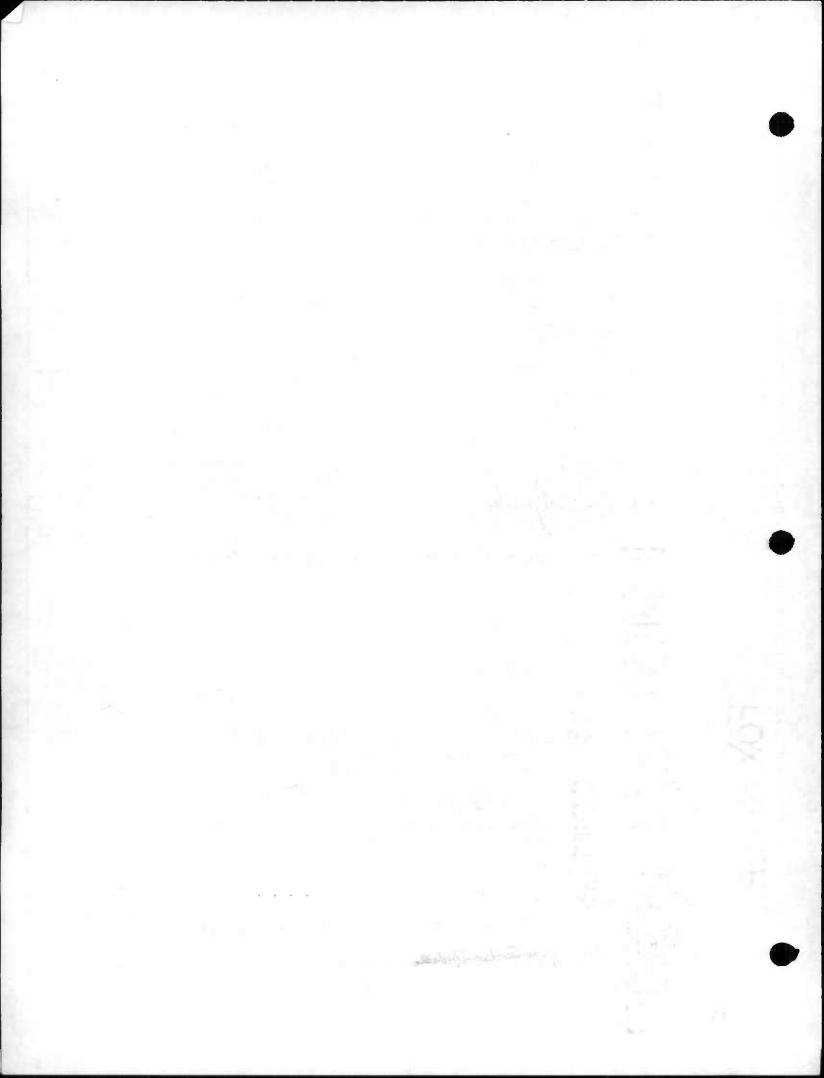


FOR STATE REGISTRAR

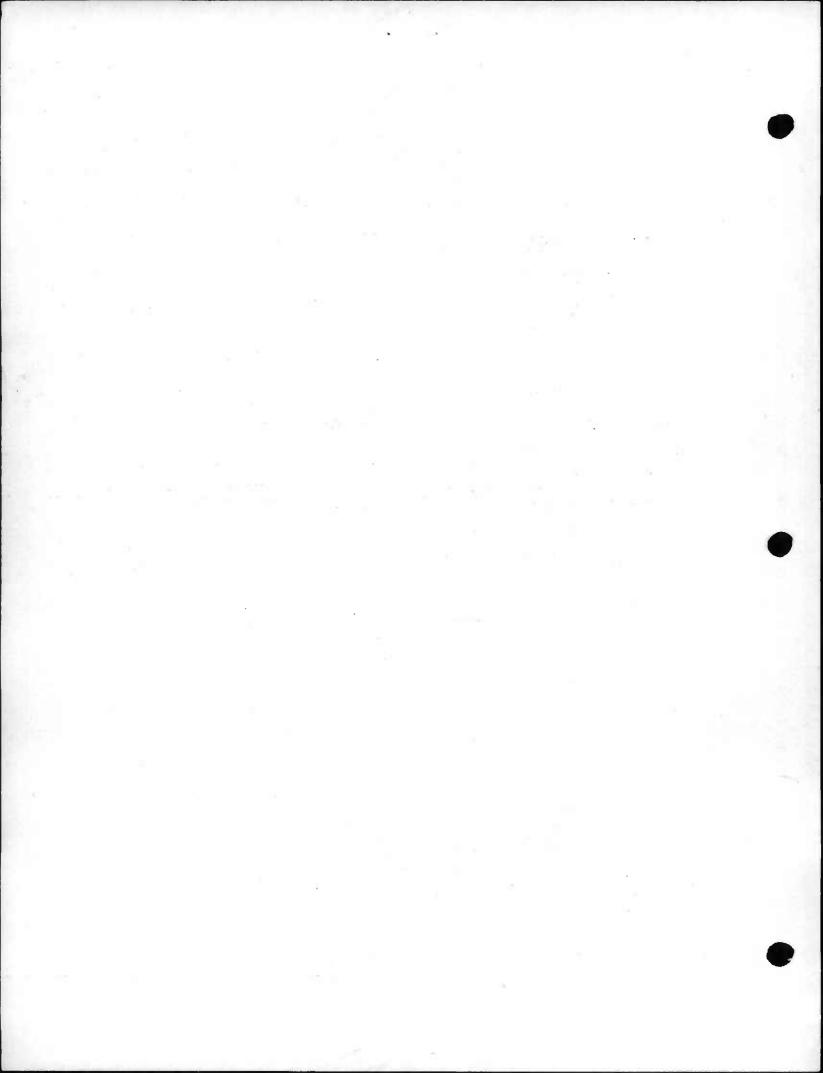
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30,	middin.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	processes on arrestment principles. The law comings that the death cartificate he accorded mithin 24 has
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	and or
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	1. DECEDENT'S NAME (First		G.M	ILLER						2. DATE O	C	16	Y59"]	3. TIME OF OEAT
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. la:	at birthday)	IF UNDER		IF UNDER		7. DATE C	F BIRTH Day, Year)		8. BIRT	THPLACE (State or Fo
	214-44-33	66	1 XM 2 - F	45	YRS.	MONTHS	DAYS	HOURS	MIN.			945		vland
OR	90. FACILITY NAME (If not le NORTH ARU	JNDEL						URNIE	N OF O			9c. CO	UNTY OF	
DIRECTOR	RESIDENCE OF DE	10b. COUN	TY		10c, CIT	Y, TOWN C	OR LOCAT	TION						10d. INSIDE CITY
ā	Maryland	Ann	e Arund	e1			Pa	sade	na					1 YES 2 D
≴	10e. STREET AND NUMBER						101	. ZIP CODE	- /-			10g. CI	ITIZEN OF	WHAT COUNTRY?
FUNERAL	879 Wood:	s Roa		NT 51/50 11/10 A	21150	140			112		(Specify Ye		U·S	A . CE — American Indi
B	1 Never Married 2 3 Divides 4 Divides			NT EVER IN U.S. AT 1 YES 2 WAR OR DATES	NO		If yes, sp	ecify Cuban	, Maxica	n, Puerto R		a or No-	Bie	eck, White, etc.
ETED		CEDENT'S ED			ECEDENT'S			ON ost of working		16b.	KIND OF BL	SINESS/II	NDUSTRY	
	Elementary/Secondary (	0-12)	College (1-4 or 5	+}	ruc	se retired.)					0.1			
COMPL	10th, gi				LLuc	K DI	TAG		PR/2 ***				mpa	ny
	17. FATHER'S NAME (First, A	aniel		M:11	0.77	C		16. MOTH	ER'S NA	1	liddle, Maider			
BE	19a. INFORMANT'S NAME (			Mil1				and Number	or Rural		er, City or Tox			nknown)
유	Mrs. Susar		Miller		379						ia, N			122
	20a, METHOD OF DISPOSIT	TION	movel from State	20b. PLACE				(Name		DATE	7			Town, Stata
	4 Donation 5 Ohe	r (Specify)	9	of cemetary Glen	Hav	en M	em.	Par	k	3/20	/01	C1	on '	Burnie,
	21. SIGNATURE OF FUNER	AL SERVICE	ICEPTE /	/		22.	NAME AL	ND ADDRES	S OF FA	CHITY				asadena
	<b>&gt;</b> // //	. 1	21/			ha	04	Moun	tai	n Ro	ad	Pas	ader	na, Md.2
Z	IMMEDIATE CAUSE (Fi disease or condition resulting in death)	heart fellum	o. Hype	at coused the druse on each lin	e.	not enter	tha mo	oda of dyli	ng, auc	h ss cerd		piratory s	errest,	Approximintarval E Onset and
IFICATION	ahock, of I IMMEDIATE CAUSE (Fi disease or condition_	itions, ediate	e. Hyse DUE TO	lensur	EOUENCE C	not enter	tha mo	oda of dyli	ng, auc	h ss cerd	lac or res	piratory s	errest,	Approxim
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO	).		
1. DECEDENT'S NAME (First, Middle, Last)	(A) PA	1	V.		2. DATE OF DEATH	AY C	3. TIME OF DEATN	
	S. SEX 6. AGE	In yrs. last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE DF BIRTH (Month, Day, Year)	3)	BIRTNPLACE (State or Foreign Country)	
9a. FACILITY NAME (If not institution, give street	et and number)	96	. CITY, TOWN OF	LOCATION OF DE	00/ 4	9c. COUNTY	Md.	
Howard Co. (	eneral Ho	spital	Colur	nbia			Howard Co.	
Md. Howa	rd Co.		OWN OR LOCATIO				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
10e. STREET AND NUMBER			101.	ZIP CODE			OF WHAT COUNTRY?	
7240 Montgon	ETY KO.  2. WAS DECEDENT EVER II	N U.S. ARMED	13. WAS DECE	NDENT OF HISPAN	IIC ORIGIN? (Specify Ya		U.S.A.  RACE — American Indian.	
1 Never Married XX Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO ATES	If yea, spec	city Cuben, Mexice 2 NO Specify	n, Puerto Ricen, etc.)		Black, White, etc. Black	
15, DECEDENT'S EDUCA' (Specify only highest grade co		18e. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during most	of working	16b. KIND OF BU	ISINESS/INDUST	RY	
Elementary/Secondary (0-12)	College (1-4 or 5+)		usewif	fe				
17. FATNER'S NAME (First, Middle, Last) William Dors	017				ME (First, Middle, Malder			
WIIIIAM DOES  19e. INFORMANT'S NAME (Type/Print)	ьеу	19b. MAILING AD	DRESS (Street an		aura I	orsey		
Raymond Makle					l. Ellico			
20a, METHOD OF DISPOSITION  X X Auriai 2 Cremation 3 Remove  4 Danisha e Other (Specify)	ni from State	other place)  Crestla		etery, cremetory or Cem.	20c. L(	OCATION — CHY	or Town, State	
21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE DA -	-		ADDRESS OF FA	orton & S	Sons		
James 4	, mor	LON					Md. 21217	
immediate cause (final disease or condition resulting in death)  Sequentially list conditions,	ACUTE	CONSEQUENCE DF):					Onset and Death	
If any, leading to immediate	DISSEMIN	CONSEQUENCE OF:				COAGULATION		
d.							2 WKS	
PART II. Other algoriticant conditions  D(ABE7 8			he underlying	cause given in	Part I. 24a. WAS AI PERFO	AMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL			26 Pt 4	ACE DF OEATH (Ch	eck only one)			
	Inpetient 2 ER/Out		THER:		8 Other (Specify)			
27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Dey, Year)	28b. TIME O	Y WOF	PRY AT RK?	28d. DESCRIBE HOW	INJURY OCCUR	ED	
2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, stc. (Spe	/ — At home, farm, stree	et, fectory, office		281. LOCATION (Street City or Town, State	end Number or i	Rural Route Number,	
one)	AN: To the best of my know						suse(e) and manner as stated.	
296. SIGNATURE AND TITLE OF CERTIFIER	elser 1	ND		29c. LICENSE NUI	WBER	29d. DATE SI	GNED (Month, Day, Year) -(L-91	
30. NAME AND ADDRESS OF PERSON WHO REVEL GELB	COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Pri	ini) Ho	SPITAL	Cour	IBIA N	-16-91 UD 21044	
31. DATE FILED (Month, Day, Year)	MAR 1 9 190	IATURE	widson-R					
W	41U/ T 9 192	guha De	WYGGON-110	A frequency			DHMH-18 Rev 1/	



1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 2xmours after death. Page 6 may be retained by the hospital or attending physician. To THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	THE FUNERAL filed within 72 PORTANT: II
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									J		01201
	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAI CERTIF					HYGIENI REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) SANDRA ELLEN	MATHIS					2. DATE OF MONTH MAR	CH 15	, 19	9 <sup>YEAR</sup>	3. TIME OF DEATH 10:45 A <sub>M</sub>
	045 40 5500		(In yrs. last birthday) 38 YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	lay, Year)	,	Country)	HINGTON . D . C
	9a, FACILITY NAME (If not institution, give street 15714 ALLANWOOD I	and number)				R LOCATION OF DE	ATH	197		ITY OF DE	
25	RESIDENCE OF DECEDENT	7101 113	L'action								
DIRECTOR	MD. MONTGO	OMERY		ty, town o SILVE							10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 15714 ALLANWOOD		10f.	20906				USA	HAT COUNTRY?		
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	WAS DECEDENT EVER FORCES? 1 YES	3 2 - NO		If yes, spe	ENDENT OF HISPAN city Cuban, Maxicar 2 NO Specify	, Puarto Rici		or No—	Black,	— American Indian, White, etc.
	15. DECEDENT'S EDUCATI (Specify only highest grade con	ION apleted)	16a. DECEDENT'S	work done o	CCUPATIO	N it of working	16b. K	IND OF BUS	INESS/IND	USTRY	
COMPLET	Elamentary/Secondary (0-12) C 2	College (1-4 or 5+)	SECR.	ETARY				MONT	. COU	NTY	POLICE DEPT
_	17. FATHER'S NAME (First, Middle, Last)  DAVID F. BREA	DY				16. MOTHER'S NAI	ME (First, Mid ROTHY		Surname) PER		
TO BE	19a. INFORMANT'S NAME (Type/Print) FRANK O. MATHIS		19b. MAILIN			nd Number or Rural F		City or Town	, State, Zip	Code)	
	20a. METHOD OF DISPOSITION 1   □ Burlal 2 □ Cremation 3 □ Removal	OSITION (Na	me of cen	cetery, crematory or CEMETERY			CATION —				
	4 □ Donation 5 □ Other (Specify) □ 2L SIGNATURE OF FUNERAL SERVICE LICENS	HE C	DATIO	_		D ADDRESS OF FACEL H. BAI	SILITY -				E, MD.
	Mulail N.	/Barbe				LAYTONS					20882 SVILLE,MD.
	23. PART L Enter the diseases, pr com shock, or heert fellure. List iMMEDIATE CAUSE (Final disease pr condition resulting in death)	METAST	eech line.	NAM		4		c or respi	ratory arr	est,	Approximate Interval Between Onset and Death
_ 1	C b.										
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE	OF):							
ERTIFICATION	If any, leading to immediata		A CONSEQUENCE						·		
DICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE	OF):	nderlying	g cause given in		4a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE	OF):	nderlying	g cause given in		PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the conditions of the cause of the conditions of the cause	DUE TO (OR AS	A CONSEQUENCE	OF): g in the un	26. PL	g cause given in	_   1	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions c  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	DUE TO (OR AS	but not resulting	OF):	26, PL R: raing Hom	ACE OF DEATH (Ch	eck only one) 6  Other (	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions c  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	DUE TO (OR AS	but not resulting	OF):	26. PL R: rsing Hom 26c. INJ WO	ACE OF DEATH (Ch	eck only one) 6  Other (	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the conditions of the cause of th	DUE TO (OR AS	but not resulting	OTHER NOTHER NUMBER OF NUM	26, PL R: raing Hom 26c. INJ WO 1 \( \square\)	ACE OF DEATH (Chee) PRESIDENT AT RK?	6 Other (:	PERFOR	NJURY OC	CURED	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions c  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  1 Natural 5 Pending Investigation  2 Accident 3 Suicide 6 Could not be detarmined	DUE TO (OR AS contributing to deeth  IOSPITAL:   Inpatient 2   ER/Ou  28a. DATE OF INJUR (Month, Day, Year)  28a. PLACE OF INJUR building, etc. (S)	but not resulting  stpatiant 3 DOA  Y 28b. Ti II RY — At home, farm	OF):  OTHER  OTHER  A Nur  ME OF  NJURY  M  , street, fact	26. PL R: raing Hom 26c. INJ WO 1   1	ACE OF DEATH (Chr.  PRESIDENCE URY AT RK7 RES 2 NO and place, and due	86 Other (-28d. DESCI	PERFOR  YES 2  Specify)  RIBE HOW II  ION (Street a Rown, State)	NJURY OCI	CURED or Rural Rivel And Andrews	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions c  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  1 Natural 5 Pending Investigation  2 Accident 3 Suicide 6 Could not be detarmined	DUE TO (OR AS contributing to deeth  IOSPITAL:   Inpatient 2   ER/Ou  28a. DATE OF INJUR (Month, Day, Year)  26a. PLACE OF INJUI building, etc. (Sy	but not resulting  stpatiant 3 DOA  Y 28b. Ti II RY — At home, farm	OF):  OTHER  OTHER  A Nur  ME OF  NJURY  M  , street, fact	26. PL R: raing Hom 26c. INJ WO 1   1	ACE OF DEATH (Chr.  PRESIDENCE URY AT RK7 RES 2 NO and place, and due	28d. DESCI 28d. DESCI 28t. LOCAT City or	PERFOR  YES 2  Specify)  RIBE HOW II  ION (Street a Rown, State)	NJURY OCI	cured are consequently or stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
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, Davidson - Randalls

DHMH-16 Rev 1/89

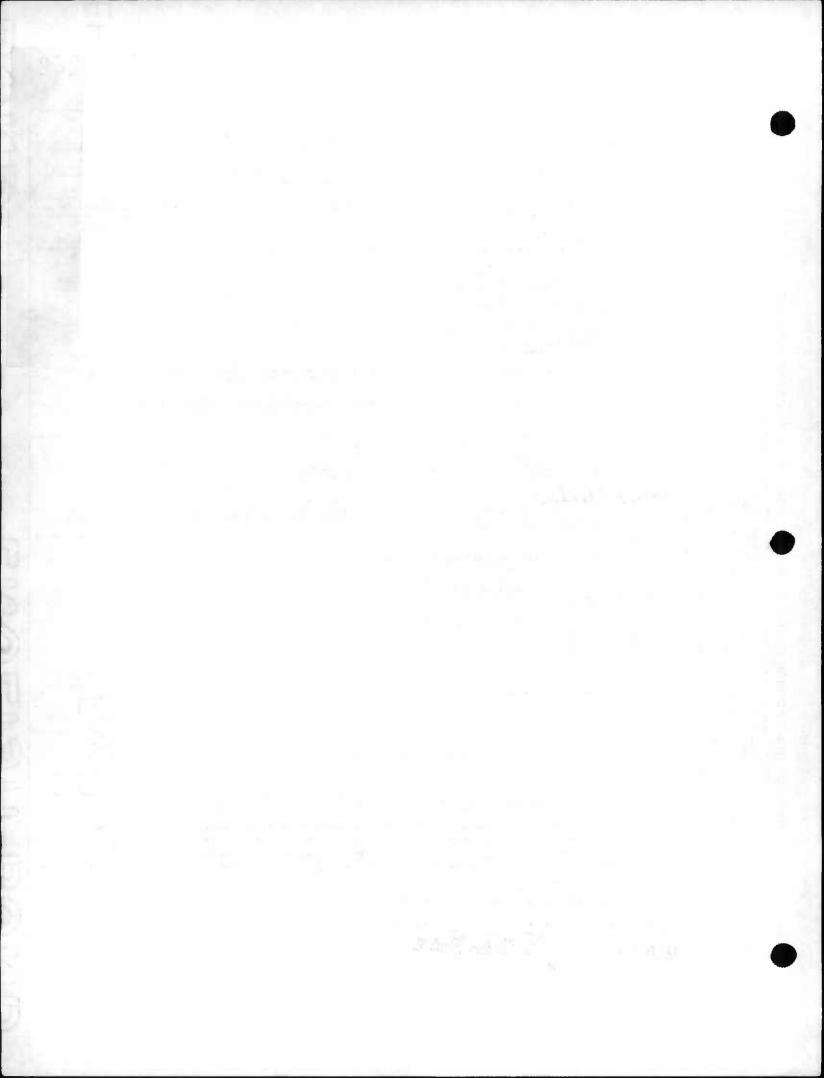
DALIMONE, MANIETAN	uted within 24 hours after death. Page 6 may be retained by the hosp	completely filled in by the funeral director, page 5 should be detached rial, cremation, or removal.	ic event, the medical examiner must be notified at once.
DIVISION OF THE COURS, T.O. BOX 60.00,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	DECEDENT'S NAME (First, Middle, L.					1771		2. DATE O		, 1991	YEAR	3. TIME OF DI 5:32	EATN D
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	216-01-2021	1 M 2 F	6. AGE (In yrs.	YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS	WIN.	7. DATE O (Month, Sept.	Day, Year) 8,1913		Count	HPLACE (State of ry) Iinia	Foreign
90. [	FACILITY NAME (If not institution, g	ive street end number)			9b. CITY, TOWN	OR LOCATI	ON OF DE	ATN		9c. COUNT	Y OF D	DEATN	
F	ranklin Square Ho	spital			Rossv	ille				Balti	imor	re Coun	ty
	. STATE 10b. COI			10c. CIT	Y, TOWN OR LOC	ATION						10d. INSIGE C	ITY
	d.	Baltimore		Ros	sedale							1  YES 2	Λ
	STREET AND NUMBER				1	of. ZIP COD	E			15.50	EN OF \	WHAT COUNTRY	77
_	420 Coco Road	12. WAS DECEDEN	NT EVED IN II C	ADMEO	12 140 00	21237	SE LUIODA	UC OBIOIN	(Specify Yes	USA	4 040	E — American II	-dl
1 🗆	Never Merried 2 Merried Widowed 4 Divorced	FORCES?	1 YES 2	□NO	If yes, s	specify Cubs	ın, Mexice	n, Puerto R		or No.		k, White, etc.	ngien,
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E	Elementary/Secondary (0-12)	College (1-4 or 5	+)		se retired.)			1	andina	Come on			
17. F	FATHER'S NAME (First, Middle, Last	)		Owner		18. MOT	NER'S NA		enuma Iddie, Meiden	Company	V		
	George Muntean						nefta			,			
_	. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street				er, City or Tow	n, State, Zip C	Code)		
Pe	eter G. Angelos			5905 H	Harford Ro	oad F	Baltir	nore. I	Md. 212	214			
20e.	. METNOD OF DISPOSITION	Removal from State	20b. PL/	ACE AND DAT	E OF DISPOSITIO			DATE		CATION — C	lty or To	own, State	
40	Donetion 5 Other (Specify)		- Mon	reland I	Memorial	Mar.20	199	<u> 1 i                                  </u>	Balt	imore.	Md.		
21. \$	SIGNATURE OF FUNERAL SERVICE				22. NAME	AND ADDRE	SS OF FA	CILITY					
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iMA dis- rea	ehock, or heert felli MEDIATE CAUSE (Finel sease or condition aulting in death)	a. Anoxic	use on each	ilne. halopa nsequence c est	athy							Approx	Bet
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Nancy Strahan, M.D.

31. DATE FILED (Month, Day, Year)

MAR 19 1991



BALTIMORE, MARYLAND 21215-0020	in 24 nours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the is the filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

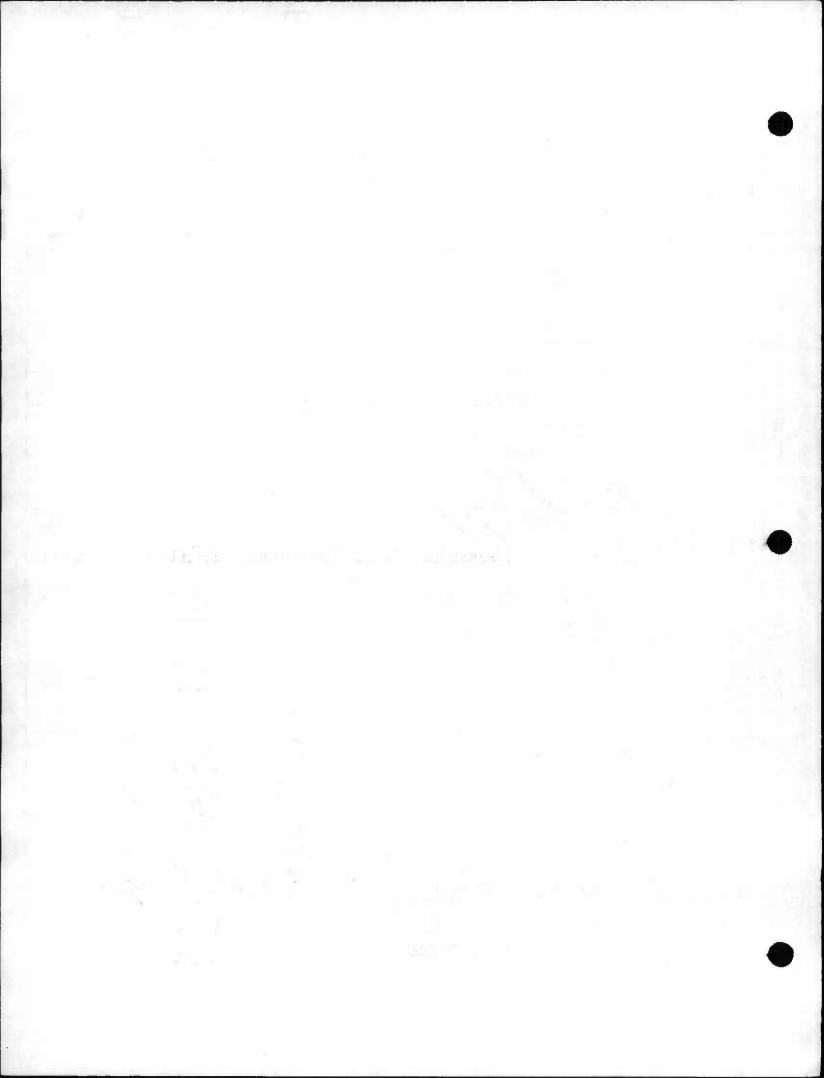
FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

CECTENT'S NAME (First, Middle Leat)

11 0 000	91		D	7.	2	6	3
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1. DECEDENT'S NAME (First		LTC D	Mo CLI	T A N			2. DATE OF D	DAY	YEAR	3. TIME OF DEATH	
		LIS R.					March			8:00 A.	
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. la		IF UNDER 1 YEAR	HOURS MIN.	7. DATE OF BI	7,1934	8. BIRTHP Country	LACE (State or Forei	-
242-44-5766		1 M 2 X F	56	YRS.							rn
9a. FACILITY NAME (If not in			2			OR LOCATION OF E	EATH	9c. COU	INTY OF DE	ATH	
HESIDENCE OF DEC		n Hospita	l .		Balti	more					_
10a. STATE	10b. COUNT	ry		10c. CITY	, TOWN OR LOCA	TION		,		10d. INSIDE CITY	
Maryland	Hai	rord		Ab	ingdon		hadan alka	Andrew Controller State of	-	LIMITS?	0
10e. STREET AND NUMBER	110			7,10		r, ZIP CODE	24"	10g. CIT		HAT COUNTRY?	
1448 Va	llev	Forge Way				21009			J.S.A.		
11. MARITAL STATUS		12. WAS DECEDEN			13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Sp		14. RACE	- American Indian	_
Never Married 2		FORCES? 1	YES 2 X	NO		pecify Cuban, Mexic S 2 Y NO Spec		, etc.)	Black, Specify	White, etc.	
3 Widowed 4 Divo	orced					X				White	
15. DEC	EDENT'S EDI	UCATION le completed)			USUAL OCCUPATI		16b. KINI	D OF BUSINESS/IN	DUSTRY		
Elementary/Secondary (	3-12)	College (1-4 or 5+	)	e. Do NOT us	e retired.)						
12 yrs.			A	dmini	strativ	e Secret	ary	Marr	riott		
17. FATHER'S NAME (First, M	fiddle, Last)					18. MOTHER'S N	AME (First, Middle	, Maiden Surname)			
Henry		Russe	11			Lena	Ma	e Te	erry		
19a. INFORMANT'S NAME (	Type/Print)		11	Db. MAILING	ADDRESS (Street	and Number or Rura	Route Number, C	ity or Town, State, Zi	ip Code)		
William E.	Mc C	lean		Same	as #10						
ton. METHOD OF DISPOSIT		movel from State			OF DISPOSITIO		OATE	20c. LOCATION -			
Donation 5 Dother			Dulan	ey va	Tiey ce	m. 3/	16/91	Timonium	n, Mai	ryland	
1. SIGNATURE OF FUNETU	E-SERVICE'S	CENSEE		/	22. NAME /	ND ADDRESS OF F	ACILITY		10!	50 York	Rd
1	11	7. lan		1.	Ruck	Towson F	uneral	Home. In		wson, Md.	
Sequentielly list condit if any, lesding to imme cause. Enter UNDERLY	diate	b	(OR AS A CONSI	EOUENCE OF	F):			7			
CAUSE (Disease or injuted initiated events resulting in deeth) LAS	ury	c. OUE TO	(OR AS A CONSI	EOUENCE OF	F):						
PART II. Other significa	ent condition	ons contributing to	death but not	resulting i	n the underlyli	ng ceuse given i		. WAS AN AUTOPSY PERFORMED? YES 2 NO	71.	WERE AUTOPSY FINI AVAILABLE PRIOR TO COMPLETION OF CA OF DEATH?	USE
									124	1 TES 2 NO	,
25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL	HOSPITAL:			26. I	PLACE OF DEATH (C	Check only one)	***************************************			
1 TYES 2 NO		1 Inpatient 2			4 🗌 Nursing Ho	me 5 🗆 Residence	-				
27. MANNER OF DEATH  1 Netural 5  2 Accident	Pending Investigation	28a. DATE OF (Month, D		28b. TIM		JURY AT ORK? YES 2 NO	26d. DESCRIE	BE HOW INJURY O	CCURED		
2 Devlotes -	Could not be detarmined	28e. PLACE 0 building,	F INJURY — At I etc. (Specify)	nome, fárm, s	street, factory, off	ca	28f. LOCATIO City or To	N (Street and Numb wn, State)	er or Rural R	oute Number,	
Conson Unity		SICIAN: To the best of								and menner as sta	ted.
296. SIGNATURE AND TITL	E)OF CERTIFI	PadnH	Chr			29c. LICENSE N	UMBER 546	29d. DA	TE SIGNED	(Month, Day, Year)	
30. NAME AND ADDRESS O		//				Professi	onal Di	uilding	Suite	107	
Charles 31. DATE FILEO (Month, Day)	Padge		R'S SIGNATURE	Ju Sall	iaiitaii	FIOI6221	Ulia1 DU	irruring .	Julte	107	_
FLD 25	1991		lson-Rand	all.							



FOR STATE REGISTRAR

1. OECEOENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

MARY C. MILLER

5. SEX

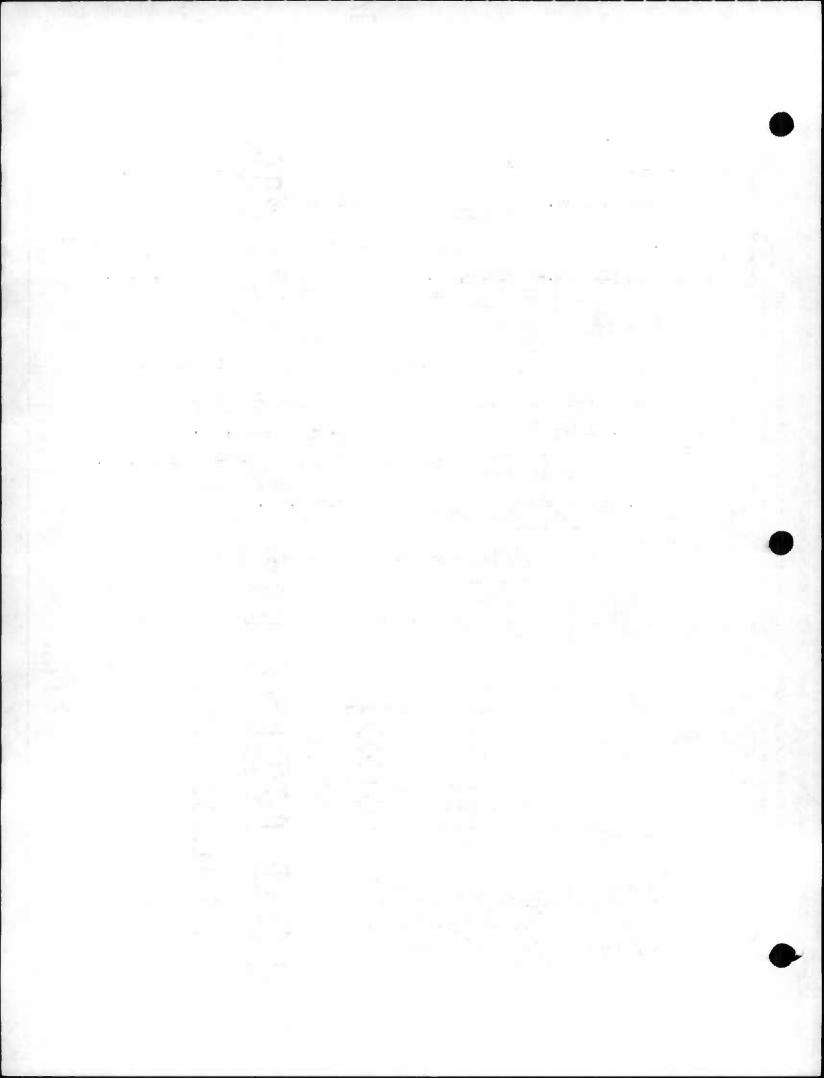
6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

CATONSVIlle, MD

1 -

	216-20-9194A	1 M 2 M F	86 YRS.		8-1	8-04					
	9e. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOWN OR LOCAT	TION OF OEATH						
DIRECTOR	416 Font Hill Ave		11	Baltimore	City						
5	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY		100 CTT	TOWN OR LOCATION							
H		1.									
	Md. N	/ A	В	Baltimore							
FUNERAL											
					1223						
3	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEOENT E FORCES? 1	YES 2 NO	If yes, specify Cut	OF HISPANIC ORIGIN oan, Maxican, Puerto F						
BY	3 Widowed 4 Divorced Separated	IF YES, GIVE WAR	OR OATES	1 [] YES 2 [] NO	Specify:	A					
8	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEGENT'S	USUAL OCCUPATION ork done during most of work	18b.	KIND OF BUS					
Ä	Elementary/Secondary (8-12)	College (1-4 or 5+)	life. Do NOT us	e retired.)	King						
AP	N/A	N/A	Bookke	eper	T	win Fo					
COMPLET	17. FATHER'S NAME (First, Middle, Last)			16. MO	THER'S NAME (First, A	Aiddle, Maiden					
BE (	John Campion				Sophia C	ppelt					
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and Numb	er or Rural Route Numb	ser, City or Tow					
F	Francis K. Miller		2030	Bank St	Baltimore	, Md.					
	20a. METHOD OF DISPOSITION 1 Burlei 2 Cremation 3 Remo	nyai from State	206. PLACE AND DATE	OF DISPOSITION (Name	DAT						
	4 Donation 5 Other (Specify)	Jva. Irom Jtale	HOLY Cr	or other place) OSS (emeter	y 3-2	0+91Ba					
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AND ADDR	HESS OF FACILITY	renije					
	G. Truman S	ohurah	3512 Frederick Aven Baltimore, Md. 2122								
-	23. PART i. Enter the diseases, or o		reused the death. Do n								
CERTIFICATION	Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. SEVER ALIZED  A THERE										
MEDICAL CER	PART II. Other algorificent condition HypothyR	a contributing to de	~		given in Part I.	24a. WAS AN PERFO					
	COROBAL	ry Hea	at Dis	ease	- U						
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF	OEATH (Office only or	10)					
YSICIAN:	EXAMINER?	HOSPITAL:	R/Outpetient 3 DOA	OTHER:	Residence 6 - Othe	r (Specify)					
PHY	27. MANNER OF DEATH	28s. DATE OF IN	JURY 28b. TIM	E OF 28c. INJURY AT		CRIBE HOW					
ВУ Р	1 Natural 5 Pending	(Month, Day,	INJ	WORK?	□ NO						
DB	2 Accident Investigation			The second secon							
ETE	2 Accident Investigation 3 Suicide 6 Could not be		NJURY — At home, farm, I	treet, factory, office							
Щ	2 Outside	28e. PLACE OF I building, etc		itreet, factory, office							
2	3 Suicide 6 Could not be determined  29a. CERTIFIER 1 TERTIFYING PHYSI	building, etc	c. (Specify)		City	or Town, State					
MPL	3   Suicide 6   Could not be determined 29a. CERTIFIER (Check only	building, etc	c. (Specify) y knowledge, death occurr	od at the time, data and plant, in my opinion, death occ	ce, and due to the car						
COMPL	3   Suicide 4   Homicide 6   Could not be determined  29a. CERTIFIER (Check only one) 2   MEDICAL EXAMINE	CIAN: To the best of m	c. (Specify) y knowledge, death occurr	od at the time, data and plant, in my opinion, death occ	ce, and due to the car cured at the time, date	or Town, State)					
BE COMPL	3   Suicide 6   Could not be determined 29a. CERTIFIER (Check only	CIAN: To the best of m	c. (Specify) y knowledge, death occum mination and/or investigation	od at the time, data and pla n, in my opinion, death occ 29c. Li	ce, and due to the car	or Town, State)					
ш.	3   Suicide 4   Homicide 6   Could not be determined  29a. CERTIFIER (Check only one) 2   MEDICAL EXAMINE	CIAN: To the best of m	y knowledge, death occurrent and/or investigation.  DR. W. M.	nd at the time, data and plant, in my opinion, death occ	ce, and due to the car cured at the time, date	or Town, State,					

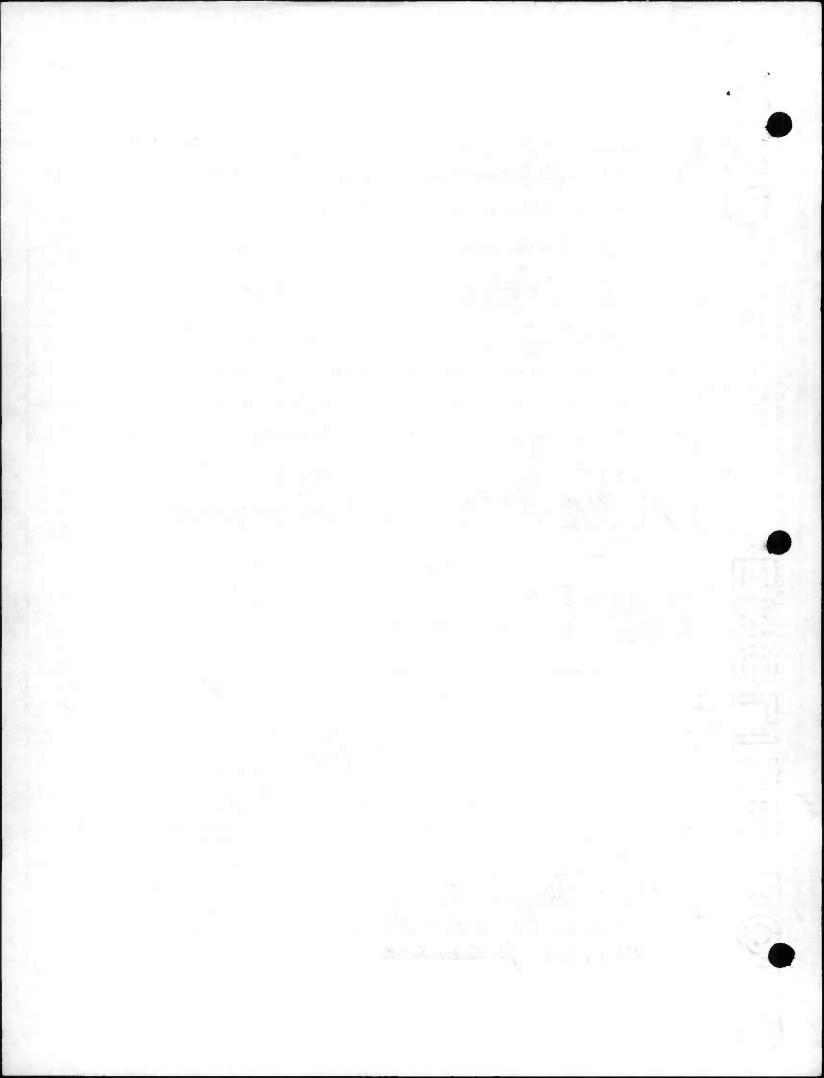
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH MONTH 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) Md. 9c. COUNTY OF DEATH N/A 10d. INSIDE CITY LIMITS? 1 K YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? S. A. U. 14. RACE — American Indian, Black, White, etc. White SINESS/INDUSTRY ood Stores Surname) n, State, Zip Code) 21231 CATION -- City or Town, State ltimore, Md. fratory arrest, Approximate Interval Between **Onset and Death** 20515 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? E AO 1 YES 2 NO INJURY OCCURED and Number or Rural Route Number, nd due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year)



1. DECCORDS' NAME (First JUDY 4. SOCIAL SECURITY NAME (First JUDY 4. SOCIAL SECURITY NAME (First JUDY 4. SOCIAL SECURITY NAME (First JUDY 235-68-269.)  9a. FACILITY NAME (First JUDY 35-68-269.)  9b. FACILITY NAME (First JUDY 35-68-269.)  9c. FACILITY NAME (First JUDY 35-68-269.)  9c. FACILITY NAME (First JUDY 35-68-269.)  10a. STATE  MARYLLAND NUMBER 15-68-269.  11. MARITAL STATUS 16-68-269.  12. FATHER'S NAME (First JUDY 35-68-269.)  13. Widowed 4   Dividing 16-68-269.  14. Never Married 16-68-269.  15. WAS CASE (First JUDERLY CAUSE (Disease or injunction of the tinitiated events and injunction of tinitiation of tinitiation of tinitiation of tinitiation of tinitiation of tinitiation of tinitiation of tinitiation of tinitiation of tinitiation of tinitiation of tinitiation of tinitiat			- STATE REGISTRAR
ETHNERAL DIRECTALS.  BOVISION OF VITAL RECORDS, P.O. BOX 687.  ETHNERAL DIRECTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed it. sulf, leading the state of the law that the death certificate be executed with the State Dept. of Health and Mental Hygiene prior to buriat.  DRIANT: If item 28 is marked, or them 23 shows any Injury, or other traumatic entered in the state of	BALTIMORE, MARYLAND 21215-0020 within extroours after death. Page 6 may be retained by the hospital or attending physician. speed filed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should cremation, or removal.	TO BE COMPLETED BY FUNERAL DIRECTOR	1. DECEDENT'S NAME (First JUDY  4. SOCIAL SECURITY NUM  235-68-2699  9a. FACILITY NAME (# not it if it is it
CCEXIM II III	DIVISION OF VITAL RECORDS, P.O. BOX 687  THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and confised within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial. PORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	if sny, laading to immocause. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LA:  PART ii. Other signific  25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 2 2 Accident 3 Suicide 8 4 Homicide  29a. CERTIFIER (Check only one) 2 ME

1 - STATE REGISTRAR		OIME OF I		CERTIF	ICATE O	F DEATH	WEN IN	REG. NO			
1. DECEDENT'S NAME (First,	Middle, Last	)					2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH
JUDY					MTLLER		03	1		QQ 1	7:30 p <sup>M</sup>
4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs	. last birthday)	IF UNDER 1 YEAR			OF BIRTH		O. BIRTHP	LACE (State or Foreign
235-68-2699		1 🗆 M 2 💢 F	46	YRS.	MONTHS DAY	B HOURS MIN.	Mar.	h, Day, Year)	1944	West	Virginia
9a. FACILITY NAME (If not in	stitution, give	street and number)			9b. CITY, TOW	N OR LOCATION OF DE			9c. COUN	TY OF DE	АТН
#15 WEST PO	TOMAC	CTDEET #	215	- X	DDIMA	TTOI					
RESIDENCE OF DEC	EDENT		3 E.		BRUNS				FRE	DERI(	CK
10a. STATE	10b. COUN			10c, CIT	Y, TOWN OR LO						10d. INSIDE CITY LIMITS?
Maryland	F	rederick			Brunsw	ick					1 X YES 2 NO
15 W. Poto	mac S	t.				101. ZIP CODE 21716				SA	HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Divo	Married road	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	X NO	If yes,	DECENDENT OF HISPAI specify Cuban, Mexica (ES 2 NO Specif	an, Puerto	N? (Specify Ye Rican, stc.)	a or No—		- American Indian, White, stc.
15. DEC	EDENT'S EC	DUCATION de completed)	164	DECEDENT'S	USUAL OCCUPA	ATION	162	. KIND OF BU	SINESS/IND	USTRY	
Elementary/Secondary (6		College (1-4 or 5	+)	Ille. Do NOT us	se retired.)	most or working					
12				Wait	ress			Res	taura	nt	
17. FATHER'S NAME (First, M	liddle, Last)			1111111		16. MOTHER'S NA	AME (First,	Middle, Maiden	Surname)		
Dewey H	arper					Lora	Ray				
19a. INFORMANT'S NAME (	lype/Print)		- 124	19b. MAILING	ADDRESS (Stre	et and Number or Rural	Route Num	ber, City or Tow	vn, State, Zip	Code)	
Lucy Teel				Rt. 2	. Box	101, Gande	eevil	ele. W	V 25	243	
20a. METHOD OF DISPOSIT	ION		20b. PL	ACE ANO OAT	E OF DISPOSITI		DAT		CATION - C	City or Tow	rn, Stata
1 Donation 5 Other		moval from State	- Han	etary, crematory	meteru		3/	19 Ch	anlos	ton	WV
21. SIGNATURE OF TUNERA	L SERVICE	LICENSEE	11114	The second	22. NAME	AND ADDRESS OF FA	ACILITY				
N/ L		(det.	A			ERT C. ALT					
23. PART i. Enter the d	esign	alle	any		600	9 Harford	Rd.	Balt	imore	. MD	21214
shock, or h iMMEDIATE CAUSE (Fit disesse or condition resulting in death)		s. DUE TO				D DRUG INT	OXIC	ATION			interval Between Onset and Death
Sequentially list condition if sny, leading to immediate. Enter UNDERLY CAUSE (Disease or injury)	dlata	C		NSEOUENCE O							
that initiated events resulting in death) LAS	T	d									
PART ii. Other significa	ant conditi	ons contributing to	daath but r	not resulting	in tha underl	ying cause given in	Part I.	24e. WAS AI PERFO 1 YES	RMED?		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED T	O MEDICAL				26	. PLACE OF DEATH (C	heck only o	nne)			
EXAMINER?		HOSPITAL:	☐ ER/Outpatie	nt 3 🗆 DOA	OTHER:	Home 5t⁄⊡ Realdenca	6 🗆 Oth	er (Specify)			
27. MANNER OF DEATH		28e. DATE O	FINJURY	28b. TIA	NE OF 28c.	INJURY AT		SCRIBE HOW	INJURY OCC	CURED	
1 Netural 5.	Pending	EVIDIO	Day, Year)	מו וואדורו	JURY	WORK?  YES 2 NO	CUD	TT-0m 7	DUCEE	DDU	100
2 Accident 3 X Suicide	Investigatio	28s, PLACE (	OF INJURY —	A1 home, ferm.	street, factory, o				BUSEL and Number		
4 Homicide	Could not be determined	building	HOME	, , , ,	, , ,						MAC STREET
29a. CERTIFIER								NSWICK			K CO MD
(Check only						data and place, and du in, death occured at the					and manner as stated.
296. SEGNATURE AND TUTL	E OF CERTIF	HER 1	1			29c. LICENSE NU	MBER		29d. DATI	E SIGNEO	(Month, Day, Year)
Molarit	E	The of	rell			OCM			<b>N</b>	/16/	
30. NAME AND ADDRESS O	F PERSON	WHO COMPLETED CAL	ISE OF DEATH	(ITEM 27) (Type	e, Print)	OCM	L		0.3	/ 10/	1331
(160	nup	1.10	0032	· 11		STREET	BALT	IMORE.	MARY	LAND	21201
31. DATE FILED (Month, Day,	Year)		AR'S SIGNATU	RE							

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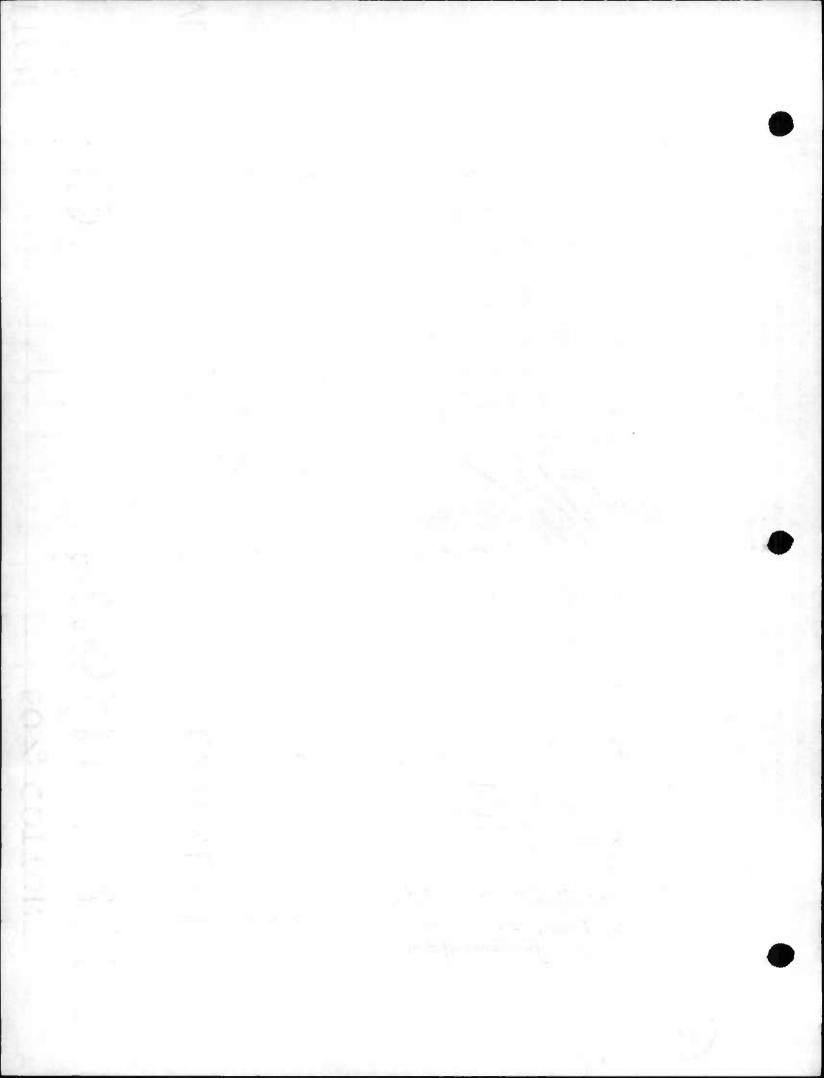
REGISTRAR  1. DECEDENT'S NAME (F	irat, Middle, Last,	)				F DEATH	2. DATE	REG. NO	AY		3. TIME OF DEATH
DOROTHY	E. I	MC NAMEE					Mar	ch 14,		YEAR	3:30 P.
4. SOCIAL SECURITY NU	. SOCIAL SECURITY NUMBER 5.		8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE C			OF BIRTH th, Day, Year)  8. BIRTHPLACE (State or Country)			LACE (State or Foreign		
177-14-675	0	1 M 2 XXF	58 68 YRS.		MONTHS DAY	S HOURS MIN.		. 18,	1922		nsylvania
9a. FACILITY NAME (# no	t institution, give	street and number)			9b. CITY, TOW				TY OF DE		
2809 Superior Avenue					Parky	ville			Bal	time	re
RESIDENCE OF DECEDENT  10s. STATE  10b. COUNTY				Lacon							
					TY, TOWN OR LO						10d. INSIDE CITY LIMITS?
Maryland		ltimore		Pa	rkville				1		1 YES 2 X NO
10e. STREET AND NUMB						101. ZIP CODE					HAT COUNTRY?
	erior A					21234				.A."	
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 C		12. WAS DECEDED FORCES? IF YES, GIVE	TEVER IN U.S. THE YES 27	NO	If yes,	DECENDENT OF HISPA , specify Cuban, Maxic YES 2 X NO Speci	en, Puerto		s or No—	14. RACE Black, Specify	- American Indian, Whita, atc. : : : White
15. 0	ECEOENT'S ED	UCATION	16a	OECEDENT	S USUAL OCCUP	ATION	16	b. KINO OF BU	ISINESS/IND	USTRY	
(Specify Elementary/Secondar	only highest grad v (0-12)	de completed)  College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done during use retired.)	most of working					
12 yrs.				Home	Maker			Own He	ome		
17. FATHER'S NAME (First	, Middle, Last)					18. MOTHER'S N	AME (First,	Middle, Malder	Surname)		<del></del>
Joseph		Hemphil	1			Mabel		Mat	tlack		
19a. INFORMANT'S NAM	E (Type/Print)			19b. MAILIN	G ADDRESS (Stre	et and Number or Rural	Route Nun	nber, City or Tov	wn, State, Zip	Code)	
Frank C. M.				Same	as #10	)					
Frank C. Mc Namee Same as #10											
20A, METHOD OF DISPO	SITION			CE AND DAT	TE OF DISPOSITI	ION (Name	DA	TE 20c. LC	OCATION —	City or Tow	m, State
	SITION ation 3   fla her (Specify)	moval from State		CE AND DAT	re of dispositing or other place) Ceme ter 22. NAME	ON (Name	3/1	.8/91 E	Parkvi	lle,	Maryland 50 York Re
20a, METHOD OF DISPO 1 (2) Burlel 2 Crem 4 Donation 5 (1) 01 21. SIGNATURE OF PUBL 23. PART I. Enter the shock, o	SITION ation 3 Per specific service is a diseasa or heart failure (Final	moval from State	at caused the	ACE AND DAT tary, cremator CWOOD	re of dispositive or other place) Ceme ter 22. NAM! Ruck	ION (Name TY E AND ADDRESS OF F	3/1 ACILITY Funer ch as car	.8/91 I	Parkvi	lle, 10 nc.To	Maryland 50 Yerk Rowson, Md. 2
20a, METHOD OF DISPO 1 LA Burlel 2 Crem 4 Donation B LI OI 21. SIGNATURE OF PURIL 23. PART I, Enter the shock, o	SITION atton 3 Rehard Specify Related to the state of the	r conplications the Assy only one ca	at caused the	death, Do	re of Dispositive of Office of Came terms of	ON (Name  TY  E ANO ADDRESS OF F	3/1 ACILITY Funer ch as car	.8/91 I	Parkvi	lle, 10 nc.To	Maryland 50 Yerk Rowson, Md. 2
20a, METHOD OF DISPO 1 LA Burlel 2 Crem 4 Donation LO 21. SIGNATURE OF PURIL 23. PART I, Enter the shock, o iMMEDIATE CAUSE disease or condition resulting in death)  Sequentially list con if any, leading to im cause. Enter UNDER CAUSE (Disease or later initiated events initiated events	SITION atton 3 Rehard Specify Related to the state of the	c. DUE TO	at caused the use on each of the control of the con	death. Do line.	re of Dispositive of Office of Came terms of the	ON (Name  CY  E AND ADDRESS OF F  C TOWSON E  mode of dying, su	3/1 ACILITY Funer ch as case	24a. WAS AA PERFO	Parkvi	11e, 10 nc. To est,	Maryland  50 York Rowson, Md. 2  Approximate interval Betwee Onset and Dea  9 0000  WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION DF CAUSE
20a, METHOD OF DISPO 1 LS Burlel 2 Crem 4 Donation LD 0 21. SIGNATURE OF PURIL 23. PART i, Entar the shock, o iMMEDIATE CAUSE disease or condition resulting in death)  Sequentially list con if any, leading to imcause. Enter UNDEF CAUSE (Disease or that initiated events resulting in death) L	SITION atton 3 Rehard Specify Related to the state of the	c. DUE TO	at caused the use on each of the control of the con	death. Do line.	re of Dispositive of Office of Came terms of the	ON (Name  CY  E AND ADDRESS OF F  C TOWSON E  mode of dying, su	3/1 ACILITY Funer ch as case	.8/91 F cal Hon rdiac or raep Care	Parkvi	11e, 10 nc. To	Maryland  50 York Rowson, Md. 2  Approximata Interval Between Onset and Deal Onse
20a, METHOD OF DISPO  1 Service Servic	SITION atton 3 Rehard Specify a dispess of rheart failure (Final Additions, mediata ILYING injury AST	b. OUE TO DUE DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DU	at caused the use on each of the state of th	death. Do line.	re of DISPOSITION or Other place)  22. NAMI  Ruck  not antar tha  OF):  OF):  OTHER:	YE AND ADDRESS OF F	3/1 ACILITY Funer ch as case 2  In Part 1.	24a. WAS AL PERFO	Parkvi	11e, 10 nc. To	Maryland  50 York Rowson, Md. 2.  Approximate interval Betwee Onset and Dea 9 MOO  WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
20a, METHOD OF DISPO  1 Service Servic	SITION atton 3 Rehard Specify a dispess of rheart failure (Final Additions, mediata ILYING injury AST	b. OUE TO DUE DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DU	at caused the use on each of the control of the con	death. Do line.  SEQUENCE (	re of DISPOSITION or other place)  22. NAMI  Ruck  not antar tha  OF):  OF):  OTHER:  4   Nursing	YE AND ADDRESS OF FE TOWSON E mode of dying, su  ying cause given in  s. PLACE OF DEATH (C	3/1 ACILITY Funer ch as case 2  n Part 1.	24a. WAS AL PERFO	Parkvi	lle,	Maryland  50 York Rowson, Md. 2.  Approximate interval Betwee Onset and Dea 9 MOO  WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
20a, METHOD OF DISPO 1 IS Burlel 2 Crem 4 Donation Donation 21. Signature or Pulif 23. PART i, Enter the shock, o iMMEDIATE CAUSE disease or condition resulting in death)  Sequentially list con if any, leading to imcause. Enter UNDER CAUSE (Disease or that initiated events resulting in death) L  PART II. Other signification of the control of the con	SITION atton 3 Rehard Specify a dispess of rheart failure (Final Additions, mediata ILYING injury AST	DUE TO DUE TO C.	at caused the use on each of the second of t	ACE AND DATA  tary, cremator  COMMON	PE OF DISPOSITIVE OF	YE ANO ADDRESS OF FE TOWSON E mode of dying, su  ying cause given in  B. PLACE OF DEATH (C. Home 5 Residence INJURY AT WORK?	3/1 ACILITY Funer ch as case  Check only of the character	24e. WAS AI PERFO	Parkvi	11e, 10 nc. To est,	Maryland  50 York Rewson, Md. 2:  Approximate interval Betwee Onset and Dea 9 MOO  WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 PNO
20a, METHOD OF DISPO 1 LS Burlel 2 Crem 4 Donation Donation 21. Signature or Pulif 23. PART i, Enter the shock, o iMMEDIATE CAUSE disease or condition resulting in death)  Sequentially list con if any, leading to im cause. Enter UNDER CAUSE (Disease or that initiated events resulting in death)  PART II. Other sign!  25. WAS CASE REFERRE EXAMINER? 1 YES 2 CO 27. MANNER OF DEATH 1 Netural 5	SITION atton 3 Rehard Specify Report 1	b. OUE TO DUE DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DU	at caused the use on each of the second of t	ACE AND DATA  tary, cremator  COMMON	PE OF DISPOSITION OF COMMENT OF C	YE ANO ADDRESS OF FE TOWSON E mode of dying, su  ying cause given in  B. PLACE OF DEATH (C. Home 5 Residence INJURY AT WORK?	3/1 ACILITY Funer ch as case 2  n Part 1.  Check only of 28d, Did	24a. WAS AL PERFO	Parkvi	11e, 10 nc. To est,	Maryland  50 York Rewson, Md. 2:  Approximate interval Betwee Onset and Dea 9 M/O  WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 PNO

Loch Raven Blvd. Baltimore, Maryland



MAR 1 9 1991

32 REGISTRAN'S SIGNATURE IMA JAYASON MANGARE



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Item

MPORTANT:

State D this certificate h with the State I

signed by the attending physician and thealth and Mental Hygiene prior to bun

has been s Dept. of H

After 1 death

DIRECTOR: A

FUNERAL C within 72 h

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Pages 1, 2, 3 should

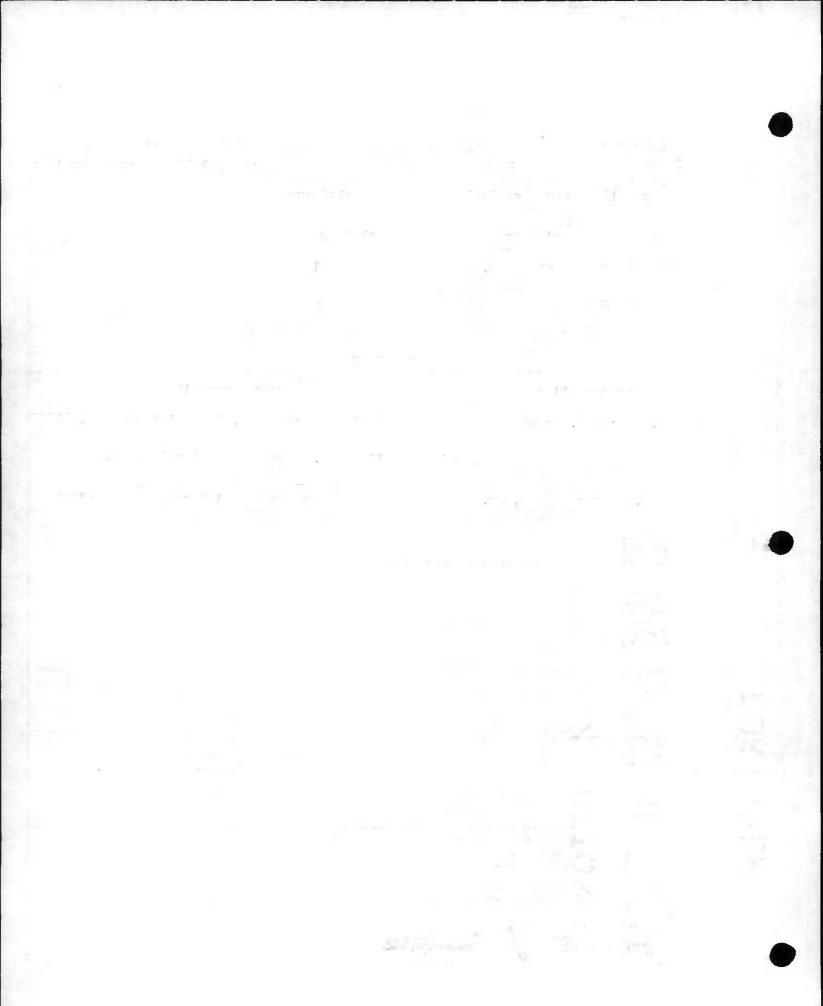
FOR STATE REGISTRAR 1 -10a. STATE Md.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO

2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH Vinginia
4. SOCIAL SECURITY NUMBER NEARY . 18 March 1991 7. DATE OF BIRTH
(Month, Day, Year)
May 3, 1921 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR ate or Foreign IF UNDER 24 HRS. DAYS HOURS MIN. North Carolina 578 26 6866 69 1 🗌 M 2 🖾 F 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Franklin Square Hospital Baltimore DIRECTOR Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Baltimore 1 - YES 2 - NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 21220 10g. CITIZEN OF WHAT COUNTRY? 208 Middleway Road Apt. 2A USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yea. specify Cuban, Maxican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican,
1 ☐ YES 2 XNO Specify: 1 Never Married 2 Married BY White 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
"Thin kind of work done during most of working ETED. 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Homemaker 18. MOTHER'S NAME (First, Middle, Malden Surname)
Grace Sturgill 17. FATHER'S NAME (First, Middle, Last) Carlton Eller BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
308 Middleway Road Apt. 2A Baltimore, Md. 21220 2 Mr. Edward T. Neary 20a. METHOD OF DISPOSITION

1X Burlal 2 Cremation 3 Removal from State 20b. PLACE ANO DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, State OATE Dulaney Valley Mem. Gdns Timonium, Md. 4 Donation 5 D Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
MITCHELL-WIEDEFELD HOME, INC. C. Sherman Denny, Jr. 21212 6500 York Road Baltimore, Md. 23. PART I. Enter the diseases, or complications that caused the daeth. Do not enter the mode of dying, such as cerdisc or respiratory srrest, Approximate shock, or heart fellure. List only one cause on each line. interval Batween Onset and Death IMMEDIATE CAUSE (Final disesse or condition s. Respiratory Failure
DUE TO (OR AS A CONSEQUENCE OF): resulting in desth) severe Emphysema CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): Malnutrition CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE Atrial Arrhythmia 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO 1X Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA ing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED INJURY Natural Accident 5 Pending M 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicida 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the films, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the Saals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE aude, 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Martin Sheridan M.D. 9000 Franklin Square Drive Baltimore, MD. 32. BEGISTRANS SKRYATURE





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, P.O. BOX 68760,	
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DIVISION OF VITAL RECORDS,	
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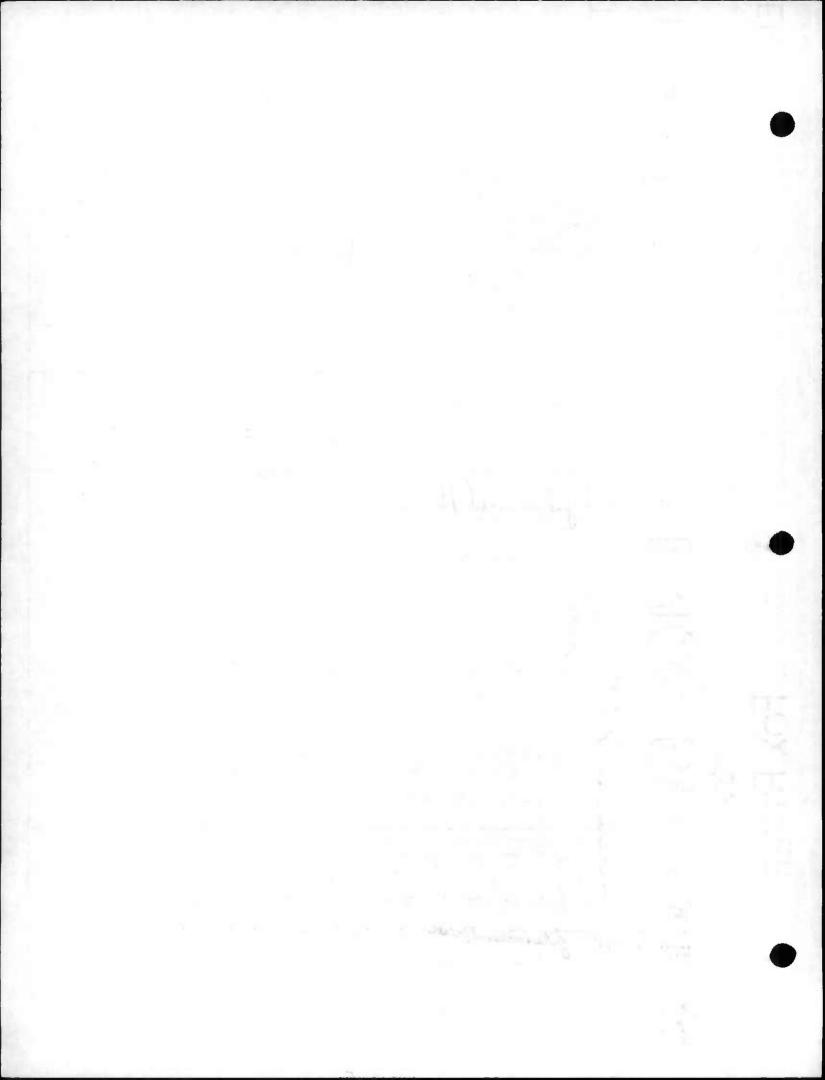
	1 - STATE REGISTRAR	STATE OF I	MARYLAND / DEPA CERTI						REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) Gladys		NORBERG						CH 15		FAR	time of death 02:20 am m
	4. SOCIAL SECURITY NUMBER 218-12-4260	5. SEX 1 M 2 XF	6. AGE (In yrs. lest birthday	) IF UNDE MONTHS	DAYS	HOURS	MIN.	7. DATE (Monte Jur	of BIRTH h, Day, Year) 1 e 4	1908	BIRTHPLA Country) MAr	ce (State or Foreign yland
OR	90. FACILITY NAME (If not institution, give Franklin Squ	9b. CIT	96. CITY, TOWN OR LOCATION OF DEATH ROSSVIlle					Balti	OF DEATH	1		
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNT  Md .	Baltim		ITY, TOWN	TY, TOWN OR LOCATION  Middle Rive				ar.			I. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 1216 Susque	hanna A	ve.		10	f. ZIP CO		1220	)	10g. CITIZE		COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1	IT EVER IN U.S. ARMED  YES 2 NO WAR OR DATES	13.	If yes, s	ecify Cub		n, Puerto	N? (Specify Ye Rican, etc.)	a or No- 14	Black, Wi	American Indian, hite, etc. White
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		+) 16a. DECEDENT (Give kind of life. Do NOT	's USUAL (of work done use retired.)	during m	ON ost of work	ing	168	. KIND OF BU	ISINESS/INDUS	TRY	
BE COM	17. FATHER'S NAME (First, Middle, Lest)  Ben Willard					18. MO	THER'S NA	ME (First,	Middle, Maider	Sumeme)		
TO B	19a. INFORMANT'S NAME (Type/Print)  Elmer Norber	g	25/11/2016		1					vn, State, Zip Co imore		21220
	20s. METHOD OF DISPOSITION  1											
()	21. SIGNATURE OF FUNERAL SERVICE L	Fund	al Hom				yFu		alHom	e300M	aceA	ve.2122
	23. PART I. Enter the diseases or shock, or heart feiture IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. COLOC C	at caused the death. Do	LIVEF				h as car	diac or reas	piratory srres	t,	Approximate Interval Between Onset and Deat
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. DUE TO	OR AS A CONSEQUENCE	OF):								
RTIFIC	CAUSE (Disease or Injury thet initieted eventa resulting in death) LAST	d.	OR AS A CONSEQUENCE	OF):		-						
MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.							24e. WAS AN AUTOPSY PERFORMED? 1 Tyes 2 No		CO OF	RE AUTOPSY FINDINGS ALABLE PRIOR TO MPLETION OF CAUSE OEATH? YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:											
ВУ РНУ	27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF INJURY (Month, Dey, Year) INJURY						None   S   Residence   S   Other (Specify)					
ETED 8	3 Suicide 6 Could not be 4 Homicide determined	28g. PLACE building	OF INJURY — At home, fan , etc. (Specify)	n, street, fa	ctory, off	ce		28f. LO City	CATION (Street or Town, State	t end Number or e)	Rural Route	e Number,
COMPLE	and:		of my knowledge, death occ examination end/or impestig									nd manner as stated.
m C	298. SIGNATURE AND TITLE OF CERTIFI	in	1-1111	10		29c. U	CENSE NU	MBER		29d DATE S	HONED /M:	sem Dalighades

LL DO 9000 Franklin Square Drive, Baltimore, Maryland 21237 DHMH-16 Rev 1/89



MAR 19

1991"



FOR STATE

STATE OF MARYLAND	DEPARTMENT	OF HEAL	JH AND	MENTAL	HYGIENE
C	ERTIFICATE	OF DE	EATH		REG. NO.

1_DECEOENT'S NAME (First, Middle, Last)											
Sister Beatric						MON'S	111	ĭ	YEAR	1:05 P	
4. SOCIAL SECURITY NUMBER 220-54-9918	1 M 2 XX		YRS. MONTH		HOURS MIN	<sup>(M)</sup> 8	OF BIRTH		S. BIRTH	PLACE (State or Foreign	
Villa Assumpta	,6401 N.	Charle	narles St. Bal			Ttimore Ma. 21212		9c. COUNTY OF DEATH Baltimore			
nesidence of decedent  10a. STATE 10b. COUNTY  Maryland Bal	timore	10	Towson, Marylan			and	d			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
1318 Dulaney V	12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			101. ZIP CODE 21204					IZEN OF WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced				If yes, sp	CENDENT OF HIS ecity Cuban, Me 2 2 50 Sp	dcan, Puerto	N? (Specify Yea Rican, etc.)	or No—	Black	14. RACE — American Indian, Black, White, atc. Specify: White	
	CATION Completed)  College (1-4 or 5+)  Ollege I	(Give I life. Do	eanst	ne during mo d.)	Hand	raft		igio			
17. FATHER'S NAME (First, Middle, Last)	0111						Middle, Malden	Surname)			
Guiseppe Bacch  19a. INFORMANT'S NAME (Type/Print)	GTTT	19b. M	AILING ADDRI	ESS (Street a	and Number or Ru		- ATM	n, State, Zic	Code)		
S. Bernice Fei	linger				rles 8					21212	
20a. METHOD OF DISPOSITION  1 Burlal 2 Cremation 3 Remo 4 Donetion 5 Other (Specify)		New C	oisposition athed	(Name of cei ral	metery, crematory	or		ltin		, Md.	
21. SIGNATURE OF FUNERAL SERVICE LIC	21. SIGNATURE OF FUNERAL SERVICE LICENSEE					22. NAME AND ADDRESS OF FACILITY Mitchell-Wied 6500 York Rd. Baltimor					
ahock, or heart fellure, I	Line only one couse			ter tha mo	ode of dying,					Approximata interval Between	
ahock, pr heert fellure IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	DUE TO (O	on each line.	EAT FINCE OF):	Acla	ode of dying,	uch as ce	diec or resp	iratory an	rest,	Approximata interval Betwee Onset and De	
ahock, Dr heert fellure I	DUE TO (O	estructors of the state of the	EAT FINCE OF):	Acla	ode of dying,	uch as ce	diec or resp	iratory an	rest,	Approximata interval Betwee Onset and De	
ahock, pr heert fellure IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	DUE TO (O	ESTURE  PARAS A CONSEQUE  PARAS A CONSEQUE  PARAS A CONSEQUE  PARAS A CONSEQUE	EATT FINCE OF): LETT STREET	Acle	ode of dying,	UASC	diec or resp	AUTOPSY RMED?	rest,	Approximata interval Betwee Onset and De Ons	
ahock, Dr heert fellure, I IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition	DUE TO (O	ESTURE  PARAS A CONSEQUE  PARAS A CONSEQUE  PARAS A CONSEQUE  PARAS A CONSEQUE	EATT FINCE OF): LETT STREET	Action of the modern of the mo	ode of dying,	UASC	242. WAS AN PERFOI	AUTOPSY RMED?	rest,	Approximata interval Betwe Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De	
ahock, pr heert fellure. I IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other algnificant condition	DUE TO (O	POP PACE TO SERVICE OF AS A CONSEQUE  OR AS A CONSEQUE  OR AS A CONSEQUE  OR AS A CONSEQUE  CONSEQUE  CONSEQUE  CONSEQUE	CATT ( INCE OF):  CHECK OF):  CHECK OF):  CHECK OF):	ter tha mo	carding,	In Part I.	24a. WAS AN PERFOI 1 YES 2	AUTOPSY RMED?	rest,	Approximata interval Betwe Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De	
ahock, pr heert fellure. I IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 22000  27. MANNER OF DEATH  1 Netural 5 Pending	DUE TO (O	BERI/Outputient 3	CATT ( INCE OF):  CHECK OF):  CHECK OF):  CHECK OF):	underlyin  26. P  1ER: Nursing Hon	ode of dying,  CANCLE	in Part i.	24a. WAS AN PERFOI 1 YES 2	AUTOPSY RMED?	24b.	Approximata interval Betwee Onset and De Ons	
ahock, pr heert fellure. I IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 22000  27. MANNER OF DEATH	DUE TO (O  DUE TO (O	B Dn each line.  CSTOCE DO AS A CONSEQUE  HACK O SO  R AS A CONSEQUE  OR AS A CONSEQUE  ERI/Outputient 3   ERI/Outputient 3   INJURY 2  INJURY At home,	ENCE OF):  LENCE OF):  ENCE OF):  LINING IN the	underlyin  26. P  Urriling Horn  28. N.  1 1	g cause giver	In Part I.  (Check only coe 6   Other 28d. Oil	24a. WAS AN PERFOI 1 YES :	AUTOPSY RMED?	24b.	Approximata interval Betwee Onset and De Ons	
ahock, Dr heert fellure, I IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 100  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be detarmined	DUE TO (OD DUE TO (OD	e Dn each line.  CSTOCE  PAS A CONSEQUE  HADO S  R AS A CONSEQUE  PAS A CONSEQUE  ER/Outpetient 3   ER/Outpetient 3   INJURY  Very  Very  Nowledge, death	EATT FINCE OF):  LOCE OF):  ENCE OF):  LOCE	underlyin  26. P  ER: Nursing Hon  26c, IN.  1	CANCLIC  CANCLIC  IG CAUSE GIVER  LACE OF DEATH  DE 6 TESTIGE  JURY AT  JUR	in Part I.  (Check only to ce 6 Ott 28d, oil 28f, Lo Cit due to the c	24a. WAS AN PERFOI 1 VES :	I AUTOPSY RMED?	24b.	Approximata interval Betwee Onset and De Ons	
ahock, Dr heert fellure, I IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 2 4 0 27. MANNER OF DEATH  1 Natural 5 Pending Investigation  29 Accident Suicide 6 Could not be detarmined	DUE TO (O  DUE TO (O	e Dn each line.  CSTOCE  PAS A CONSEQUE  HADO S  R AS A CONSEQUE  PAS A CONSEQUE  ER/Outpetient 3   ER/Outpetient 3   INJURY  Very  Very  Nowledge, death	EATT FINCE OF):  LOCE OF):  ENCE OF):  LOCE	underlyin  26. P  ER: Nursing Hon  26c, IN.  1	g cause giver  LACE OF DEATH  TORK?  YES 2 NO  TORK?  TORK?  TORK?  TORK?  TORK?	In Part I.  (Check only of 28d, Oil 28d, Cott other time, derivative, desired as continued as co	24a. WAS AN PERFOI 1 VES :	I AUTOPSY RMED?  I NO  INJURY OC  and Number  and due to fi	24b.	Approximata interval Betwe Onset and Dei Ons	

PROJECT CENTER OF THE PROPERTY

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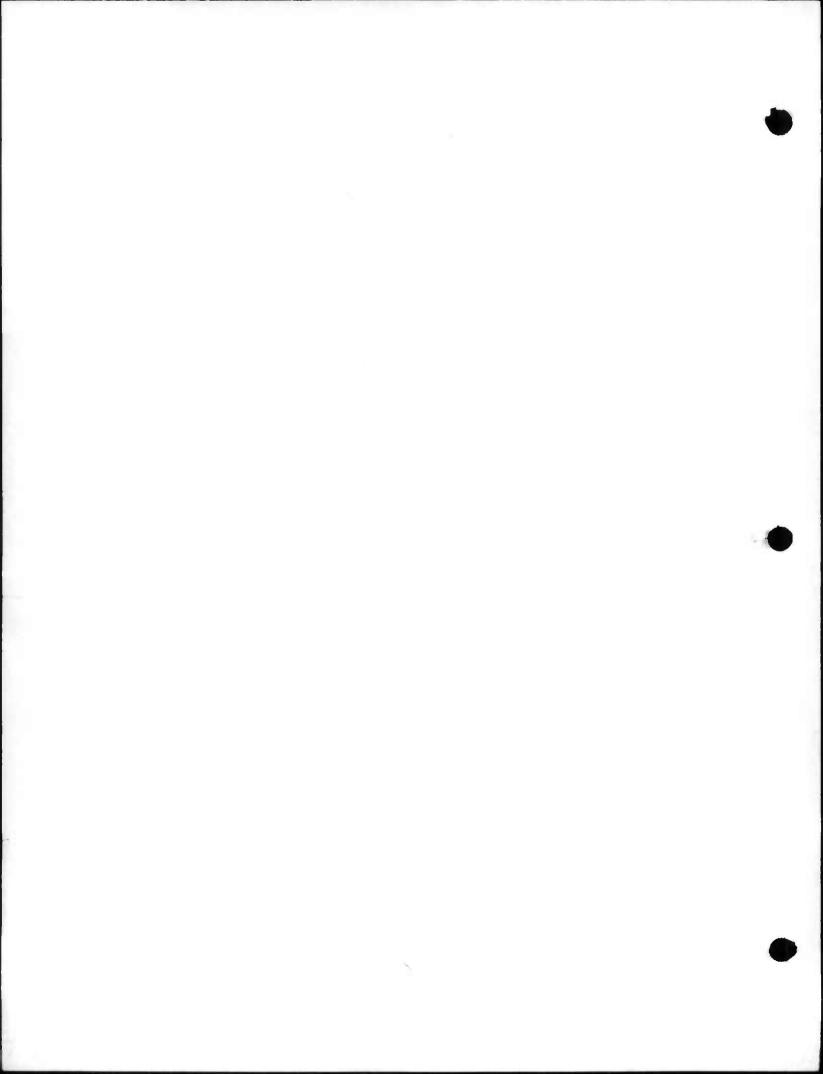
XX

De. Lawid as Afre, I. I., 54 Loute de B., Johnson Schulle, E. Laria

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPART			MENTAL HYGIEN	E	07210
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	V VE	3. TIME OF DEATH
Ernest Owens	(Ernest	S.	Owens	)	March 16,	1991	10:50 A M
4. SOCIAL SECURITY NUMBER			ONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. B	BIRTHPLACE (State or Foreign Country)
218-64-1848	1 x M 2 □ F 3	4 YRS.					aryland
90. FACILITY NAME (If not institution, give str Maryland General		1		n LOCATION OF DE Ore City		9c. COUNTY	OF DEATH
RESIDENCE OF DECEDENT	- HOOPICAL		Dartan	ore orey			
10e, STATE 10b, COUNTY			TOWN OR LOCAT	ION			tod. INSIDE CITY
Maryland		Balt	imore		_		1 X YES 2 NO
10e. STREET AND NUMBER				ZIP CODE			OF WHAT COUNTRY?
1119 Carrollton				21217		USA	
11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEDENT EVI FORCES? XIX Y	ES 2 NO	If yes, sp	cify Cuben, Mexica	IC ORIGIN? (Specify Yee n, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc.
3 Wildowed 4 Divorced	6/10/74-	11/9/76	1 U YES	2 NO Specify	•		Specify: Black
15. DECEDENT'S EDUC (Specify only highest grade	ATION	16a. DECEDENT'S US	SUAL OCCUPATION HOLD TO THE MENT OF THE ME		16b. KIND OF BUS	BINESS/INDUST	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)	at or worning			
		Compute	er Ope:				
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden		
Ernest Owens  190. INFORMANT'S NAME (Type/Print)		AON MAILING A	DDDEGG (Over-1	Delore	S DYS  Route Number, City or Tow.		
1975 GARDS - 1775 GARDS - 1775			to a soul it will be	lton Av			1
Delores Owens 200. METHOD OF DISPOSITION		20b. PLACE OF DISPOSIT				CATION - City	
1 Burial 2 Cremation 3 Remo	oval from Stata	other place) Greenmour					e,Maryland
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Greenmoni		ID ADDRESS OF FA	CILITY		
Josepy 9	Harris		Chat	man-Har	ris F.H.	Balta	McCulloh Sto; Md 21217
23. PART i. Enter the disease, Dr c			t enter the mo	de of dying, suci	h es cerdiec or respi	ratory arrest,	, Approximate
shock, or heart fellure. I	List Dniy one cause D	on eech line.					Interval Between Onset and Death
disease or condition resulting in death)	Respirato	ry Failure	due to	pneumocy	stic carir	nii	
Str Challes Street	OUE TO (OR	AS A CONSEQUENCE OF):					
Sequentially list conditions,	pneumo	onia AS A CONSEQUENCE OF):					
if sny, leeding to immediate cause. Enter UNDERLYING		·					j
CAUSE (Disease or injury that initiated events	Acquired DUE TO (OR	Immune Defi	ciency	Syndrome			
	Cryptococo	col memingi	tis				
PART II. Other significent conditions	s contributing to dee	th but not resulting in	the underlyin	ceuse given in	Part I. 24e, WAS AN	ALITOPSY	24b. WERE AUTOPSY FINDINGS
					PERFOR	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
					1 🗀 YES 2	3€X NO	OF DEATH?
					_		1
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only one)		
1 YES 2 XNO	HOSPITAL:		OTHER: 4 - Nursing Hor	e 5 🗆 Residence	8 Other (Specify)		
27. MANNER OF DEATH	28e. DATE OF INJU		RY WO	URY AT	28d. DESCRIBE HOW I	NJURY OCCUR	ED
1 🔀 Natural 5 🗌 Pending 2 🔲 Accident Investigation				YES 2 NO			
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF IN. building, etc.	JURY — At home, farm, str (Specify)	reet, factory, offic	•	28f. LOCATION (Street City or Town, State)	end Number or F	Rural Route Number,
29e. CERTIFIER							
(Check only		knowledge, death occurred nation and/or investigation					euse(e) and menner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI			IGNED (Month, Day, Year)
4 ADADA	- MO			n/a		▶3/	16/91
30. NAME AND ADDRESS OF PERSON WHO		ryland Gene	-	nital			
31. DATE FILED (Month, Day, Year)	932, REGISTRAR'S	SIGNATURE	TUT HOS	FICAL			
MAR 1 9 1991	Julia Davidse	n-Randell					



JAMES PRIHO	DΔ				2. DATE OF DEATH	*15 o	3. TIME OF DEATH
SOCIAL SECURITY NUMBER		GE (In yrs. lest birthdey)	IF UNDER 1 YEAR	R IF UNDER 24 HRS.	7, DATE OF BIRTH4/	2/1/191	DISTRICT AGE (Charles on English
217-07-8359	1 🕅 💥 2 🗆 F	71 YRS.	MONTHS DAYS		(Month, Day, Year)	24/17	MD U.S.A.
FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOW	N OR LOCATION OF D	EATH	9c. COUNTY	
1340 E. FORT AV	ENUE		BA	ALTIMORE,	CITY		
B. STATE 10b. COUNT	rv	100 00	TY, TOWN OR LO	CATION			10d. INSIDE CITY
MD .	''			ORE, CITY	7.		LIMITS?
1340 E. FORT A	VENUE			10f. ZIP CODE	21230		OF WHAT COUNTRY? U.S.A.
MARITAL STATUS  Never Merried 2XX Merried  Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1XXY IF YES, GIVE WAR O NAVY, W	ES 2 NO	If yes,		NIC ORIGIN? (Specify Yes an, Puerto Ricen, etc.) fy:		RACE — American Indian, Black, White, atc. Specify: WHITE
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT u	S USUAL OCCUPY work done during use retired.)	ATION most of working	16b. KIND OF BU	SINESS/INDUST	TRY
lOth GRADE		LONG	SHOREME	EN			
FATHER'S NAME (First, Middle, Lest) JAMES A. PRIHODA	A, SR.				AME (First, Middle, Malden Y MALAT	Surneme)	
LAURA PRIHODA					BALTO., MD,		
e. METHOD OF DISPOSITION  Burlel 2 Cremation 3 Reg  Donation 5 Other (Specify)	moval from State	20b. PLACE AND DAT of cemetary, cremator CEDAR HI	ry or other place)			CATION — CHY	or Town, State RNIE, MD
SIGNATURE OF FUNERAL SERVICE L	ICENSEE Dolla		22. NAME CHAR	LES L. ST	EVENS FUNER AVENUE , BAI	RAL HOM	E, INC. D, 21230
<ol><li>PART I. Enter the diseases, or shock, or heart fellure</li></ol>	complications that car	ised the deeth. Do					
MEDIATE CAUSE (Finel lesses or condition soliting in death)		on eech line.	AV.	rest OPHA6	20	iratory srreet	Onset and D
sesse or condition	b. CANC DUE TO (OR ) PULM	AS A CONSEQUENCE OF AS A C	AVE ES		20	iratory srreet	Approximate Interval Betwonset and D. 5 mur
equentielly list conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury lat initiated events	b. DUE TO (OR DUE TO (OR d.	AS A CONSEQUENCE OF AS A C	OFFI:	rest OPHAG CTASTA	Part I. 24a, WAS AN	AUTOPSY RMED?	Onset and D
equentielly list conditions, any, leading to immediate susse. Enter UNDERLYING AUSE (Disease or injury nat initiated events saulting in deeth) LAST	b. DUE TO (OR DUE TO (OR d.	AS A CONSEQUENCE OF AS A C	OFFI:	rest OPHAG CTASTA	US 1 Part I. 24a, WAS AN	AUTOPSY RMED?	2 4b. WERE AUTOPSY FINDS ARKLABLE PRIOR TO COMPLETION OF CAUT
equentielly list conditions, any, leading to immediate susse. Enter UNDERLYING AUSE (Disease or injury nat initiated events saulting in deeth) LAST	b. DUE TO (OR DUE TO (OR d.	AS A CONSEQUENCE OF AS A C	OF):  ES  OF):  ME  OF):  OTHER:	rest OPHAG CTASTA	Part I. 24a. WAS APPERFO 1 YES :	AUTOPSY RMED?	2 4b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
equentielly list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury lat Initiated events austing in death) LAST  ART II. Other significent conditions.  WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  MANNER OF DEATH	b. DUE TO (OR  DUE TO (OR	AS A CONSEQUENCE OF AS A C	OF):  OF):  OF):  OF):  OF):  OTHER:  4   Nursing I	Vest OPHAG CTASTA  Ving couse given in	Part I. 24a. WAS APPERFO 1 YES :	I AUTOPSY RMED?	24b. WERE AUTOPSY FINDINARILABLE PRIOR TO COMPLETION OF CAUTOF DEATH?  1 YES 2 NO
equentielly list conditions, any, leading to immediate luse. Enter UNDERLYING AUSE (Disease or Injury lat initiated events autiting in deeth) LAST  ART II. Other significent conditions.  WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  MANNER OF DEATH	b. DUE TO (OR DUE TO (	AS A CONSEQUENCE OF AS A C	OF):  OF):  OF):  OF):  OF):  OTHER: 4   Mursing 1    MM OF   28c.  NJURY   1	Ves T  OPHAG  CTASTAS  ying ceuse given in  PLACE OF DEATH (C.  Home 5 Residence  INJURY AT  WORK?  YES 2 NO	Part I. 24a. WAS AN PERFO 1 VES :	I AUTOPSY RMED?  NO  INJURY OCCUR and Number or	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO
was case referred to Medical Investigation autiling in death)  any, leading to immediate use. Enter UNDERLYING AUSE (Disease or injury at initiated events autiling in death) LAST  ART II. Other significent condition  WAS case referred to Medical Examiner?  1 Yes 2 No  MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  9. CERTIFIER 1 CERTIFYING PHY	b. DUE TO (OR DUE TO (	AS A CONSEQUENCE OF AS A C	OF):  OF):	PLACE OF DEATH (COMPANY)  N. PLACE OF DEATH (	Part I. 24a. WAS AN PERFO 1 YES :  check only one)  s Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State	I AUTOPSY RMED?  2 NO  INJURY OCCUR and Number or i	Interval Betw Onset and D 5 Multiple 2 yrs
was case referred to Medical  Was ca	DUE TO (OR DUE TO (OR	AS A CONSEQUENCE OF AS A C	OF):  OF):	PLACE OF DEATH (COMPANY)  N. PLACE OF DEATH (	Part I. 24a. WAS AN PERFO 1 YES:  Check only one)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State to the cause(e) and make time, date and place, e	I AUTOPSY RMED?  2 NO  INJURY OCCUR and Number or i	Interval Bety Onset and D 5 MU  2 Yo  2 4b. WERE AUTOPSY FIND MARLABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO

Julia Davidson-Randall

BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as me but filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burlal, cremation, or removal.

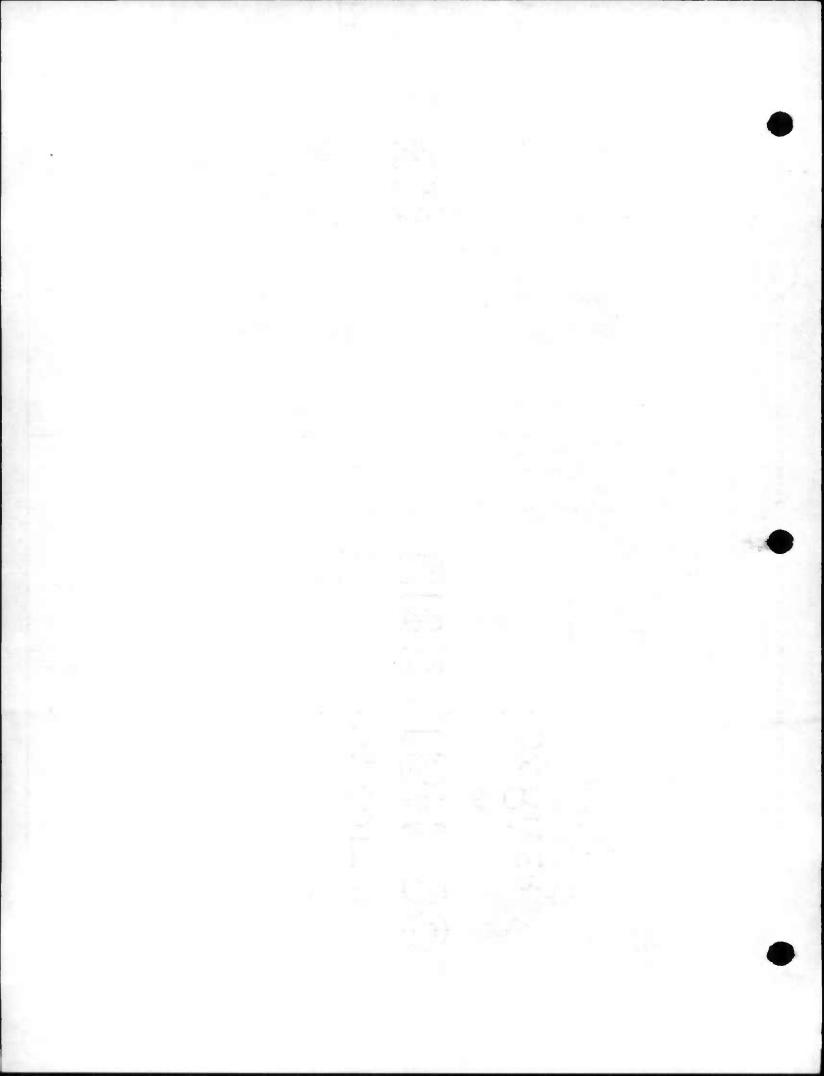
IMPORTANT: It leem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

m. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

DHMH-18 Rev 1/89



Maryl 9c. COUNTY OF DEATH Balt.

10g. CITIZEN OF WHAT COUNTRY? U.S.A.

Claggett Road ndel county, MD

29d. DATE SIGNED (Month, Day, Year)

Las (1/2, 199)

3. TIME OF DEATH

0307

10d. INSIDE CITY 1 TYES 2 NO

14. RACE — American Indian, Black, White, atc. Specify:

Approximata Intarval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?

1 YES 2 NO

BIRTHPLACE (State or Foreign Country)

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Yher)

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

217-64-9609

JAME &

5. SEX

1 (M 2 | F

1 -

	9a, FACILITY NAME (If not institution, give :	street and number)		96, CITY, TOWN	OR LOCATION OF DEAT	4	9c. COUNT	Y OF DEATH
S S	UNIVERSITY HO	SP./1 RAUM	9	PAGO	mD		F	Balt.
DIRECTOR	10a, STATE Md . 10b. COUNT	P.G.	10c. CITY	town or Loc apitol	Hgts.			10d. INS LIM 1 X YE
AL	10e. STREET AND NUMBER		-	1	Of, ZIP CODE		10g. CITIZI	N OF WHAT CO
	5803 C	oolidge St	t.	Late.	20743			U.S.A
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 NO	If yes, s	CENDENT OF HISPANIC pecify Cuban, Mexican, FS 2 NO Specify:		s or No 1	4. RACE Amer Black, Whita, Specify:
윤	15. DECEDENT'S EDU (Specify only highest grade		16a, DECEDENT'S ( (Give kind of w	ork done during n		16b. KIND OF BU	SINESS/INDU	STRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Truc	k Driv	ver	Const	ruct:	ion
3	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME				
BE	James E. Pir	ce Doro						
TO B	19a. INFORMANT'S NAME (Type/Print) Florence D. Pi	.nkney	196. MAILING Sa	Me as	# 10 abo		m, State, Zip (	Pode)
	20a. METHOD OF DISPOSITION  1 Buriel 2 Cremetion 3 Ren  4 Donation 5 Other (Specify)		206. PLACE AND DATE of cemetary, crematory Harmony	or other place)		0ATE 20c. LC		ver, Md
	21. SIGNATURE OF FUNERAL SERVICE LI	W. Pr	all	Н.	ANO ADORESS OF FACIL 5. Washing 5. Burroug	ton & S		
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	. Severe	A CONSEQUENCE OF	ral' f	neumon	is sim	CITIC	
MEDICAL CE	PART II. Other significant condition  (i) Motor Vehicle	Accident				24s. WAS AF PERFO	RMED?	24b. WERE A AMAILAE COMPLI DF DEA
	C5-C6 Locker			chirt		91		1 🗆 YI
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH Check	conly one)		
YSI	YES 2 NO	1/2 Inpatient 2 - ER/O		4 - Nursing H	ome 5 Residence 8			
P	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJUR		URY	NJURY AT 2 WORK? YES 2 NO	MVA - pa		
BY	2 Accident Investigation	280 PLACE OF INITI	IRY At home, ferm, a			81. LOCATION (Street		
	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (S	Road			City or Town, State Fairhaver	)	
COMPLETE	ann)	SICIAN: To the best of my kn			ata and place, and due to	Anne Arur	ndel c	ounty,
TO BE CO	206. SIGNATURE AND TITLE OF CERTIFICAL	lanzu	D		29c. LICENSE NUMB		> h	SIGNED (Month.
F	30. NAME AND ADDRESS OF PERSON W	PARRY WILL	OEATH (ITEM 27) (Type,	S. GRE	ERSTY OF V	BALT.	MD	TRAUM

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

IF UNDER 1 YEAR

R.

IF UNDER 24 HRS.

DHMH-18 Rev 1/89

Called 6334 04 17 0421 3844

MAR 1 9 1991



Julia Davidson

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FOR

rours after death. Page 6 may be retained by the hospital or attending any BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Seriours after death. Page 6 may be retained by the bospital or attending at THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

2 Accident
3 Suicide

4 Nomicide 29a. CERTIFIER

31. DATE FILED (Month)

MAR

g

6 Could not be

BE COMPLETED BY

2

5

	1 - REGISTRAR		CERT	IFICATE	E OF I	DEAT	Н	REG	NO.		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEA	гн	3.	TIME OF DEATH
	SADIE PRINCI	PE						MONTH	4-91	YEAR	746A M
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthd	ay) IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRT	Н	8. BIRTHPL	ACE (State or Foreign
	215-07-9219	1 🗆 M 2 🙀 F	75 YR	S. MONTHS	DAYS	HOURS	MIN.	(Month, Day, Ye		Country)	
	9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY	, TOWN OR	LOCATIO	ON OF DE			UNTY OF DEAT	TN
TOR	CHURCH HOSPI	TAL CORPO	RATION	E	BALT	MOI	RE C	TTY	_		
<b>B</b>	10a. STATE 10b. COUNTY	'	10c.	10c. CITY, TOWN OR LOCATION						10	Dd. INSIDE CITY
PIG	MD -		]	Baltimore City							LIMITS?  YES 2 NO
FUNERAL DIRECTOR	100. STREET AND NUMBER 908 S. Ellwood Av	enue				21P CODE 1224				S A.	AT COUNTRY?
5	11. MARITAL STATUS	12. WAS DECEDENT EVER		13.	WAS DECE	NDENT O	F NISPAN	IIC ORIGIN? (Speci	fy Yea or No-	14. RACE —	- American Indian, White, etc.
	1 Never Married 2 Married	FORCES? 1 YES			1 YES 2			n, Puerto Rican, at	C)	Specify:	
B A	3 Widowed 4 Divorced							White			
윤	15. DECEDENT'S EDUC (Specify only highest grade	CCUPATION during most	of working	g	16b. KIND C	F BUSINESS/II	NDUSTRY				
COMPLET	Elementary/Secondary (0-12) 8th	College (1-4 or 5+)		s Cler				Reta	il Dru	g Stor	е
8	17. FATHER'S NAME (First, Middle, Last)			18. MOTNER'S NAME (First, Middle, Maiden Surname)							
BE C	Leon Borawick		Sarafina Catashowa								
	19a. INFORMANT'S NAME (Type/Print)							Route Number, City			
임	Ms. Marilyn Princ	*							•		Md. 21231
	20s METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Rame	oval from Stata	0b. PLACE OF DIS	PLACE OF DISPOSITION (Name of community. Cremetory@emete other place) Dly Trinity Russian Orthodox							
	4 Donation 5 Other (Specify)		Holy Tr	inity	Russ	ian	0rth	odox		more,	Ma.
	21. SIGNATURE OF FUNERAL SERVICE LIG		2	22. M	NAME AND	ADORE	B OF FA	CILITY TRAIL Homo	2		
1 11	1 1 1 X	couther	7/	22. NAME AND ADDRESS OF FACILITY Matthews Funeral Home 3021 Eastern Ave., Baltimore, Md. 212							
	Chu D. B	3	021 E		ern	Ave., Ba	altimo:	re, Md	. 21224		
	23. PART I. Enter the diseases, or can shock, or heart felture.	complications that ceus	ed the deeth. [			Cast					Approximate Interval Setween
	23. PART I. Enter the diseases, or a shock, or heert fellure.  IMMEDIATE CAUSE (Finel	complications that ceus List only one ceuse on	ed the deeth. I eech line.	Oo not enter	r the mod	East e of dy	ng, suc	h aa cardlec or			Approximate
	23. PART I. Enter the diseases, or cashock, or heart fellure.	complications that ceus	ed the deeth. I eech line.	Oo not enter	r the mod	East e of dy	ng, suc	h aa cardlec or			Approximate Interval Between
	23. PART I. Enter the diseases, or c shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition	complications that ceus List only one ceuse on	ed the deeth. I eech line.	fery	r the mod	East e of dy	ng, suc	h aa cardlec or			Approximate Interval Between
ATION	23. PART I. Enter the diseases, or canock, or heart feilure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	List only one ceuse on  OVOM  DUE TO (OR AS	eed the deeth. I eech line.	fery	r the mod	East e of dy	ng, suc	h aa cardlec or			Approximate Interval Between
FICATION	23. PART I. Enter the diseases, or a shock, or heert fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS	eech line.  A CONSEQUENCE	Ferry E OF):	r the mod	East e of dy	ng, suc	h aa cardlec or			Approximate Interval Between
ERTIFICATION	23. PART I. Enter the diseases, or a shock, or heert fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	eed the deeth. [ eech line.  A C O C S A CONSEQUENCE  B A CONSEQUENCE  B A CONSEQUENCE	Ferry E OF):	r the mod	East e of dy	ng, suc	h aa cardlec or			Approximate Interval Between
. CERTIFICATION	23. PART I. Enter the diseases, or a shock, or heart feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a.  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	eed the deeth. [ eech line.  A C O V  B A CONSEQUENCE  B	Fery E OF):	r the mod	East e of dy	CS. E	h aa cardlec or	reapiratory (	arreat,	Approximate interval Between Onset and Deeth
	23. PART I. Enter the diseases, or a shock, or heart feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a.  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  C.  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	eed the deeth. [ eech line.  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  Dut not result!	Fery E OF):	r the mod	East e of dy	CS. E	h aa cardlec or		Y 24b. W	Approximate interval Between Onset and Deeth   GRAVITATION OF THE AUTOPSY FINDINGS WALLABLE PRIOR TO
	23. PART I. Enter the diseases, or a shock, or heart feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a.  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  C.  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	eed the deeth. [ eech line.  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  Dut not result!	Fery E OF):	r the mod	East e of dy	CS. E	Part I. 24a. W	reapiratory :	Y 24b. W	Approximate interval Between Onset and Deeth Grant State of the State
MEDICAL	23. PART I. Enter the diseases, or a shock, or heart feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a.  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  C.  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	eed the deeth. [ eech line.  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  Dut not result!	Fery E OF):	r the mod	East e of dy	CS. E	Part I. 24a. W	reapiratory (	Y 24b. W	Approximate interval Between Onset and Deeth G C C C C C C C C C C C C C C C C C C
MEDICAL	23. PART I. Enter the diseases, or shock, or heert fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions ( ongestive head	a.  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  C.  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	eed the deeth. [ eech line.  A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  Dut not result!	Fery E OF):	r the mod	East e of dyl	ing, such	Part I. 24a. W	reapiratory (	Y 24b. W	Approximate interval Between Onset and Deeth Grant State of the State
MEDICAL	23. PART I. Enter the diseases, or a shock, or heert fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	eed the deeth. [ eech line.  A C C C C  B A CONSEQUENCE  B A CONSEQUENCE  B A CONSEQUENCE  B Dut not result!	E OF):	r the mod	East e of dyl	ing, such	Part I. 24a. W	reapiratory (	Y 24b. W	Approximate interval Between Onset and Deeth Grant State of the State
	23. PART I. Enter the diseases, or shock, or heert fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition ( UNGESTIVE LECTOR)	a.  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  C.  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	eed the deeth. [ eech line.  A CONSEQUENCE  A CONSEQUENCE  B A CONSEQUENCE  B Dut not result!	E OF):	r the mod	Ceuse	given in	Part I. 24a. W	AS AN AUTOPS ERFORMED?	Y 24b. W	Approximate interval Between Onset and Deeth Grant State of the State

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

29c. LICENSE NUMBER 29d. DATE SIGNED 3 40 PLETED CAUSE OF DEATH (NJEM 27) (Type, Print)

1 DEERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(s) and manner es stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the care

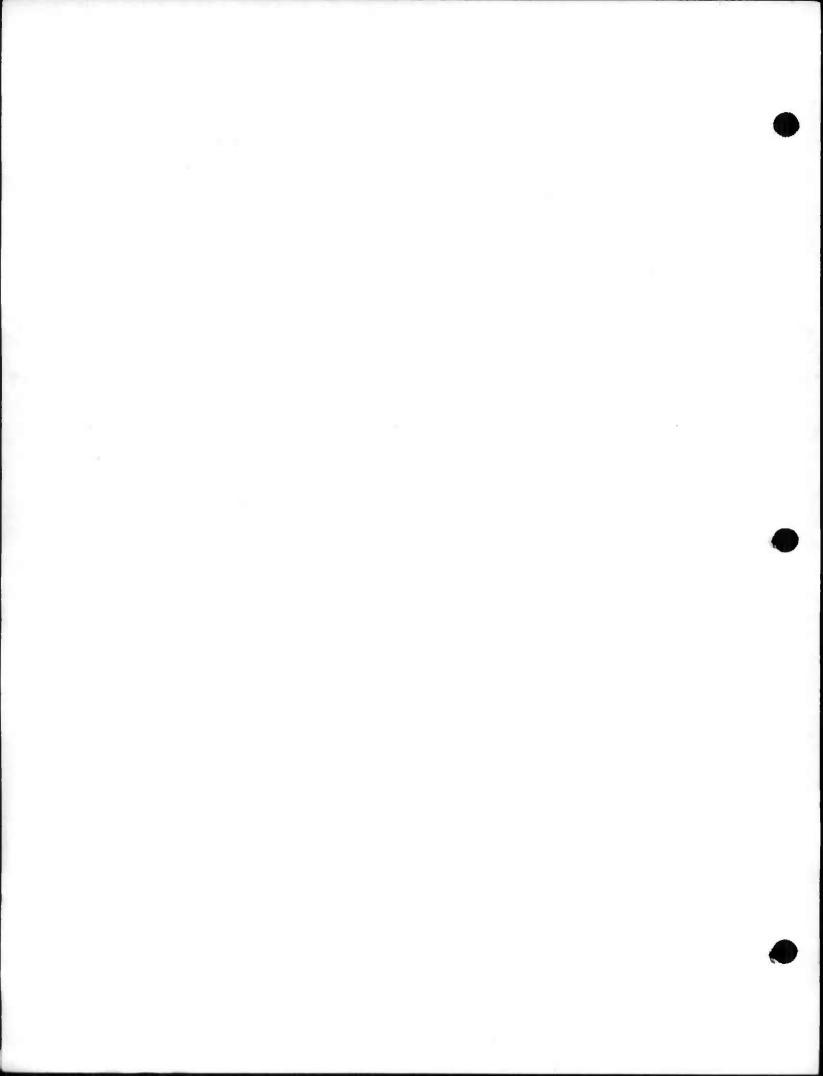
ou

26a. PLACE OF INJURY — At home, farm, streel, factory, office building, atc. (Specify)

22. REGISTIVAN'S SIGHT TURE

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

a



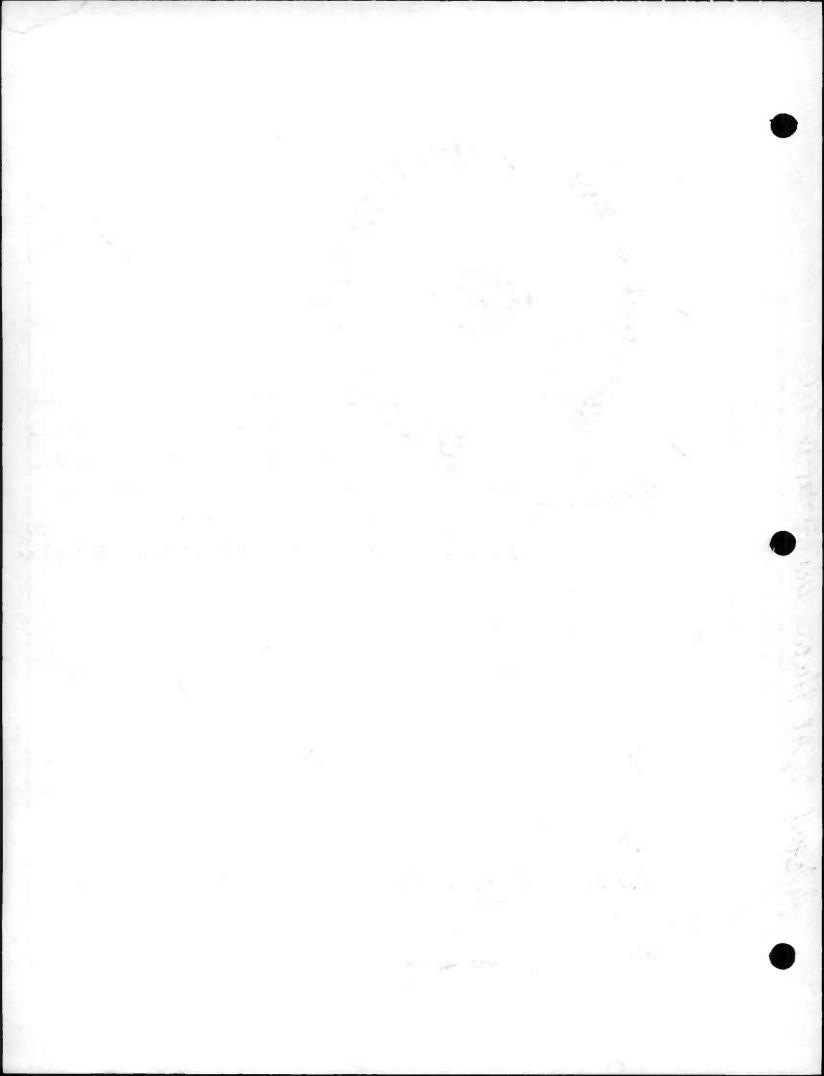
DHMH-18 Rev 1/89

PHYSICIAN: The law requires that the death certificate be executed within c-, nours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shou	of Health and Mental Hygiene prior to burial, cremation, or removal.	narked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE BEST OWNER PHYSICIAN: The law requires that the death certificate be executed w	Par process Aner this certificate has been signed by the attending physician and comp	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	If them 28 is marked, or item 23 shows any injury, or other traumatic eve
TO THE HOS	TO THE RUN	be filed with	IMPORTAN

BALTIMORE, MARYLAND 21203-3146

EXAM OFFICE

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT	OF D	ALTH AND	MENTA	L HYGIENE REG. NO.			- 1 6- 1 -7		
	1. DECEDENT'S NAME (First, Middle, Lest) Bronislawa	Agatha	Pa	talan				.17, 1	991	YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 219-21-4901	5. SEX 1 M 2 F	(In yrs. last birthday)			F UNDER 24 HRS.	7. DATE (Mont Feb	of BIRTH h, Day, Year) 0.25, 19	903	Country	lace (State or Foreign		
OR	90. FACILITY NAME (If not institution, give str 307 Hornel Street			96. CITY, TOWN OR LOCATION OF DEATH Baltimore							HTA		
FUNERAL DIRECTOR	10M STATE 10b. COUNTY		10c ci Ba	10c CITY TOWN OR LOCATION BALLIMOTE						10d. INSIDE CITY LIMITS? 1 ✓ YES 2 ☐ NO			
ERAL	10307 Hornel Street	-			101-2	1224			10g. CIT	IZEN OF W	HAT COUNTRY? .		
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES	2 NO	If 5	yes, speci	DENT OF HISPA ty Cuben, Mexico NO Specifi	n, Puerto		or No—		- American Indian, White, etc.		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		16a. OECEOENT (Give kind of life. Do NOT Farmer	work done du use retired.)		of working	161	b. KINO OF BUS	NESS/INC	DUSTRY			
BE COM	17. FATHER'S NAME (First, Middle, Last) Unknown Serwak	ка					nown						
10	19a. INFORMANT'S NAME (Type/Print) Lillian Dasko		6903	Bren	twoo	d AvBal		re	Mo	đ	21224		
	20s. METHOD OF DISPOSITION  1 Buriel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	oval from State	other place) St. Sta	nisla	us C	emetery or ADDRESS OF F				or Tow	Maryland		
		a. Welse				J. Web		40	LS.	Ches	ter St.		
	23. PART I. Enter the diseases, or cahock, or heart feliure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. Cu		Con	she mod	of dylog, su		Could	/	rest,	Approximete interval Between Onset end Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE										
MEDICAL	PART II. Other eignificent condition	a contributing to death	but not resulting	g in the und	derlying	ceuse given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
IAN	25. WAS CASE REFERRED TO MEDICAL					CE OF DEATH (C	heck only	one)					
PHYSICIAN:	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Out	tpetient 3 🗆 DOA	OTHER 4 Nursi		5) Residence	6 🗆 Ott	her (Specify)					
ву РНУ	27. MANNER OF/DEATH  1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)		IME OF NJURY M	28c. INJU WOR 1   YI		26d. D	ESCRIBE HOW I	NJURY O	CCURED			
ED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	tY — At home, farm ecify)	n, street, facto	ory, office		28f. LC	OCATION (Street of ty or Town, State)	and Number	er or Rural F	loute Number,		
COMPLET	CONSTRUCTION OF THE PROPERTY O	PHYSICIAN. To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner as stated.  AMBLET: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end manner ee stated.											
TO BE C	Pheodore	( lodge / lywh 24) DO 075/1 > 3/19/91											
F	30. RAME AND ADDRESS OF BERSON WH	O COMPLETED CAUSE OF D	PEATH (ITEM 27) (7)	pe, Print)					411-	V	U		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE										



1 - STATE REGISTRAR	STATE OF MAR			TMENT OF				YGIEN EG. NO	_			
1. DECEDENT'S NAME (First, Middle, Last)  ARTEMIS	ARTEMIS	SPAS	PAS				2. DATE OF MONTH	DEATH D	3	Gii	3. TIME OF DEATH AND IN	
4. SOCIAL SECURITY NUMBER	5. SEX 6. /	AGE (In yrs. Ins	t birthday)	IF UNDER 1 YEAR		R 24 HRS. MIN.	7. DATE OF I	SIRTH by, Weer)		Country	,,	
212-36-3254 9e. FACILITY NAME (If not institution, give s	7.	19		96. CITY, TOW	LOD LOCAT	ION OF DE	01/4	111			Hampshire	
SHADY GROVE AND RESIDENCE OF DECEDENT 100. STATE 100. COUNTY Balt		s. Cen	TER		CKUILLE HO.			9c. COUNTY OF I				
100. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OR LO	CATION						10d. INSIDE CITY	
	imore		Tov	vson	101. ZIP CODE			10g. CITIZEN OF			1 YES 2 NO	
06 1 1		1									THAT COUNTRY?	
10e. STREET AND NUMBER  26 Lambourne Rd  11. MARITAL STATUS  1 \( \sum \) Never Merried 2 \( \sum \) Merried	12. WAS DECEDENT EX FORCES? 1 I	YES 2 X	MED	If you,	specify Cub	OF HISPAN	NIC ORIGIN? (S		U.S	14. RACE Black	American Indien, c, White, etc.	
3 X Widowed 4 Divorced	IF YES, GIVE WAR	OH DATES		10,	1 NES 2 XNO Specify:				Wh:			
16. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12 yrs  17. FATHER'S NAME (First, Middle, Leet)	completed)	(G		USUAL OCCUPA work done during se retired.)		ing	16b. KIN	ID OF BU	SINESS/IND	USTRY		
12 yrs	College (1-4 or 5+) Salesperson						Sto	ewar	t's T	ent.	Store	
17. FATHER'S NAME (First, Middle, Last)					18. MQT	HER'S NA	ME (First, Midd			ОРОТ	00010	
	Cassis				heria			Nico	laides			
19e. INFORMANT'S NAME (Type/Print)		19b.			DI CI CI CI Db. MAILING AODRESS (Street and Number or Rural F						Taracs	
Basil M. Pappas		1704 Indigo Ct. Forest Hill, Md. 21050										
20a. METHOD OF DISPOSITION				SITION (Name of					CATION —	_	wn. State	
1 X Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	Gree!	<sup>800)</sup> k Ort	thodox	3-18-	91		Wo	odlaw	m M	1d	
21. SIGNATURE OF FUHERAL SERVICE LA	COMBEE	1/2		22. NAME RUC	AND ADDRE	son I	Funera	1 Ho	me, I	nc.	4.0	
1 Mun 1	1 from	7					. Tows					
23. PART i. Enter the diseases, preshock, or heart failure.  IMMEDIATE CAUSE (Final											Approximets Interval Between Onset and Deeth	
disesse or condition resulting in death)	DUE TO OR	AS A CONSE	OUENCE O	mak	Dise	)					Instant	
	Cos	onale	ed ha	fine.	DUS	2066					14 941	
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	DUE TO (OR	AS A CONST	outewise o	icord .							The contract of	
CAUSE (Disease or Injury that Initiated events	C. DUE TO (OR	AS A CONSE	OUENCE O	F):								
resulting in deeth) LAST	d											
PART II. Other significant condition  AUGUST STATES  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH	ne contributing to de	eth but not i	resulting	In the underly	ing cause	given in	Part 1. 24 Clitus,	PERFOI	AUTOPSY RMED?	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?  1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL			26 OTHER:	PLACE OF	DEATH (Ch	reck only one)					
1 TYES 2 NO	1 hpatient 2 EF			Nursing H	ome 5 🗆 F	Residence	6 Other (S)	nec/fy)				
27. MANNER OF DEATH  Netural 5 Pending  Accident Investigation	(Month, Day, 1		28b. TIN	JURY	INJURY AT WORK? YES 2	□ NO	28d. DEŞCRI	BE HOW	INJURY OC	CURED		
2 Sulaida m	28e. PLACE OF IN building, etc.	IJURY — At ho (Specify)	me, farm,	street, factory, o	MROLA	-	281. LOCATIO City or To	ON (Street own, State	and Number	or Rurel F	Route Number,	
could de la company of the company o	SICIAN: To the best of my										N and manner as also t	
MEDICAL EXAMINE	MINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) e					ij end manner ee stated.						
29b. SAME AND TITLE OF CERTIFIE	DA					286	MBER SG		1	1.0	(Month, Day, Year)	

Settles desdered.

30. NAME AND ADD

31. DATE FILED (Month; -Day, Year)

MIR TO

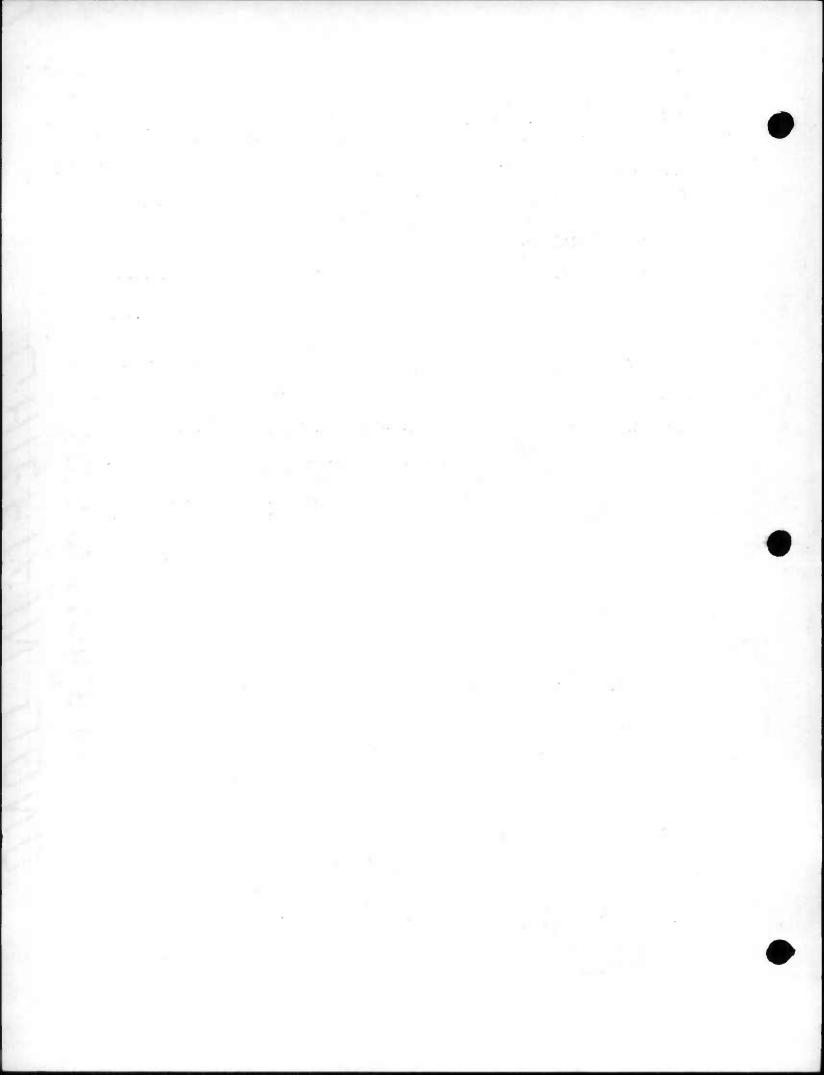
beend by Suff Lob B

Suite

32. REGISTRAR'S SIGNATURE
Lulia Davidson-Randalla

DHMH-18 Rev 1/89

MD. 20910



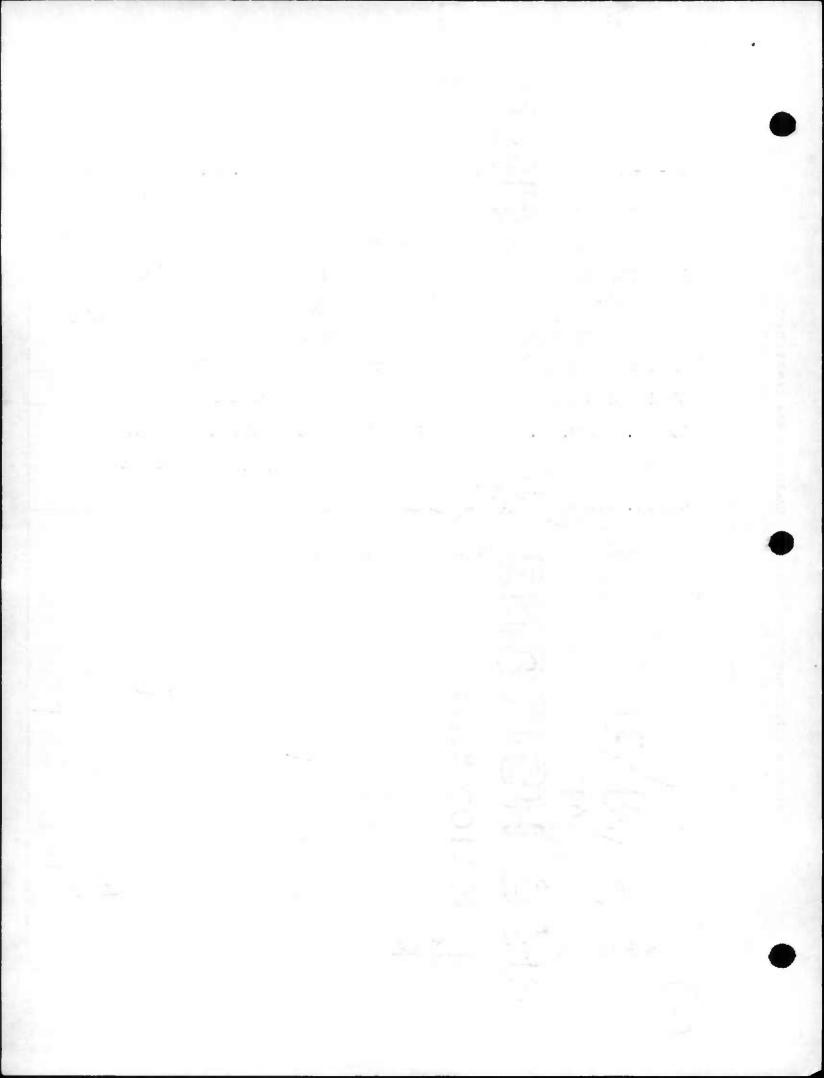
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be find within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

6

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTMENT	T OF HEALTH AND E OF DEATH	MENTAL HYGIEI		01610
1. OECEOENT'S NAME (First, Middle, L				2. DATE OF OEATH MONTH	DAY YEA	
BERTHA	IRENE		IELPS	March 11		9:53 P
4. SOCIAL SECURITY NUMBER  218 ⇒ 28 ⇒ 5986  9e. FACILITY NAME (If not institution, g	1 □ M 2 以F 60	YRS. MONTHS	R 1 YEAR   IF UNDER 24 HRS.   DAYS   HOURS   MIN.	7. OATE OF BIRTH (Month, Day, Year)  Jan. 29	a	IRTHPLACE (State or Foreign punitry)  AUULand  DE GEATH
1916 Wills Road	1		ndalk		Baltin	
	unty Iltimore	10c. CITY, TOWN  Dundal	k			10d. INSIDE CITY LIMITS? 1 YES 2XX NO
1916 Wills Road	£		21222		7.7.	of what country? I States
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS OECEDENT EVER IN FORCES? 1 YES	2 NO	WAS OECENOENT OF HISP. If yes, specify Cuben, Mexic  1 YES 2 NO Specify Cuben	cen, Puarto Rican, etc.)		AACE — American Indian, Black, White, etc. Specify: White
15. OECEOENT'S (Specify only highest Elementary/Secondary (0-12)		16a. OECEOENT'S USUAL ( (Give kind of work done life. Do NOT use retired.)	during most of working	16b. KINO OF B	USINESS/INDUST	
12 years 17. FATHER'S NAME (First, Middle, Las		Homemaker	18 MOTHER'S A	OWN HO		
William Wills	*		111111111111111111111111111111111111111	Rugermer		
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AOORES	SS (Street and Number or Run		own, State, Zip Code	0)
Lerou G. Phelps	s. Sr.	1916 Wi.	els Road. Bo	ultimore. 1	MD 2122	2
28a. METHOD OF DISPOSITION 1	Removal from State 20th	o. PLACE AND DATE OF OIS cemetary, crematory or other ak Lawn Cem	POSITION (Name		OCATION - City	or Town, State
Brian T. Chishe  23. PART I. Enter the disesses, ahock, or heert fall  IMMEDIATE CAUSE (Finel disease or condition resulting in death)		the death. Do not ente		Baltin neral Home	Wise Avmore, Md. of Dunc phiratory arrest,	21222 lalk Inc Approximate interval Betwo
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS A	CONSEQUENCE OF):  CONSEQUENCE OF):				
PART II. Other aignificant cond	itions contributing to death b	ut not resulting in the u	inderlying cause given		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 160
25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:	Lozus	26. PLACE OF OEATH (	Check only one)		
1 TES 2 NO	1   Inpatient 2   ER/Outp		ursing Home 5 Besidence			
27. MANNER OF CEATH  1 Natural 5 Pending 2 Accident Investigs	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO	28d. OEŞCRIBE HOV	W INJURY OCCURE	ED
3 Suicide 6 Could re 4 Homicide determin	building, etc. (Spec	— Al home, ferm, street, fa	ctory, office	281. LOCATION (Stree City or Town, Ste		tural Route Number,
tonicon only	PHYSICIAN: To the best of my know AMINER: On the best of examination					use(a) and manner as stated
29b. SIGNATURE AND TITLE OF CER	- M.D		29c. LICENSE N	8487	29d. DATE SH	12/91
Myo Thant, M.I	D. 9101 Fran	klin Square	Dr. Suite	305	/	
31. OATE FILED (Month, Day, Year)	32 REGISTRAN'S SIGN	A Tomas				



Pages 1, 2, 3 should

director, page 5 should be detached for use as the burial-transit

notified at once.

9

must

examiner

BALTI	hours after death. P	ed in by the funeral . or removal.	medical examin
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. P	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept, of Heatth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examin
	2	2 3	E

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN March 17, 1991 Beatrice E. Quinter 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH AUG. 7, 1910 5 SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 212-22-4682 80 DAYS HOURS 1 M 2 X F VRS 9e, FACILITY NAME (If not institution, give street end number) 96. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN 1759 White Oak Avenue **Baltimore** Parkville RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Md. Baltimore City 10e. STREET AND NUMBER 21213 USA 3644 Raymonn Avenue 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 TYES 2 NO Specify: Specify: 3 X Widowed 4 Divorced White

DIRECTOR 10d. INSIDE CITY 1 X YES 2 NO FUNERAL 10g, CITIZEN OF WHAT COUNTRY? 14. RACE — American Indien, Bleck, White, etc. BY COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade cor Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surneme) Fred Baranyi Mary Nagy BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 3644 Raymonn Avenue Baltimore, Maryland 21213 Kenneth Quinter 20e. METHOD OF DISPOSITION
1 X Buriel 2 Cremation 3 Rem 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, State Baltimore, Md. 4 Donetion 5 Other (Specify) Moreland Memorial Mar 21 1991 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Leonard J. Ruck Inc. 5305 Harford Road 21214 Lames 23\_PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street, Approximate shock, or heert fellure. List only one cause on each line Interval Betwe Onset and Death IMMEDIATE CAUSE (Finel disease or condition HEART FAILURE CONCESTIVE reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): ARTERIOSCLERUSI'S HYPERTENSION -CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Diseese or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? HYPOTHYROIDISM, 1 YES 2 NO 1 TES 2 LINO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) **EXAMINER?** OTHER: 1 YES 2 NO 4 Nursing Nome 5 Residence 6 Other (Specify) 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28d, DESCRIBE HOW INJURY OCCURED 28c. INJURY AT WORK? 1 Matural M 1 YES 2 NO BY 2 Accident Investigation 28a. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(a) and manner as stated. 296. SIGNATURE NO TITLE OF CERTIFIED 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Dev. Year) BE E. l'arra 4.P Celiar 002966 3/18 91 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print Celiar Parra MD 3007 E. Northern Parkway Baltimore, Md. 31. DATE FILED (Month, Day, Year) 32 REGISTRAR'S SIGNATURE

19

DIVISION OF VITAL HECCHUS, F.C. BOX 13146,  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 2-media death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be finder within 7 to 1914 and Memial Physician for its burlat, consolved to them 2 shows any above a shown and the trainmainte areast the market of a new and the permit of the trainmainte areast the market of a new and the permit of the trainmainte areast the market of a new and the permit of the permit
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIENI REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)	G.	Hudson			2. DATE OF DEATH		3. TIME OF DEATH			
1 1	(TEOR GE	()	RIES			MONTH DA	9	00 40 M			
	4. SOCIAL SECURITY NUMBER	5. SEX / 6. AGE (In	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	0. Bit	RTHPLACE (State or Foreign			
	215 05 0346	1 1 1 2   F   8	7 YRS.	MONTHS DAYS	HOURS MIN.	12 10	03 County				
	9a. FACILITY NAME (If not institution, give s	peet and number)		9b. CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY O	9c. COUNTY OF DEATH			
O. H	PHADY GROVE AT	VENTUT NOS	SPITAL	Rochvi	LLE		MONT	ONTGOMERY			
[[	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	,	10c. CITY	, TOWN OR LOCATI	ION	·		10d. INSIDE CITY			
DIRECTOR	MAD MEDT	GOMERY	6-1	ITHES	RURG			LIMITS?			
	10e. STREET AND NUMBER	GOMEN	10g. CITIZEN O	F WHAT COUNTRY?							
EB	301. RUSSELL	AVE	U	S A							
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED			IC ORIGIN? (Specify Yea 1, Puarto Rican, atc.)	or No 14. R	ACE — American Indian, lack, White, etc.			
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT			2 DINO Specify			White			
ED E		CATION	16a DECEDENT'S	LISUAL OCCUPATIO	M	165 KIND OF BUS		-			
ETE	(Specify only highest grade	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)									
<u>-</u>	Elamentary/Secondary (0-12) College (1-4 or 5+) 2 Personnel Director Manufacturing										
COMPL	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden					
BE C	Hubbard Cavar	naugh Quarles			Gertru	ide Estell	e Hudso	n			
TO B	19a. INFORMANT'S NAME (Type/Print) Dr. Richard Quai	nles	19b. MAILING	ADDRESS (Street a	nd Number or Rural R	loute Number, City or Town	n, State, Zip Code,	20878			
-	•			unty Cou		ruerspurg	, MD	20070			
2	20a. METHOD OF DISPOSITION  1 N Burlel 2 Cremation 3 Rem	oval from State	PLACE OF DISPOS	alley Me	netery, cremetory or		cation – city o imonium				
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC		uraney v					<u> </u>			
	1 Hallen	unuk min	ex. I.			EDEFELD HO					
	. C. Sherman		1 5		) York Ro		more, M	d. 21212			
	23. PART I. Enter the diseases, or c shock, or heart failure.	complications that caused List only one cause on as		ot anter tha mo	da of dying, auch	n aa cardiac or reapi	ratory arrest,	Approximate Interval Between			
	iMMEDIATE CAUSE (Final disease or condition	Day						Onset and Daath			
	resulting in death)	a. DUE TO (OR AS A	CONSEQUENCE OF					1021-95			
		FRA Tanks	1	tip (Le	FT			FDAY			
ō	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	F):	1)						
3	cause. Entar UNDERLYING CAUSE (Disease or injury	C. PROSTATA DUE TO (OR AS A	1 C CM	ZCINON	n A			NOOF			
H	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	7: P							
CERTIFICATION	resulting in death) LAST	. CHRONIE OF	STRUCT	VET IVE	min Apy	Disa	なと	INDEF			
AL C	PART II. Other algnificant condition	na contributing to death bu	it not reaulting i	n tha underlying	g cause given in			24b. WERE AUTOPSY FINDINGS			
S	POST HERP	ITC NOVEAL	614			PERFOR 1 □ YES 2	200	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
MEDIC		11.70	_					1 YES 2 NO			
z											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINEB?	HOSPITAL:		28. PL OTHER:	ACE OF DEATH (Chi	eck only one)					
YSI	1 → YES 2 □ NO	1 ☐ Inpatient 2 ☐ ER/Outpa		4 - Nursing Hom	e 5 🗆 Reeldence						
	27. MANNER OF DEATH  1  Attricel 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY WO	RK?	28d. DE\$CRIBE HOW I	NJURY OCCURE	0			
i A	2 Accident Investigation	26a. PLACE OF INJURY	- A1 home form	etreet Jectory office		281. LOCATION (Street	and Number or Bu	and Brutin Number			
	3 Suicida 6 Could not be 4 Homicide determined	building, atc. (Speci	Nurse	1/		City or Town, State)		wei frodie Harrison,			
	29a. CERTIFIER	NOIAN To the best of an inch			WB		10	<del></del>			
COMPLETED	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated.  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated.										
	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUN			NEO (Month, Day, Year)			
		Wellen.	11		DATA	C 4	▶ 3 -	-/7-6/			
<b>₽</b>	30 NAME AND ADDRESS OF PERSON WI	10 COMPLETEO CAUSE OF DE	ATH (ITEM 27) (Type	, Print)	1 1	( 7		, , , , ,			
	FRANCES CO	Mayor 8	EDOWN.	scowson	Mest	BATHES	1 /11	208750			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TUDE		7						
	MAR 1 9 199	JI Juna Davy	doon-Rand	ell.							

OHMH-16 Rev 1/89

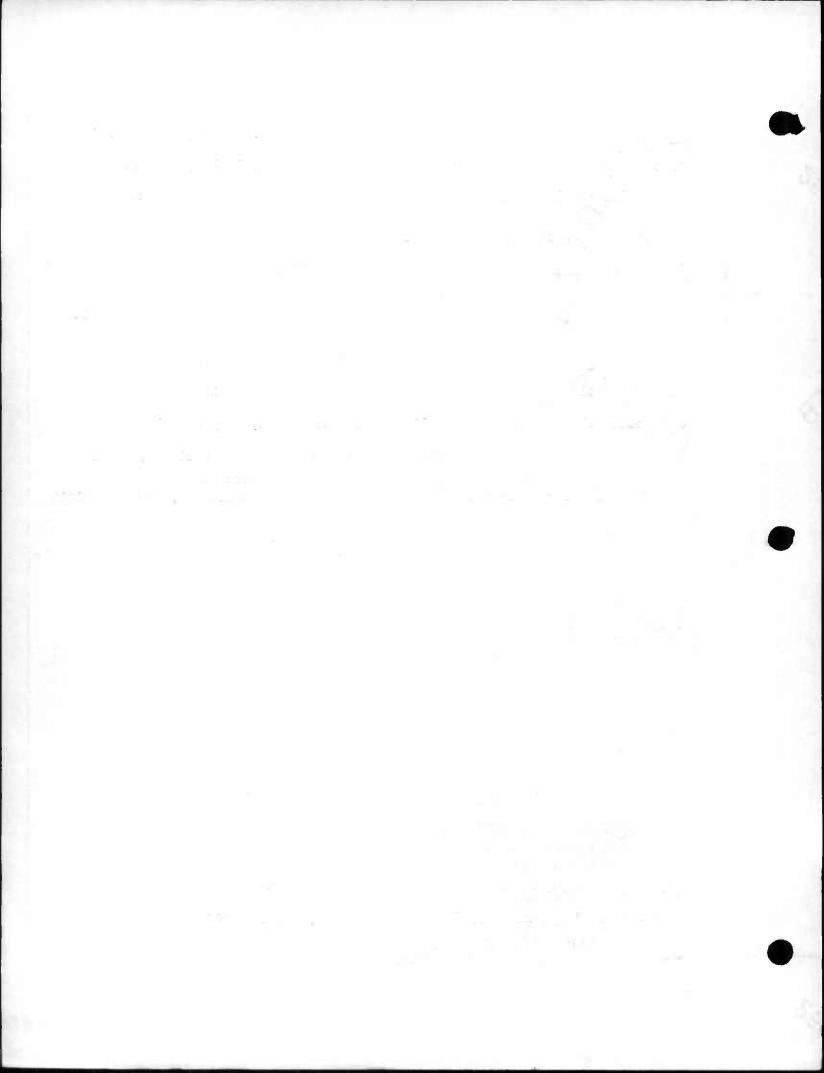
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TO THE HOSPITAL (	TO THE FUNERAL (	be filed within 72 h	IMPORTANT: If It	

	FOR		STATE OF N	MARYLAND /	DEPAR	TMENT	OF H	FAITH A	ND W	MENTAL I	HYGIEN	9 F		U,	1279	)
•	1 - STATE REGISTRAR		OINIE OI I					DEAT			REG. NO.	•				
	1. DECEDENT'S NAME (FI/SI, M ANNA		NETTE R	ADE BAUGH	ī					2. DATE OF MONTH	DEATH DA		YEAR 91	3. TII	ME OF DEATH	м
	4. SOCIAL SECURITY NUMBER	R	5. SEX	8. AGE (In yrs. les	birthday)	IF UNDER	1 YEAR	IF UNDER 24	HRS.	7. DATE OF	BIRTN		8. BIRTI	NPLACE	(State or Foreig	gn
	213-38-9863		1 🗌 M 2 🏋 F	92	YRS.	MONTHS	DAYS	HOURS	MIN.	3-10	-1899			cy1a	and	
æ	9e. FACILITY NAME (# not instituted to the second s						OWSC	R LOCATION	OF DE	ATN			NTY OF C		9	
8	RESIDENCE OF DECE															
DIRECTOR	Maryland	Bal	timore			ITY, TOWN OR LOCATION OWSON			i i					INSIDE CITY LIMITS? YES 2 X NO	D	
FUNERAL	100. STREET AND NUMBER 120 Burke A	venue		101. ZIP CODE 21.204					10g. CITIZEN OF WEU				WHAT (	COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 M 3 Widowed 4 Divorce	FORCES?	WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES X X X O If YES, GIVE WAR OR DATES 13. WAS DECEMBENT OF HISPAN If yes, specify Cuban, Mexica 1 ☐ YES X X X O Specify			Mexican	n, Puerto Ric		or No—		ck, White	nericen Indien, le, etc. Vhite				
	15. DECED	DENT'S EDUC	CATION	TION 16a, DECEDENT'S U			CCUPATIO	ON		16b, K	IND OF BU	SINESS/IN	DUSTRY		·III	
COMPLETED	(Specify only in Elementary/Secondary (0-1)	highest grade	College (1-4 or 5	(G	he kind of Do NOT u		during mo	st of working			N/A	A				
BE COM	17. FATNER'S NAME (First, Michael Mar							-		ME (First, Mid		Sumame)				
TO B	196. INFORMANT'S NAME (Type/Print)  Jeannette Hollenshade  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  912 Rappaix Ct. Towson, Maryland 21204															
	20s. METHOD OF DISPOSITION  20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place)  20c. LOCATION — City or Town, 91  other place)															
	22. NAME AND ADDRESS OF FACILITY  Dennis Stephen Yenakis  22. NAME AND ADDRESS OF FACILITY  Mitchell-Wiedefeld Home  6500 York Road Baltimore, Maryland 21212										2					
	23. PART I. Enter the dis				eath. Do									Lair	Approximate	
	IMMEDIATE CAUSE (Fina disease or condition		List only one ca	use on each line	3	1	7	7		-					Onset and I	
	resulting in death)		DUE TO	OF AS A CONSE	OUENCE	OF):	_	~		-						
CERTIFICATION	Sequentisity list condition if any, leading to immedicause. Enter UNDERLYIN	late	DUE TO	DUE TO (OR AS A CONSEQUENCE OF):												
RTIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST		CDUE TO	O (OR AS A CONSE	QUENCE	OF):										
CE		-	a													
PHYSICIAN: MEDICAL	PART II. Other significan	t condition	s contributing to	o desth but not	resulting	in tha u	ndariyin	g csuse g	iven in		PERFO	RMED?	24	CON	E AUTOPSY FINI LABLE PRIOR TO IPLETION OF CA DEATH?	0
N: ME										-				1 [	YES 2 NO	5
¥ !	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			Lower		LACE OF DE	EATN (Ch	eck only one	)					
Sic	1 YES 2 NO			☐ ER/Outpetient	3 🗆 DOA	4 I Nu		ne 5 🗆 Res	sidence	6 🗆 Other	(Specify)					
BY PHY		Pending nvestigation	28a. DATE C (Month,	F INJURY Day, Year)	26b. Ti	ME OF NJURY M	W	JURY AT ORK? YES 2	) NO	28d. DEŞC	RIBE HOW	INJURY O	CCUREO			Y
	3 Suicide 6 C	Could not be letermined	28s. PLACE building	OF INJURY — At h g, etc. (Specify)	ome, farm	, street, fe	ctory, offi	De			TION (Street Town, State		per or Rura	I Route	Number,	
COMPLETED	(Check only		ICIAN: To the best of											e(s) end	I manner se str	ated.
BE	29b. SIGNATURE AND TITLE	OF CERTIFIE	n Sta	22 10	21 1	161	eer.	29c, LICE	NSE NUI	MBER 3 8	3	1			oth, Oay, Year)	
5	30. NAME AND ADDRESS OF	PERSON WI	O COMPLETED CA	USE OF DEATH (IT)	FM 27) (%	ne Print)	-	4 -				-		-		

0'Donnell MD 7501 York Road Towson, Maryland 21204



Charles F. 0'D 31. DATE FILED (Month, Day, Year) MAR 1 9 1991



TO BE COMPLETED BY FUNERAL DIRECTOR

760, BALTIMORE, MARYLAND 21215-0020	od within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	3 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should if fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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-, -,		
	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HY	GIENE
AR	CERTIFICATE OF DEATH	2 NO

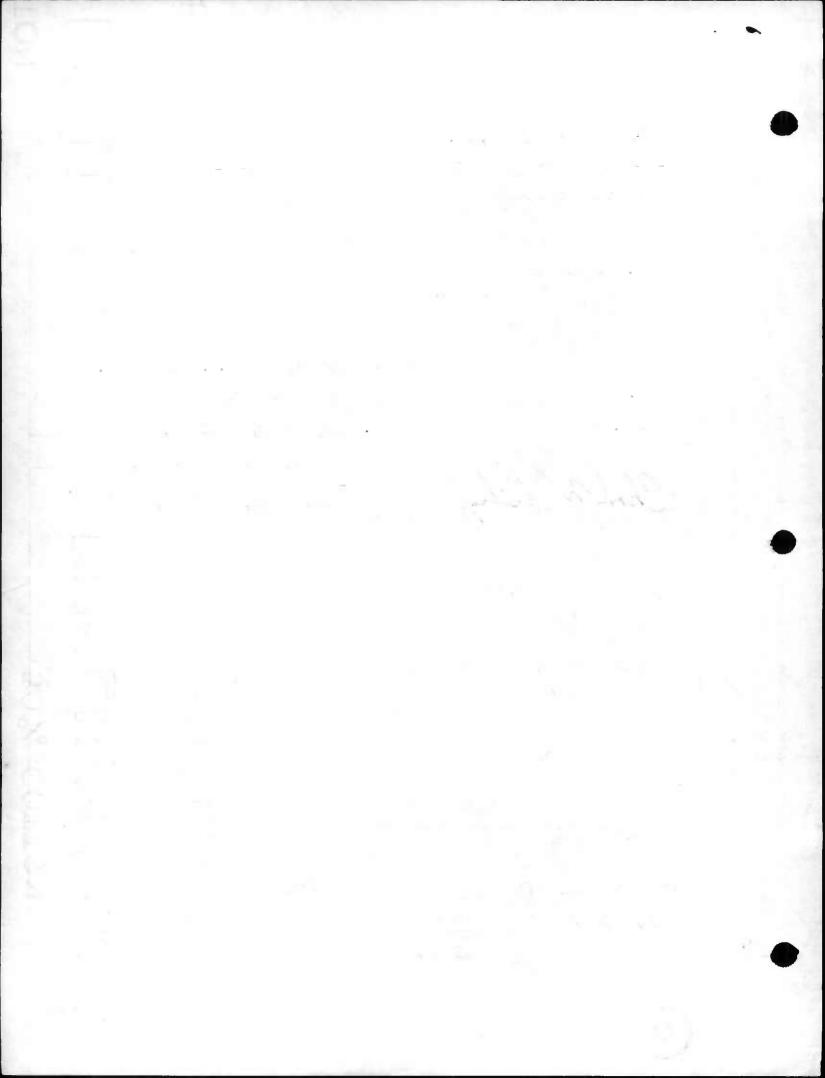
FOR 1 - STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN		
1. DECEDENT'S NAME (First, Middle, JONTAE	CHANELLE	tae C. Ros ROD	erss GERS	2. DATE OF DEATH	P <b>^</b> 9 <sup>t</sup>	3. TIME OF DEATH 7:59 A
4. SOCIAL SECURITY NUMBER N / A	1 □ M 2 √ XF	(In yrs. last birthday) FUN YRS.	DER 1 YEAR IF UNDER 24 HRS. IS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 02-26-	-91	BIRTHPLACE (State or Foreign Country)  M D
90. FACILITY NAME (If not institution, JOHNS HOPKINS RESIDENCE OF DECEDER	HOSPITAL		SALTIMORE CIT		9c. COUNTY	OF DEATH
	OUNTY		N DR LOCATION IMORE, CI	ТҮ		10d. INSIDE CITY LIMITS? 1 X XES 2 NO
104. STREET AND NUMBER 26 S. E	XETER ST.	APT-9E	101. ZIP CODE 21202		2 / 1 / 1 / 2	USA
11. MARITAL STATUS 11. Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR E	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 NO Speci	an, Puerto Rican, etc.)		Black, White, atc.  Specific B L A C K
15. DECEDENT' (Specify only highes Elementary/Secondary (0-12) CHILD	S EDUCATION I grade completed) College (1-4 or 5+)	16a. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire	L OCCUPATION ne during most of working d.)	16b. KIND OF BI	USINESS/INDUST	FRY
17. FATNER'S NAME (First, Middle, Li	GERS	CHILD		AME (First, Middle, Melde RON OVE	RTON	
194. INFORMANT'S NAME (Type/Prin	GERS		PELLA CT./			
20e. METHOD OF DISPOSITION 1\( \subseteq \text{Burlel} \) 2 \( \subseteq \text{Cremation} \) 3 \( \text{4} \) Donation 6 \( \subseteq \text{Other} \) (Specify	Removal from State	MEADOWRID	GECCE CEMETER		OCATION — CITY VUREL,	
21. SIGNATURE OF FUNERAL SERV	ICE LICENSEE		22. NAME AND ADDRESS OF F		101 E	. NORTH AVE
ahock, or heart fa  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a, Dr complications that cause illure. List only one cause on a SUDDEN INF	each line.		ch as cardiac of res	piretory arrest	t, Approximate Interval Betwee Onset and Deat
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a	A CONSEQUENCE OF):				
PART II. Other algorificant con	contributing to death	but not reaulting in the	underlying cause given in		N AUTOPSY DRMED? 2 \( \text{NO} \)	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDI EXAMINER?	CAL HOSPITAL:	OTI	26. PLACE OF DEATH (C	Check only one)		
1 YES 2 □ NO 27. MANNER OF DEATH	1 ☐ Inpatient XIXER/Out	tpatient 3 DOA 4 D	Nursing Nome 6 Residence	6 Cher (Specify) 28d, DESCRIBE NOW	INTITION OCCUR	250
1 Natural 5 Pendin 2 Accident Investig	(Month, Day, Year)	INJURY	WORK?	250. DEJUNIDE NON		
3 Suicide 6 Could 4 Homicide determ	not be building, etc. (So	Y — At home, farm, street, scffy)	factory, office	261. LOCATION (Stree City or Town, State		Rural Route Number,
CONSUM ONLY	PHYSICIAN: To the best of my kno (AMINER: On the basis of examinat					
294 SHOMATURE AND TITME OF CE	10 mg/m	. 0	29c. LICENSE N	UMBER	29d. DATE S	HGNED (Month, Day, Year)
Jahn T-	EXIL T	M	O.C.M	E	03/	/18/91
30. NAME AND ADDRESS OF PERS	ON WHO COMPLETED CAUSE OF MONEY	111 F	PENN STREET B	ALTIMORE, M	ARYLANT	21201
MAR 1 9 1991	Julia Davidson-1	fandell.				





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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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DECEDENT'S NAME (First,	, Middle, Last)								OF DEATH			3. TIME OF DEATH
HENRY	FRED	ROD	E. SR.					MONTH	3-11-	91	YEAR	9 4NA
SOCIAL SECURITY NUME		5. SEX		rrs. last birthday)	IF UNDER 1 YEA	R IF UNDE	R 24 HRS.	7. DATE O			8. BIRT	HPLACE (State or Foreig
217-18-905	3	DS™ 2 □ F	65	YRS.	MONTHS DAY	8 HOURS	MIN.		Day, Year)	2 5	Count	
e. FACILITY NAME (If not in	atitution, give s	treet and number)	0.		9b. CITY, TOW	N OR LOCAT	ION OF D		0-176		UNITY OF D	<u>Vryland</u>
Francis Sco			e Cenz	ton.		more						
ESIDENCE OF DEC		4 (			1 50000	anorte	arry		_			
Oa. STATE	10b. COUNT			10c. CIT	TY, TOWN OR LO	CATION						10d. INSIDE CITY
Maryland		Baltimore	2		Dundal	k						1 YES 2 NO
0e. STREET AND NUMBER						10f. ZIP COI	DE			10g. CI	TIZEN OF	WHAT COUNTRY?
7922 St. Br	ridget	Lane				212	22			11	SA	
1. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U	S. ARMED	13. WAS 1	DECENDENT		NIC ORIGINS	(Specify Ye		14. RAC	E American Indian,
☐ Never Married 2 🖔	Merried	FORCES? 1	X YES	2 (NO		specify Cub			ican, etc.)		Spec	ck, White, etc.
Widowed 4 Divo	orced	WW11- I		M.SGT		20 2/0/10	opour.	,.			- Sport	White
	EDENT'S EDU	CATION		Se. DECEDENT'S	USUAL OCCUP	ATION		16b.	KIND OF BU	SINESS/IN	DUSTRY	
Elementery/Secondary (C	ly highest grade 0-12)	College (1-4 or 5	+)	ille. Do NOT	work done during ise retired.)	HUSE OF WORK	uriy					
7th Grade				Sheet	Metal	Forem	an		E.A.	Каох	tnon	Co.
7. FATHER'S NAME (First, M									liddle, Maiden		end Kilo	
Henry F. Ro	rde						Lauri	a Dav	is			
9a. INFORMANT'S NAME (1	Type/Print)			19b. MAILING	G ADDRESS (Stre			_		wn, State, Z	(ip Code)	
Frances A.					2 St. B							21222
Get METHOD OF DISPOSIT	TON		20b. P	LACE AND DAT	E OF DISPOSIT	ON (Name		DATE				Own, State
☐ Burial 2 ☐ Crematic		oval from State	oficer	netary, cremator	y or other place)	4	2/1	1				
	r (Specify)		_   Va	R Lawn	Comoto	n.u	5/1	7/14/	I KA	Ptim	OHO	(M)
		cente , A	] Va	R Lawn	cemete	AND ADDR	3/1:	O/91	Ва	ltim	ore,	MD
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FOR 1 - STATE

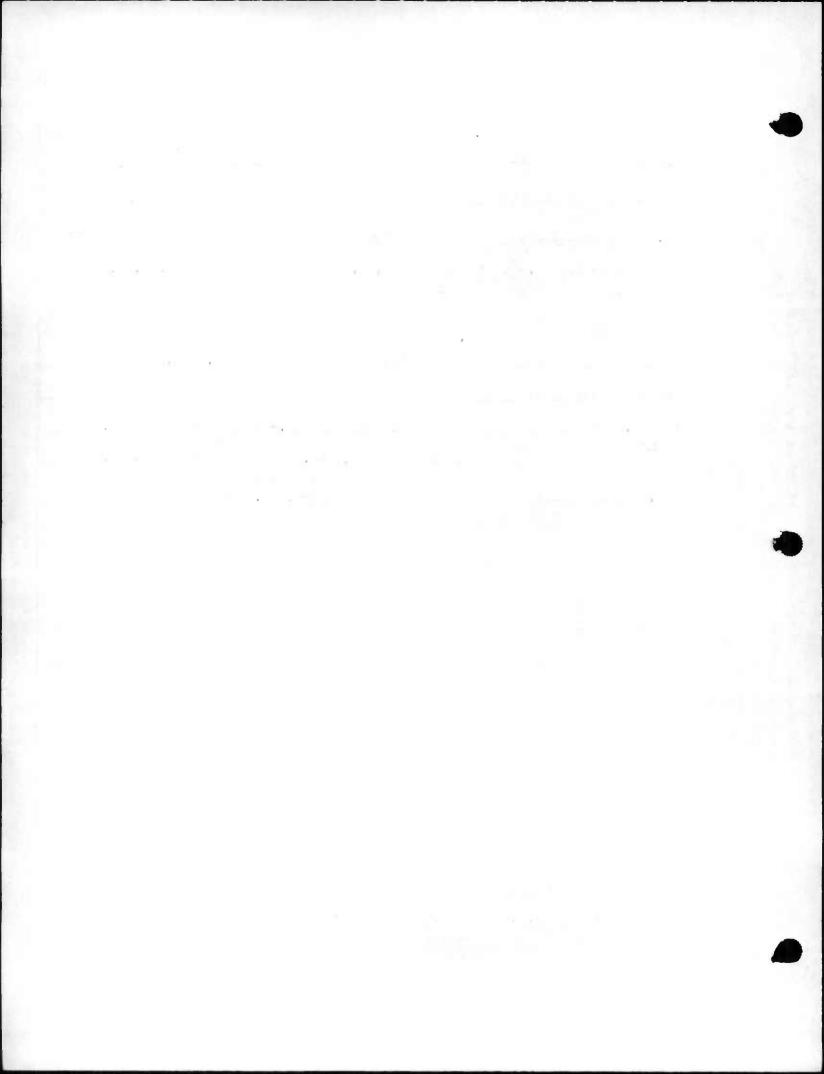
## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CEI	RITIFIC	AIE OI	DEA	I H	RI	EG. NO.			
)	1. OECEOENT'S NAME (First, Middle, Last)		Jane	RI	JSSELL			2. DATE OF C	DAY	, 19	YEAR	10:40 pm
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last b	oirthday) I	F UNDER 1 YEAR	IF UNDER	R 24 HRS.	7. OATE OF B			8. BIRTHPLA	CE (State or Foreign
	216-12-5346	1 M 2 CGF	68	YRS.	ONTHE DAYS	HOURS	MIN.	3-24-			Country)	
1	9e. FACILITY NAME (If not Institution, give	etmet and number)	00		b. CITY, TOWN	OBIOCAT	ION OF DE			De COUNT	TY OF OEATI	,
~					a. Citt, TOWN	,	ION OF DE	EATH				
2	Franklin Square	Hospita				N/A				Balt	imore	County
DIRECTOR	RESIDENCE OF DECEDENT  100, STATE  100, COUNT	ry		10c CITY 1	TOWN OR LOC	ATION				110	100	I. INSIDE CITY
												LIMITS?
		timore		P	erry H							YES 2 KDINO
FUNERAL	10e. STREET AND NUMBER					of, ZIP COD	E		- 1	10g. CITIZ	EN OF WHAT	COUNTRY?
	5214 Silversprin	ig RdLo	t 4 Perr	у На	11,Md.	21	128			U.	S. A	•
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARM	ED				NIC ORIOIN? (S		or No-	14, RACE — Black, W	American Indian,
	1 Never Married 2 Married	IF YES, GIVE	YES 2 NO			S 2 NO		n, Puarto Rican	i, atc.)		Specify:	mte, etc.
B	3 Widowed 4 Divorced							N/A				White
	15. OECEDENT'S EO		16a. DECI	EDENT'S US	SUAL OCCUPA	ION		16b. KIN	D OF BUS	INESS/INDU	JSTRY	
E 1	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5	Hto F	o NOT use i	rk done during i retired.)	nost of work	ing					
7	N/A	N/A		erate	029				~	& P.		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	IV/ E		CLau	01	16 MM	LIED'S NA	ME (First, Middle				
		7 .				10. 1101			o, marger c	sarreme)		
BE	William Suther	rland					Mary					
2	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING A	OORESS (Stree	t end Numbe	or Aural	Floute Number, C	ity or Town	, State, Zip	Code)	
-	Graham W. Russel		52	14 S	ilvers	oring	Rd.	-Lot 4	Pe	rry F	Tall.N	d. 21128
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rea	manual from State	20b. PLACE Of other place	F OISPOSIT	ION (Name of	emetery, cre	matory or		20c. LOC	CATION — C	Ity or Town,	State
	4 Donetion 5 Other (Specify)	MOVER HOME STEEL			matory	. Inc			Ba	ltimo	ore. M	d.
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE			22, NAME	AND ADDRI	ESS OF FA	CILITY				
								rick Av				
	G. Truman Sc	chwab			Ba	ltimo	re,	Md. 21	229			
	shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	Bronc	nogenic C									Interval Between Onset and Death
Z		b. Dehyd	ration (OR AS A CONSEOU									
은	Sequentially list conditions, if any, leading to immediate			JENCE OF):								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	Anemia	ā									
	thet initiated events	DUE TO	(OR AS A CONSEOL	JENCE OF):								
E	resulting in death) LAST	d										] ]
2											_	
EDICAL	PART II. Other significant condition	ona contributing to	death but not re	sulting in	the underly	ing cause	given in		PERFOR	MED?	AM	RE AUTOPSY FINDINGS AILABLE PRIOR TO
8								1[	YES 2	X-XNO		MPLETION DF CAUSE DEATH?
NE I											1	YES 2 NO
W								_			1	
A	25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF	DEATH (C	heck only one)				
흥	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	7004	OTHER:							
PHYSICIAN:	27. MANNER OF CEATH	28e. DATE O		28b. TIME		NJURY AT	lasidence	6 Other (Sp		HILDY OCC	HIBEO	
표	1 X Natural 8 Pending		Day, Year)	INJU	RY	WORK?	- 45	280. UEŞCHI	BE NOW II	NJUHT OCC	UHEU	
BY	2 Accident Investigation					YES 2	□ NO					
	3 Suicide 6 Could not b	28e. PLACE building	OF INJURY — At horn, atc. (Specify)	ie, farm, str	reet, factory, of	fica		261. LOCATIO	ON (Street a	nd Number	or Rural Rout	Number,
2	4 Homicide determined											
7	29s. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of	f my knowledge, des	th occurred	at the time, d	ete and plac	e. and du	e to the cause(s	a) end men	mer an stat	ed.	
COMPLETED	(Check only one) 2 MEDICAL EXAMI											nd menner as stated.
8	1											
BE	29b, SIGNATURE AND TITLE OF CERTIF	D. 11	0 010			29c. Li	CENSE NU	IMBER		29d. DATI	E SIGNED (M	opth, Day, Year)
2	MINIOE	lune 1	1, 1161)				N/	Ά			1/17/	71
F	30. NAME AND ADDRESS OF PERSON V										, ,	
	Matthew Macdumbe	er, M.D.,	9000 Fr	ank1	in Squ	are D	rive	, Balt	imor	e, Ma	rylan	d 21237
	31. DATE FILED (Month, Day, Year)	32. REGISTE	AR'S SIGNATURE									
	MAR 1 9 1991	Julia Davi	lon-Mandal	2								
		A										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a richours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn be find within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-314 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

Pages 1, 2, 3 should



TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI				YGIENE EG. NO.		71200
1. OECEDENT'S NAME (First, Middle, Last, GEORGE		SOFFOS			2. DATE OF E	DEATH DAY	YEAR 9.1	TIME OF DEATN 01:00A
4. SOCIAL SECURITY NUMBER 217-26-4332	5. SEX 6. AGI		IF UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, De)	WRITH	/-	ACE (State or Foreign
9a. FACILITY NAME (If not institution, give GREATER BALTIM				OWSON	EATH		NTY OF DEAT	
RESIDENCE OF DECEDENT  10a. STATE 10b. COUN  MARYLAND	BALTIMORE	10c. CITY,	TOWN OR LOCAT	TION	Pik	esville		d. INSIDE CITY LIMITS?  TYES 2 X NO
100. STREET AND NUMBER 106 HAWTHORN	E AVE		101	21208				T COUNTRY?
11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 XXYE IF YES, GIVE WAR OR	S 2 NO	If yes, sp	endent of NISPAI ecity Cuben, Maxica 2 X NO Specifi	n, Puerto Rican		14. RACE — Black, V Specify:	American Indian, thita, atc. White
15. DECEDENT'S ED (Specify only highest grace (Specify only highest grace (December 1998) (19	UCATION le completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor Me. Do NOT use i Restaura	rk done during mo retired.)	st of working	518 198	D OF BUSINESS/INC		
17. FATHER'S NAME (First, Middle, Last) Philip Soffos		Restaula	inceur-c	16. MOTHER'S NA	ME (First, Middle	ids Sell e, Malden Surname) ne Unknow		oved
19a. INFORMANT'S NAME (Type/Print)  Mrs. Emma Jane S	offos				Route Number, C	City or Town, State, Zip		08
20a. METHOD OF DISPOSITION    (XBurlel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	206. PLACE ANO DATE Of cometary, crematory or ruid Ridge	OF OISPOSITION	(Name	DATE	20c. LOCATION -	City or Town	, Stata
21. SIGNATURE OF FUNERAL SERVICE I	Aynus		Lorin		Funera	al Direct Randallst		
shock, or heart feilure IMMEDIATE CAUSE (Final disease or condition resulting in daeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	CARDIOPULM S A CONSEQUENCE OF):  B A CONSEQUENCE OF):		RREST				Interval Betwee Onset and Deat
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):	:					
PART II. Other significant condition	ons contributing to deeth	but not resulting in	the underlyin	g cause given in		PERFORMED?	A C	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	LACE OF OEATN (C	eck only one)			
1 YES 2 NO  27. MANNER OF DEATN  1 Netural 6 Pending Investigation	1 Inpatient 2 ER/O 28a. DATE OF INJUR (Month, Day, Yea	Y 28b. TIME	OF 28c. IN.	JURY AT DRK? YES 2 NO		pecify) BE NOW INJURY OC	CCURED	
2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide determined	28e. PLACE OF INJU	RY — At home, farm, str pecify)	reet, factory, offic	:0	26f. LOCATIO City or To	ON (Street and Number own, State)	or or Rural Rou	te Number,
one)	SICIAN: To the best of my kn NER: On the basis of examins							nd manner Sa stated.
29b. SIGNATURE AND TITLE OF CERTIF	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type 6	Print)	29c. LICENSE NU	349	•		forith, Day, Year)
PETER J	1991 Julian	2D - G.B.1	M.C. 67	01 N. CH	ARLES	ST.TOWSO	N,MD.2	21204
MAR 1 9	1991 Julia	Davidson-Rand	Lee					

BALTIMORE, MARYLAND 21215-0020	SJCIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPING OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE COMMENCIOR: After this certificate has been signed by the attending physician and completely filled in by the fun be fine the commence incluse after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTARE IF Jein 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

•	FOR 1 - STATE - STATE - STEGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF				) MENTA		9	1 (	7284
	1. DECEDENT'S NAME (First, Middle, Last)		CENTIF	ICALE	OF L	EAIR	2 DATE	REG. NO.			. TIME OF DEATH
1 8	Contract to the second	RRETT SH	IELLHAME1	2			MONT	h 16,	1991	YEAR	. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1	VEAD .	IF UNDER 24 HRS	_	OF BIRTH		& BISTUDI	ACE (State or Foreign
	212-30-5865			-		OURS MIN	(Mont	1. Day, Year)		Country)	
	9a. FACILITY NAME (If not institution, give etr		,	OF CHASH	TOUR 00	LOCATION OF		20-192		TY OF DEA	rginia
00							DEATH				IH .
P	Francis Scott Key	mealcal Con	Le	Ba	ltimo	re			N.	/A	
DIRECTOR	100. STATE Maryland Balti	more	10c. CIT	ry, town of idalk	R LOCATION	N				100	Did. INSIDE CITY LIMITS?  TYES 2 [X NO
	10e. STREET AND NUMBER	· · · ·			10f. Z	IP CODE			10g. CITIZ		AT COUNTRY?
8	1606 Searles Road				212	222			Unit	ed St	atos
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMED	13. W			PANIC ORIGII	17 (Specify Yea			- American Indian,
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 X NO	H	yes, speci	ty Cuben, Men	cican, Puerto			Bleck, V Specify:	White
0	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S	USUAL OC	CUPATION		168	. KIND OF BUS	SINESS/IND	JSTRY	
<b>E</b>	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done di ise retired.)	uring most o	of working					
直	12 years 2	uears	House	vike			_   _	Home			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				1	IS. MOTHER'S	NAME (First,	Middle, Maiden	Surname)		
ш	James Jarrett					Lela	McCle	ına			
00	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADDRESS	(Street and			ber, City or Tow	n, State, Zip	Code)	
2	Frank Shellhamer		1606	Sear	les R	Road B	altimo	re. Mi	1. 21	222	
	20e. METHOD OF DISPOSITION  1 Naurial 2 Cremation 3 Remo	oval from State 20	b. PLACE AND DAT cemetary, cremator OLLY Hill	F OF DISPD	SITIDN /A	lame	DAT	E 20c. LO	CATION - C	ity or Town	, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE ITIO	icy fice	22. N	NAME AND	ADDRESS OF	FACILITY				
	Maniel T-	Mulher	an	Duc	da→Ri	ick Fu	neral	Home of			, Inc.
ERTIFICATION	23. PART I. Enter the diseases, or c shock, or heart fellure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS	arting of	lial Unea	2 ii	Larc	tun		retory sm	est,	Approximate interval Between Onset and Death Faum,  Years,
PHYSICIAN: MEDICAL C	PART II. Other significant condition	s contributing to deeth to		In the un	derlying	cause given	in Part i.	24e. WAS AN PERFOI 1 YES 2	RMED?	o o	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				26. PLA	CE OF DEATH	(Check only o	ne)			
200	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Out	nationt 3 M DOA	OTHER 4 Num		8 - Resider	on 8 □ 0th	ar (Specify)			
	27. MANNER OF DEATH  1 N Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b, TI	-	28c. INJUR	RY AT K?	-	\$CRIBE HOW	NJURY OCC	URED	
ED BY	2 Accident Investigation 3 Suicide S Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe		, street, facto		S 2 ND		CATION (Street or Town, State,		or Rural Roo	ute Number,
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my know									and manner as stated.
TO BE C	29b. SIGNATURE AND ADDRESS OF PERSON WH	Folsin	MD	no Printi		D- C	NUMBER 219	1			Horith, Day, Year)

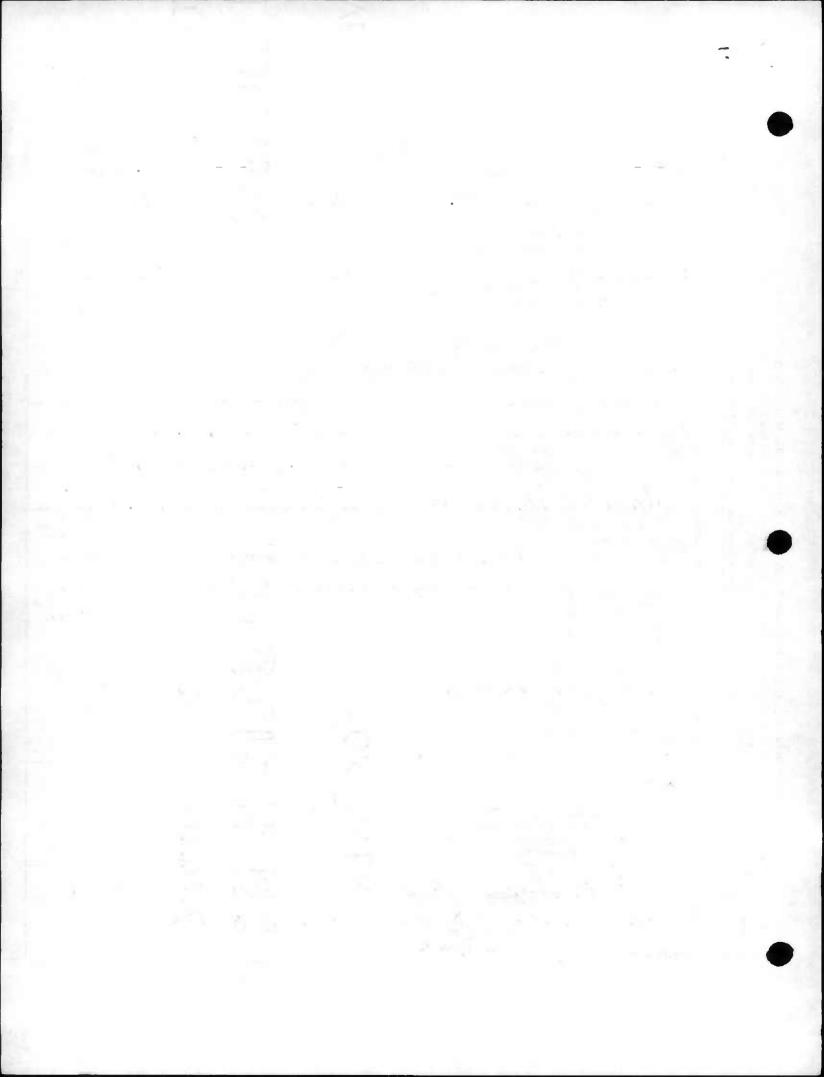
MORETED CAUSE OF DEATH (ITEM 27) (Type, Print)

IRA, M.D. 3029 Diendalk Ave

32, ARGISTRAR'S SIGNATURE

STANDON-Handell. GOLPIRA # 21222

ATAOLLAH
31. DATE FILED (MORITI, Day, Year)
MAR 19 1991

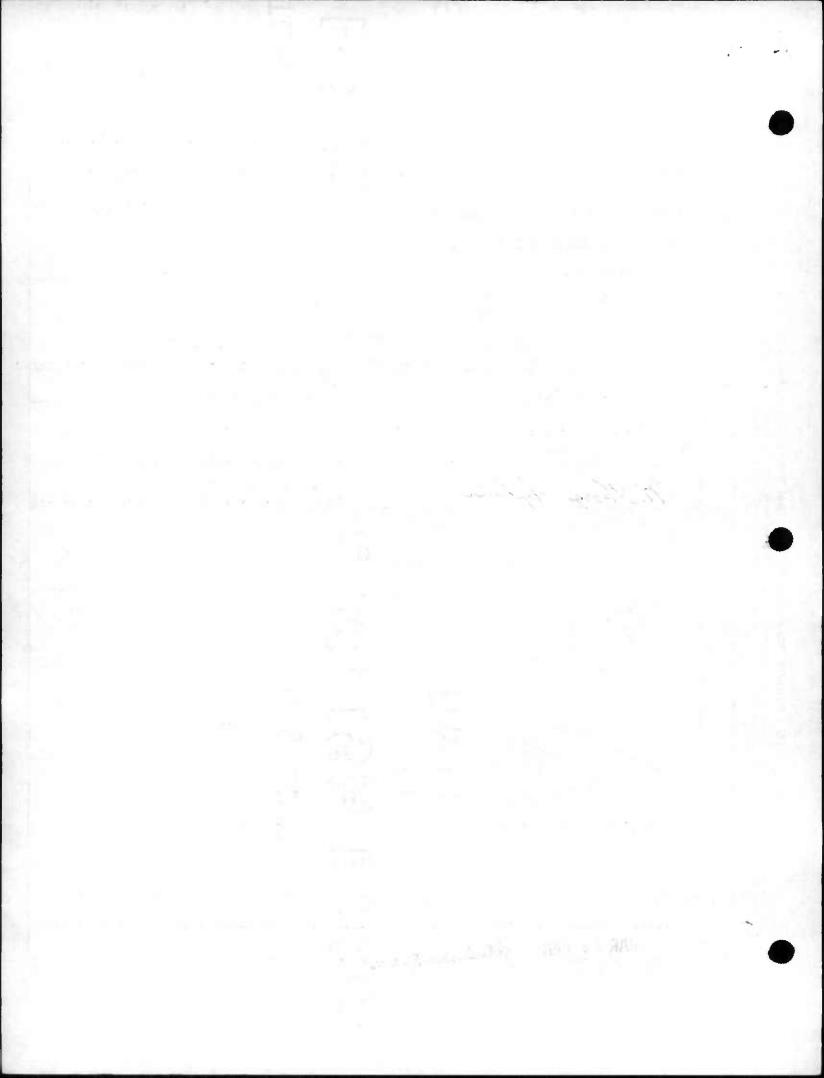


OHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	L OR ATT INTERPRETABLIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTION TO THE ABS DEED SIGNED by the attending physical and completely filled in by the functed for use as the burial-transit permit. Pages 1, 2, 3 should	E	tiem 28 is markëd, or tiem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION	TO THE HOSPITAL OR ATTENTION	TO THE FUNERAL DIRECTOR AND	be filed within 72 hours	IMPORTANT: If Item 28 is man

STATE	0F	 	EPARTMENT				<b>MENTAL</b>	HYGIENE
		CEF	RTIFICATE	0	F DEAT	TH		REG. NO.
							7	

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMENT		MENTAL HYGIENE REG. NO.	
1. DECEDENT'S NAME (First, Middle,		CCUIII	TZ, SR.	2. DATE OF DEATH DAY 03 17	3. TIME OF OEATH 91 12:50 PM M
GORDON  4. SOCIAL SECURITY NUMBER  215-14-6709	.V3	(In yrs. last birthday) IF UNDER		7. DATE OF BIRTH (Month, Day, Year) 4-15-20	8. BIRTHPLACE (State or Foreign Country) Maryland
9a. FACILITY NAME (If not institution,		9b. CITY	, TOWN OR LOCATION OF D		9c. COUNTY OF DEATH A.A. COUNTY
10a. STATE 10b. CO	DUNTY	10c. CITY, TOWN			10d. INSIDE CITY LIMITS?
	nne Arundel	Severn	101. ZIP COOE		1 _ YES 2 🖾 NO  10g. CITIZEN OF WHAT COUNTRY?
10e. STREET AND NUMBER  8409 Jacobs Ro  11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Olvorced	12. WAS DECEOENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR D	2 NO	WAS DECENDENT OF HISP/ If yes, specify Cuban, Mexic 1  YES 2 NO Specify Cuban		Black, White, atc. Specify:
	EDUCATION	16a. DECEDENT'S USUAL O (Give kind of work done life. Do NOT use retired.)	during most of working	16b. KIND OF BUSH	White MESS/MDUSTRY of Maryland
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12) 6 th 17. FATHER'S NAME (First, Middle, La	None	Engineer	18. MOTHER'S N	Clifton '	T. Perkins State Ho
Henry F. Sc		No CONTRACTOR OF THE	S (Street and Number or Rura	Zabeth Chas	State, Zip Code)
20a METHOD OF DISPOSITION 1 4 Burlal 2 Cremetton 3	20	8409 Jaco  b. PLACE AND DATE OF DISP  Gemelary, crematory or other  Glen Haven Mo	OSITION (Name	DATE 200. LOCA	ATION — City or Town, State
4 Donetion 6 Other (Specify  21. SIGNATURE OF FUNERAL SERVI		22.	NAME AND ACCRESS OF F	ineral Home	Burnie, Md. 21061
23. PART I. Enter the diseaser ahock, or haert fel immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Heath  out to our to our as  out to our as  b. Our to our as  c. Heath		Farle	۷	Approximate Interval Between Onset and Dast
PART II. Other algnificant con	ditions contributing to deeth	but not resulting in the u	nderlying cause given i	n Part I. 24a. WAS AN A PERFORM 1 TYES 2 {	MED? AMAILABLE PRIOR TO COMPLETION OF CAUSE
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO	HOSPITAL:	OTHE	26. PLACE OF DEATH (t R: rsing Home 5 ☐ Rasidence		
27. MANNES OF OEATH  1 Natural 5 Pending 2 Accident Investig	28a. DATE OF INJURY (Month, Day, Year) ation 28e. PLACE OF INJUR building, atc. (So	26b. TIME OF INJURY M	26c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW IN	JURY OCCURED  and Number or Bural Route Number,
(Crieck Oray	PHYSICIAN: To the best of my kno	wiedge, death occurred at the		ue to the cause(a) and mann	ner as stated. I due to the cause(a) and menner as stated.
29b. SIGNATURE AND TITUE OF CE	out to	Sym .	29c. LICENSE N	UMBER 094	29d. DATE SIGNED (Month, Day, Year)
		OAKWOOD ROAI	), SUITE 203	/GLEN BURNI	E, MARYLAND 21061

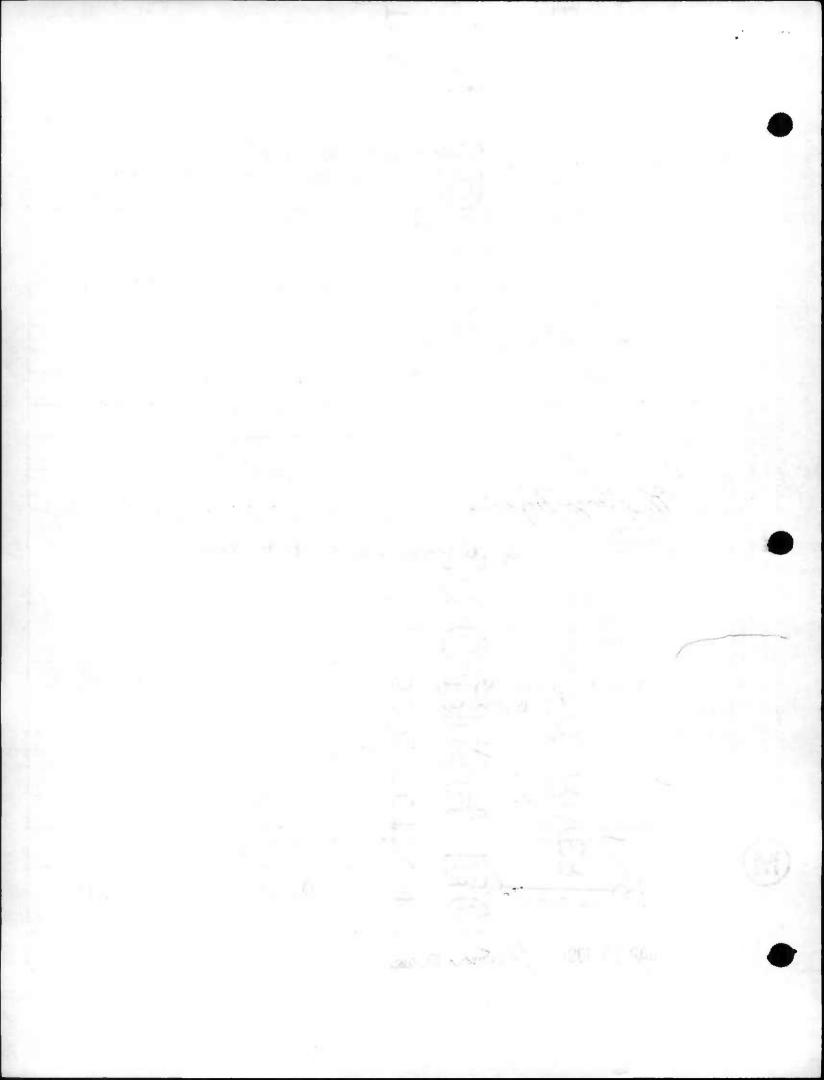


DHMH-16 Rev 1/89

the hosp	detacher		once.
6	2		7
HINTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hosp	In ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		am 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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SING	After	num after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	S mg
EN	H	ter	8 15
Ē	E	al	2
筶	匿	3	蓋

STATE OF MARYLAND /	DEPARTMENT C	OF HEALTH	AND MENTAL	HYGIENE
CE	ERTIFICATE	OF DEAT	Н	REG. NO.

	1 - STATE STATE REGISTRAR  STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.											
į.	1. DECEDENT'S NAME (First, Middle, Last)	NT'S NAME (First, Middle, Last)						3. TIME OF DEATH A				
	KATHERINE ELIZABET		UNDER 1 YEAR		03	15 9	12:27 M					
	4. SOCIAL SECURITY NUMBER 216 - 14 - 8673	1 🗆 M 2 💥 F	67 YRS. MO	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12 12 1923 MARYLAND							
TOR	9a. FACILITY NAME (If not institution, give st North Arundel Ho RESIDENCE OF DECEDENT		urnie,	PC. COUNTY OF DEATH Anne Arundel								
DIRECTOR	10a. STATE 10b. COUNTY	E ARUNDEL	GLEN		10d. INSIDE CITY LIMITS? 1 YES 2 [7] NO							
	10e. STREET AND NUMBER	MONDED	GLEN	ZIP CODE	10g. CITIZEN OF WHAT COUNTRY?							
FUNERAL	106 Martin Road		1061	U.S.A.								
BY FU	11. MARITAL STATUS 1 Never Married 2 X Married 3 Divorced	Never Married 2 Married FORCES? 1 YES 2 NO If yee, specify Cuban, M						SPANIC ORIGIN? (Specify Yea or No— 14. RACE — American Indian, axican, Puarto Rican, etc.)				
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Cerentary/Secondary (9-12)  Coffege (1-4 or 5 +)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)					16b. KIND OF BUSINESS/INDUSTRY					
AM	1.0 NO	ONE	HOMEMAKE	R	10 MOTHER DIA	OWN HO						
	JOHN A. KAUFMAN				BERTHA	ME (FIRST, MIDDINE, MINION	n sumeme)	Reid				
) BE	19a. INFORMANT'S NAME (Type/Print)											
2	BERNARD H. SMITH		SAME AS									
	20a. METHOD OF DISPOSITION  1											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME 1 SECOND AVE. S.W. GLEN BURNIE, MD 210											
	23. PART I. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ahock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. Approximate interval Between Onset and Death											
NO	DUE TO (OR AS A CONSEQUENCE OF):											
ICATI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury											
CERTIFICATION	that initiated eventa resulting in death) LAST											
AL	PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part						t i. 24a. WAS AN AUTOPSY PERFORMED? AWALABL.  1  YES 2 NO COMPLET OF DEATH					
BY PHYSICIAN: MEDIC		-		1 TES 2 NO								
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	ACE OF DEATH (Ch	eck only one)						
IYSI	1 YES 2 NO	1 ☐ Inpatient 2 ☐ ER/Ou 28a. DATE OF INJURY	rtpatient 3 🗆 DOA   4	☐ Nursing Hom	e 5 🗆 Residence			~				
3Y PF	1 Accident Investigation	1 North, Dey, Year)  INJURY WORK?  M 1 YES 2 NO										
	3 Suicide 8 Could not be 4 Homicide detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, offica City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)											
COMPLETED	anal anal	CIAN: To the best of my kno						ause(a) and menner as stated.				
BE CC	296. SIGNATURE AND TITLE OF CERTIFIEF	lille			29c. LICENSE NUI	1BER 694	29d. DATE SIGNED (Month, Day, Year)					
2	30. NAME AND ADDRESS OF PERSON WH		DEATH (ITEM 27) (Type, Pri	<sup>(nt)</sup> 1600				[15]7]				
	Basant K. Khande			Glen	Burnie,	ighway, S Maryland	21061					
	31. DATE FILED (Month, Day, Year)  MAD 1 9 1001	32. REGISTRAR'S SIG										



DHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

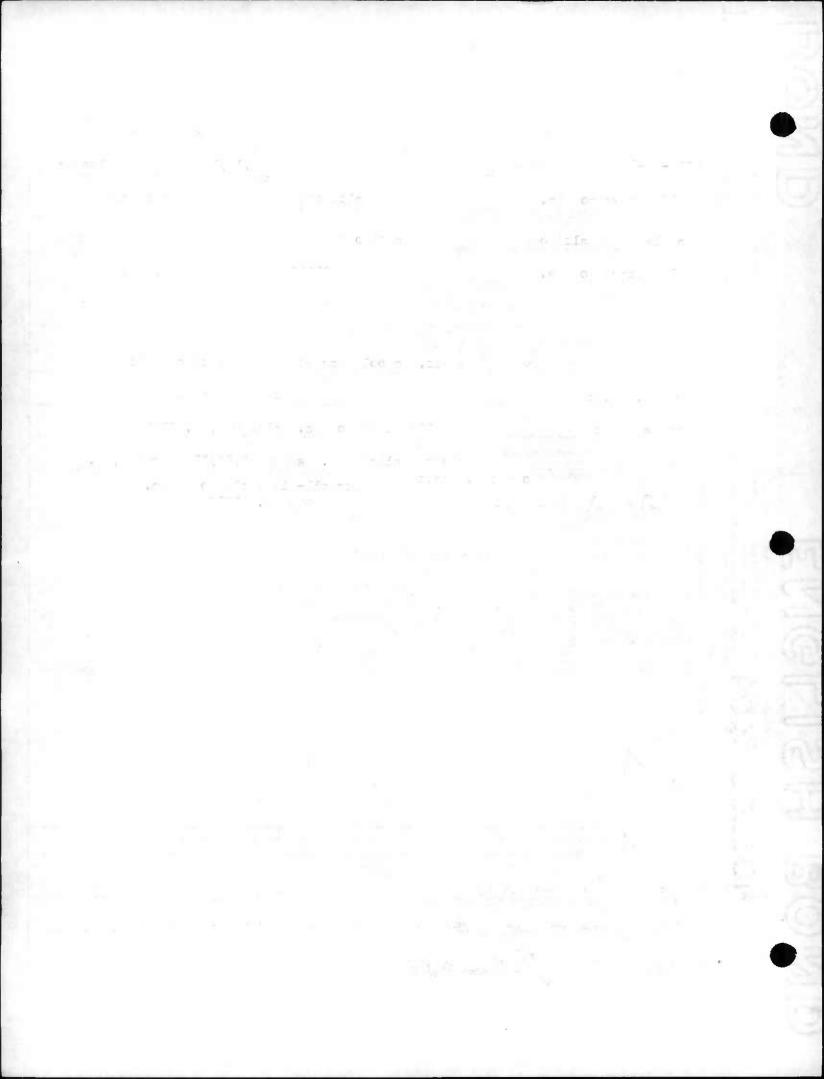
	REGISTRAR		CERTIF	CATE OF	DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	JOHN B. S	WIFT			2. DATE OF DEATH DA		AR 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 200-16-1828	CURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRT				7. DATE OF BIRTH (Month, Day Year) 4/18/1926	a. BIRTHPLACE (State or Foreign Country) Pennsylvania				
	9e. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY				
DIRECTOR	135 Stevenson	135 Stevenson La. Baltimore						more			
E	10s. STATE 10b. COUNT	Υ	10c. CITY	Y, TOWN OR LOCA	TION			10d. INSIDE CITY			
F .	Maryland Balt	ltimore			1 TES 3 NO						
BY FUNERAL	135 Stevenson	10	21212		U.S.A.						
	11. MARITAL STATUS  1 Never Merried 2/1 Merried  3 Widowed 4 Divorced  2 IF YES, GIVE WAR OR DATES			If yes, sp		n, Puerto Rican, etc.)	ORIGIN? (Specify Yea or No— Puerto Rican, etc.)  14. RACE — Americ Black, White, et Specify: W 1 1				
8	15. DECEDENT'S EDI (Specify only highest grad		16a. DECEDENT'S	USUAL OCCUPATI	ON pat of working	16b. KIND OF BUS	SINESS/INDUST	TRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 6+)		vork done during more retired.)		Balti	more Ci	itv			
O	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Meiden					
C	John E. Swift				Gerti	rude Purce	11				
) BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or Tow	n, State, Zip Coo	ie)			
2	Teresa Swift		135 S	tevenso	n La. Ba	ltimore,Md	. 21212	2			
	20a. METHOD OF DISPOSITION 1 Description 2 Cremation 3 Ref	noval from State	20b. PLACE AND DATE of cemetary, crematory				DATE 20c. LOCATION — City or Town, State				
		1X) Burisi 2 Cremation 3 Removal from State   of cemetary, crematory or other place)   Dulaney Valley Mem. Gardens 3/19/91 Timonium, Md.  21. SIGNATURE OF FUNERAL SERVICE LICENSER Obert M. Kratz   12. NAME AND ADDRESS OF FACILITY   Minch held I. Licenser   Name And Address of Facility   Name And Address of Fa									
100	Bolesty	Mitchell-Wiedefeld Home Inc. 6500 York Rd. 21212									
CERTIFICATION	ahock, or heart failure. List only Dna cause Dn act fine.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):										
L CERT		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
PHYSICIAN: MEDICAL	PERFORMED?  1  YES 2 NO  ANULABLE PRIOR TO COMPLETION DF CAUSO OF DEATH?  1 YES 2 NO										
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (C)	neck only one)					
Si	1 TYES 2 NO	1   Inpatient 2   EF	NOutpetlant 3 DOA	OTHER: 4  Nursing Hor	ne 5 Raeldenca	8 Other (Specify)					
	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	1 Netural 5 Pending (Month, Day, Year) INJURY WORK?									
TED BY	2 Accident investigation 3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  28s. PLACE OF INJURY — At home, farm, street, factory, office City or Fown, State)										
COMPLETED	29s. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) end manner as stated.										
BE	296. SIGNATURE AND THE OF CERTIFI	er a D. D.		20	29c. LICENSE NU	MBER 3.0	29d. DATE SI	GNED (Month, Day, Year)			
5	11 1 11	THO COMPLETED CAUSE O	OF DEATH (ITEM 27) (Type	, Print)		owson,	11	70 //			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	28 D	ive 1	ouson,	1/d, 2	delf			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

MAR 1 9 1991



3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign Country)

Maryland

11:56 PM

4. SOCIAL SECURITY NUMBER

217 14 2111

D.

8. SEX

1 M 2 F

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

HOURS

7. DATE OF BIRTH (Month, Day, Year)

10-14-1922

SCAR BOROUGH

6. AGE (In yrs. last birthday)

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

Pin

3 shoul		9a. FACILITY NAME (If not institution, give street and number)				9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					1		
(n)	8	Harbor Hospital Center				Baltimore City							
1, 2,	5	RESIDENCE OF DECEDENT					<u></u>						
as the burial-transit permit. Pages 1,	DIRECTOR	10a. STATE 10b. COUN				, TOWN OR		ON				100	I. INSIDE CITY LIMITS?
崔			e Arundel		Pas	adena	-						YES 2 NO
Led 1	M.	100. STREET AND NUMBER  44 Johnson Roa	- 4				10f.	ZIP CODE			10g. CITIZEN		COUNTRY?
ransi	FUNERAL							21122				S.A.	
urial-t	5	11. MARITAL STATUS  1 Never Merried 2 1 Merried	12. WAS DECEDENT EVER I FORCES? 1 YES	2 🔀		lf y	es, spe	ENDENT OF HISPANIC city Cuban, Maxican, I			or No- 14.	Black, W	American Indian, hita, atc.
2	BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	PR DATES		1[	YES	2 NO Specify:				Specify:	White
38 5		15. DECEDENT'S EC	DUCATION	18a. DECEDENT'S US		USUAL OCC	UPATIO	N	18b. KIN	D OF BUS	INESS/INDUS		WIII CE
M use	ETED	(Specify only highest grade completed)  Etementary/Secondary (0-12) College (1-4 or 5 +)		(Give kind of life. Do NOT us		rork done dur e retired.)	ing mos	t of working					
of be	P	12th Grade	Soliege (I-V OI O V)	Te	eletyp	oe Ope	erat	tor	M.	V.A.			
detach once.	COMPL	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAME (First, Middle, Maiden Surmar					Surname)	umame)			
at be	- 1	A	rthur Dean				ı		Ameli	ia I	leim		
5 should notified	BE	19a. INFORMANT'S NAME (Type/Print)		1	96. MAILING	ADORESS (S	Street an	nd Number or Rural Rou	te Number, C	alty or Town	n, State, Zip Co	de)	
5 st	2	John Raymond			44 Jo	hnson	Ro	ad Pa	saden	a. M	arylan	id 21	122
page I		26a. METHOD OF DISPOSITION	20	b. PLACI	E OF DISPOS			etery, crematory or	30.0022		CATION — City		
must		1 Surial 2 ☐ Cremetion 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)	movat from State	other ;		n Mem	ori	al Park		Glei	n Burn	ie. 1	Maryland
dire.		21. SIGNATURE OF FUNERAL SERVICE						D ADDRESS OF FACIL	ITY _	01.01		10/ 1	rar y rario
funeral di examiner	1	> Joine	3	/	1-	Ge	org	je J. Gond	e Fur	nera.	1 Home	P.A	
a sal	_		premiere	The	ı		_	001 Ritch					
filled in by the funeral director, page 5 should be detached for use lon, or removal.  The medical examiner must be notified at once.		23. PART I. Enter the diseeses to ahock, or heart fallung	r complications that cause e. List only one cause on (	d the d	desth. Do n ne.	ot enter th	ne mod	de of dying, auch (	a cardiec	or reapi	ratory arrea	<u>l</u> ,	Approximata Interval Between
De in												Onset and Da	
matic		disease or condition resulting in death) . CAPLDIAC KRREST										ļ	
i, cre	1	DUE TO (OR AS A CONSEQUENCE OF):											
buria buria	Z	Sequentially list conditions to RESPIRATORY FAILURE											
or to	CATION	Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING  PULMONAMY EXEMPT  BY  Course To (or as a consequence of):  PULMONAMY EXEMPT  Course To (or as a consequence of):											
hysic e pric	2	ceuse. Enter UNDERLYING CAUSE (Disease or Injury	c. PULMON DUE TO (OR AS				<u> </u>						
oth oth	ERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONS	EUUENCE UP	·):							
tal H	與		d										
certificate has been signed by the attending physician and completely filled in the State Dept. of Health and Mental Hygiene prior to burlal, cremation, I, or item 23 shows any Injury, or other traumatic event, the	LC	PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?  AMALABLE PRIOR TO AMALABLE PRIOR TO											
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signe Health		1							_   ''				DEATH?
of s	2								- 1			1	_ its 1 Mino
Dept Dept	CIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)											
State	Sic	EXAMINER?  1 YES 2 NO	HOSPITAL:	Instiant	3 □ DOA	OTHER:	an Mari	a 8 🗆 Basidanas 8	Other (S	nantha)			
the the	PHYSI	1 Sec. 10 Sec.									NJURY OCCUI	RED	
this ce with ti		1/1 Natural 5 Pending	(Month, Day, Year)			URY	WO	RK? res 2 \sum NO					
Natural   5   Pending Investigation   2   Accident   3   Suicide   4   Homicide   6   Could not be detarmined   28a. PLACE OF INJURY — At home, farm, street, factory, office   29a. CERTIFIER (Check only one)   2   MEDICAL EXAMINER: On the beat of my knowledge, death occurred at the time, data and place, and due to the cause(a) and one)   2   MEDICAL EXAMINER: On the beat of axamination and/or investigation, in my opinion, death occurred at the time, data and place.									8f. LOCATIO	ON (Street	and Number or	Rural Rout	e Number
Urs a	E												
29a. CERTIFIER (Check only one)  20a. CERTIFIER (Check one)  20a. CERTIFIER (Check one)  20a. CERTIFIER (Check one)  20a. CERTIFIER (Check one)  20a. CERTIFIER (Check one)  20a. CERTIFIER (Check one)  20a. CERTIFIER (Check one)  20a. CERTIFIER (Check one)  20a. CERTIFIER (Check one)  20a. CERTIFIER (Check one)  20a. CERTIFIER (Check one)  20a. CERTIFIER (Check													
Thin NE	ő	2 MEDICAL EXAM	INER: On the basis of examinati	on and/o	or investigatio	on, in my opinion, death occured at the time, data and placa, and due to the cause(a) and m				id manner aa state			
HE FU	BE	250. SOMATURE AND TITLE OF CERTIF	DER					29c. LICENSE NUMB	ER		29d. DATE S	IGNED (M	onth, Day, Year)
MPC THE		ancex	House 0	H:	w			40			10	3/10	191
- 2 -	일	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF D	EATH (IT									
		DIMP ROSSEL	6 MD 3	001	S. H	tans	21	r st. 6	Soll	0,1	ND		
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE	:								
		MAR 1 9 1991	Julia Davidson	gand	all								

Dentures

Eye Glasses Under

Fobe Socks Streetcher DHMH-16 Rev 1/89

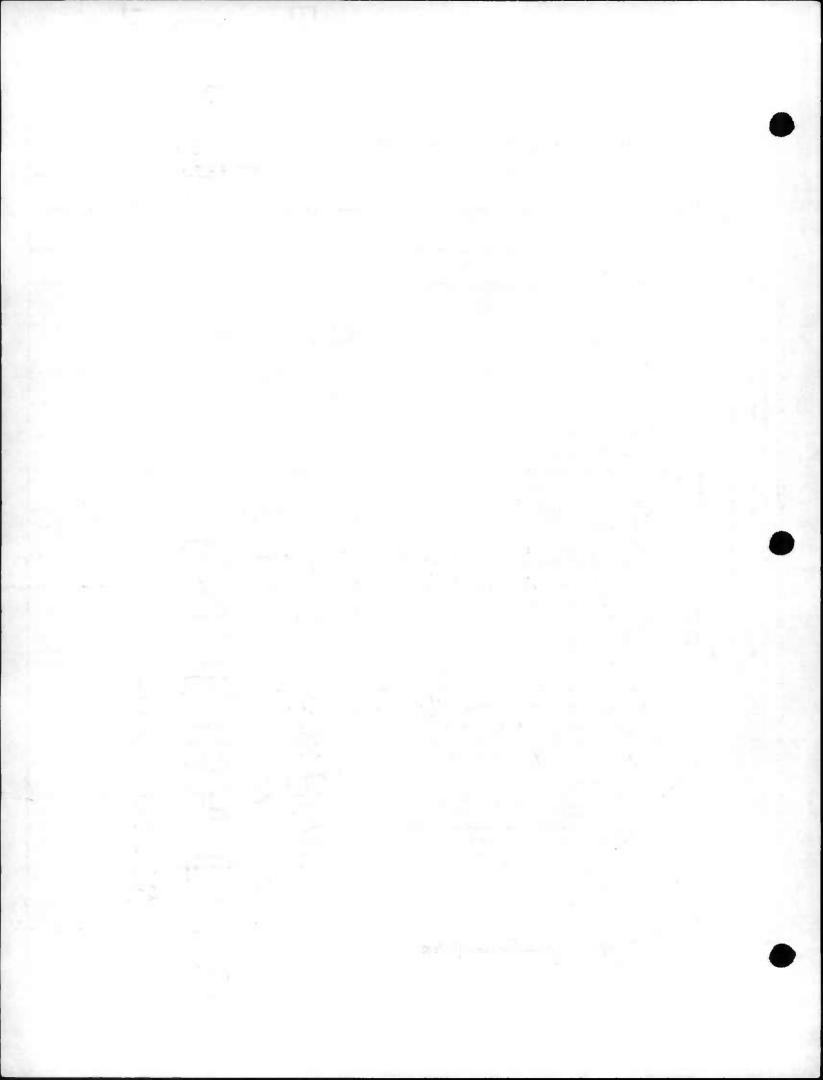
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REGISTRAR 5 /  1. DECEDENT'S NAME (First		CED		CERTIF	IOAIE	. 01	JLA			REG. NO		YEAR	3. TIME OF DEATH	
STANLEY		J			SWIDE	ERSK	SKI 03						12:30 PM	
4. SOCIAL SECURITY NUM	BER	5. SEX		In yrs. lest birthday)	-			R 24 HRS.	7. DAT	E OF BIRTH   Onthe Day, Year)	22/14	8. BIRTI	HPLACE (State or Foreign	
212 03 5	285	1 🔀 M 2 🗆 F		76 YRS.	MONTHS	DAYS	HOURS	MIN.		17-199			Maryland	
9a. FACILITY NAME (If not it	Se. FACILITY NAME (If not institution, give street and number)					TOWN C	OR LOCAT	TON OF D	EATH		9c. COU	NTY OF E	DEATH	
	NORTH ARUNDEL HOSPITAL ASSOCIATION					GLEN	BUF	RNIE				A.A	. COUNTY	
10a. STATE	10c. Cl	TY, TOWN O	R LOCAT	TION		-				10d. INSIDE CITY				
Maryland Anne Arundel				Ва	Baltimore								LIMITS?	
10e. STREET AND NUMBER						101	. ZIP COL	DE			10g. CIT	IZEN OF	WHAT COUNTRY?	
14 - 2nd Avenue						2:	1225			U	J.S.A	A.		
11. MARITAL STATUS	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED									ilN? (Specify Ye o Rican, etc.)	a or No-	14. RAC	E — American Indian, ck, White, atc.	
1 Never Married 2 3 Widowed 4 Div	5/0/2016/19	IF YES, GIVE						Specif		o ritouri, etc.,		Spec		
	CEDENT'S EDU	CATION	1	16a. DECEDENT'S	S LISUM OC	CHIPATH	ON	-		Bb. KIND OF BU	CINECC/IN	NISTOV	WIIICC	
	ily highest grade			(Give kind of life. Do NOT	work done duse retired.)	during mo	st of work	ding	- 1 "	DU KIND OF BO	34423371141	Josini		
8th Grade	(0-12)	Conege (1-4 til 5	"	Loade	r					Chevr	on			
17. FATHER'S NAME (First, I	test and an arrangement						16. MO	THER'S NA		, Middle, Maiden	Sumame)			
	Aı	ntoni Sw:	iders	ski					Ar	ntonina	Tale	erre	k	
19a. INFORMANT'S NAME (	Type/Print)									mber, City or Tow				
Walter Ar	kuszews	ski		14 -	2nd	Ave	nue	В	alti	more,	Mary.	1and	21225	
20e. METHOD OF DISPOSITION  1				o. PLACE AND DA'			(Name				OCATION —			
				Holy Cro					3-	20 Ba:	ltimo	re,	Maryland	
21. SIGNATURE OF FUNER														
. 0	AL SENVICE LA	-D	•	1	22. 1	HAME AI	ge u	ESS OF FA	nce	Funera			.A.	
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23. PART I. Enter the shock, or immediate CAUSE (Fidiseese or condition resulting in deeth)  Sequentially list condition in the cause. Enter UNDERLY CAUSE (Diseese or injust initiated events resulting in death) LA:  PART II. Other significations of the cause in the cause in the cause or injust in the cause in the ca	diseases, or cheert failure.  inel  itions, adiata // riNG urry  sant condition	a. DUE TO  C. DUE TO  d.	or caused use on eight caused	d the deeth. Do ach line.	not enter  OF):  OF):  OF):	the mo	ge added of de de de de de de de de de de de de de	J. Go Rito ying, suc	Part I.	Funera Hwy.	NAUTOPSY	me Pimore	Approximate interval Between	
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23. PART I. Enter the shock, or I shock, o	diseases, or heert failure. inel	d.  HOSPITAL: 1 Unpatient 2 26e. PLACE	o (or as a o (or as a	the deeth. Do ach line.	not enter  OF):  OF):  OF):  OTHER 4 Numition OF NUMEY M	the moderlyin  28. PR: RR: RR: WW WW 1	g cause	Peath (C)	Part I.	Funera Hwy.  ardiac or resp  24a. WAS Al PERFO 1   YES	NAJTOPSY PAMEO?  INJURY OC.	me Pimore	Approximate interval Betwee Onset and Dea G Management of Carlo Management of Carlo Management of Cause of Death?	
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23. PART I. Enter the shock, or I immediate CAUSE (Fi disease or condition resulting in deeth)  Sequentially list condition resulting in deeth)  Sequentially list condition resulting in deeth)  Sequentially list condition resulting in deeth Laurence. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) Laurence (CAUSE (Disease or in that initiated events resulting in death) Laurence (CAUSE (Disease or in that initiated events resulting in death) Laurence (CAUSE (Disease or Initiated events of the condition of the conditi	diseases, or heert failure. inei heert failure. inei heert failure. inei heert failure. Itions, adiata fing ury strong ury strong medical investigation could not be determined attifying phys Dical Examini	DUE TO  a. DUE TO  b. DUE TO  c. DUE TO  d. DUE TO  DUE	of injury bet. (Spec. (	the deeth. Do sch line.  CONSEQUENCE of CONSEQUENCE	not enter  orp:  o	the moderlyin  28. P. R.: Paraling Honor  1 officery, of	g cause  LACE OF THE STATE OF T	GC Ritcying, such such such such such such such such	Part I.	Funera Hwy.  ardiac or resp  24a. WAS AI PERFO 1   YES  One)  DESCRIBE HOW  OCATION (Street thy or Jown, State	N AUTOPSY PRIMED?  2 M NO  INJURY OC.  anner as stand due to 1	me P more reat,  24i  ccured  reat,  the cause	Approximate interval Betwee Onset and Dea G Manual Betwee Onset an	
23. PART I. Enter the shock, or I immeDiATE CAUSE (Fi disease or condition resulting in deeth)  Sequentially list condition resulting in deeth)  Sequentially list condition resulting in deeth)  Sequentially list condition resulting in deeth)  CAUSE (Disease or in that initiated events resulting in death) LA:  PART II. Other signification of the condition of the	diseases, or heert failure. Intel the said at a ring ury strange of the said at a ring ury strange of the said at a ring ury strange of the said at a ring ury strange of the said at a ring ury strange of the said at a ring ury strange of the said at a ring ury	DUE TO  A DUE TO  B. DUE TO  B. DUE TO  C. DUE TO  C. DUE TO  DUE TO  DUE TO  DUE TO  C. DUE TO  DUE TO  DUE TO  C. DUE TO  DU	of injury pay, year)	the deeth. Do ach line.  CONSEQUENCE of CONSEQUENCE	not enter  OF):  OF):  OF):  OTHER  A   Nur  ME OF  NJURY M  , street, fact	the moderlyin  28. P. R.: Paraling Honor  1 officery, of	g cause  LACE OF THE STATE OF T	DEATH (CO. Rasidence	Part I.	Funera Hwy.  ardiac or resp  24a. WAS AI PERFO 1   YES  One)  DESCRIBE HOW  OCATION (Street thy or Jown, State	N AUTOPSY PRIMED?  2 M NO  INJURY OC.  anner as stand due to 1	me P more reat,  24i  ccured  reat,  the cause	Approximate interval Betwee Onset and Dea G Manager Approximate interval Betwee Onset and Dea G Manager Approximate Interval Betwee Onset and Dea G Manager Approximate Interval Betwee Onset and Dea G Manager Approximate Interval Betwee Onset	
23. PART I. Enter the shock, or I immeDiATE CAUSE (Fi disease or condition resulting in deeth)  Sequentially list condition resulting in deeth)  Sequentially list condition resulting in deeth)  Sequentially list condition resulting in deeth Laure (CAUSE (Disease or in that initiated events resulting in death) Laure (CAUSE (Disease or in that initiated events resulting in death) Laure (CAUSE (Disease or in that initiated events resulting in death) Laure (CAUSE (Disease or in that initiated events resulting in death) Laure (CAUSE	diseases, or heert failure. Intel the second	DUE TO  A DUE TO  B. DUE TO  B. DUE TO  C. DUE TO  C. DUE TO  DUE TO  DUE TO  DUE TO  A DUE TO  DUE TO  C. DUE TO  DUE TO  DUE TO  C. DUE TO  DUE TO	of injury bey, year)  OF INJURY BY, yetc. (Special my known axamination of the property of the	the deeth. Do ach line.  CONSEQUENCE of CONSEQUENCE	not enter  OF):  OF):  OF):  OTHER  A   Nur  ME OF  NJURY M  , street, fact  oe, Print)	the moderlyin  28. P  28. P  1   left  tory, officery, o	g cause  LACE OF THE S USE  JURY AT DRIV? VES 2  ca a and plant occ 29c. U	DEATH (C	Part I.  Part I.  2ed. D  2ed. D  MBER	Funera Hwy .  ardiac or resp  24s. was all PERFO 1   YES  One)  DESCRIBE HOW  DESCRIBE	NAUTOPSY RMED?  2 M NO  INJURY OC  anner as stand due to to  29d. DA  29d. DA	TE SIGNE	Approximate interval Betwee Onset and Det G Manager Autors of Figure 1 and 1 a	





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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

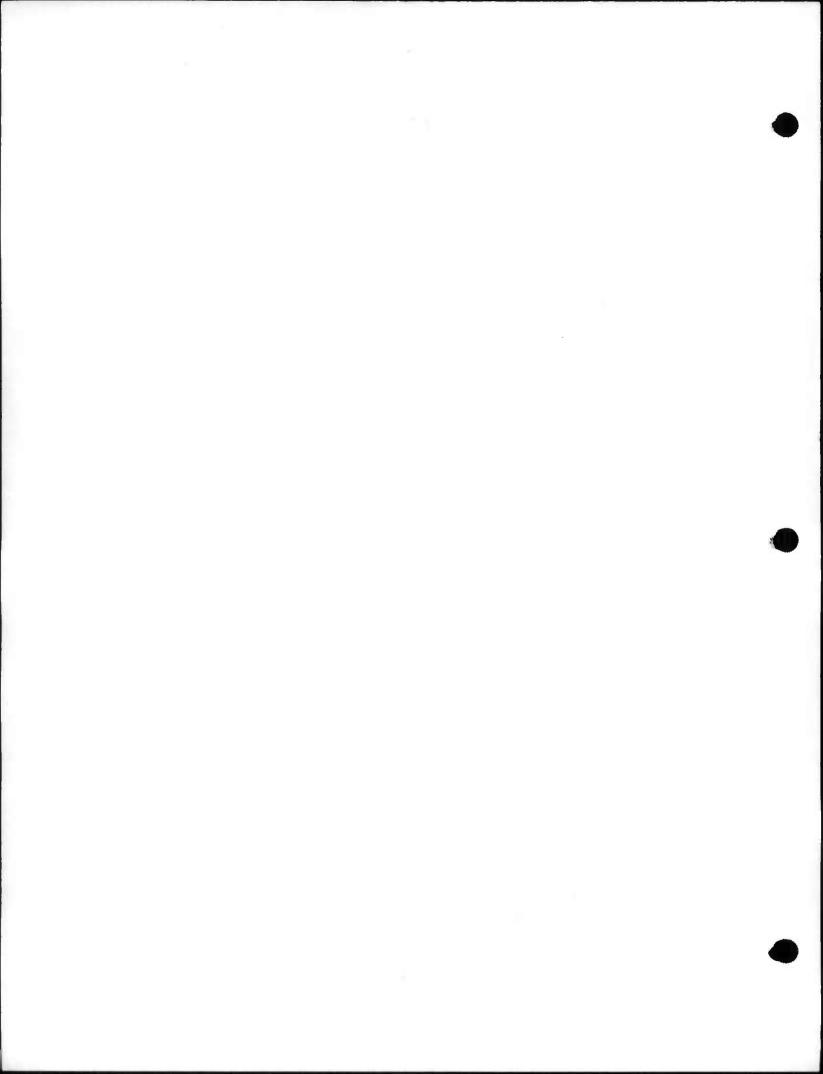
			9	07290
	FOR STATE OF MARYLAND / DEPAR STATE OF MARYLAND / DEPAR CERTIF	RTMENT OF HEALTH AND ICATE OF DEATH	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Lest) Andrew B. Spri		2. DATE OF DEATH MONTH DAY_	3. TIME OF DEATH
	Andrew Songis		3 15	97 3:45 M
	4. SOCIAL SECURITY NUMBER $5\%$ SEX $6^{\prime}$ AGE (In yrs. lost birtholoy) $217-24-2482$ $1 \boxtimes M$ $2 \square F$ $59$ Yrs.	F UNDER 1 YEAR F UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 07 - 29 - 31	8. BÍRTHPLACE (State or Foreign Country)  M D
	9a. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN OR LOCATION OF D		NTY OF DEATH
DIRECTOR	LOCH RAVEN VET. HOSPITAL	BALTIMORE	, MD	
E C	10a. STATE 10b. COUNTY 10c. CFT	TY, TOWN OR LOCATION		10d. INSIDE CITY LIMITS?
	MD B	ALTIMORE, CIT	Υ	1 X YES 2 NO
IAL	10e. STREET AND NUMBER	10f. ZIP CODE	10g. CIT	ZEN OF WHAT COUNTRY?
Ë	1638 CLIFTVIEW AVE.	21213		USA
FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO	If yes, specify Cuban, Mexic	NIC ORIGIN? (Specify Yea or No an, Puarto Rican, etc.)	14. RACE — American Indian, Black, White, atc.
В	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES A I R FOR CE	1 TYES 2 T NO Speci	fy:	Specify: BLACK
	15. DECEDENT'S EDUCATION 16a. DECEDENT'S	S USUAL OCCUPATION work done during most of working	18b. KIND OF BUSINESS/INC	
E	Elementary/Secondary (0-12) College (1-4 or 5+)	se retired.)		
COMPLETED	12th DISA			
8	17. FATHER'S NAME (First, Middle, Luist) JOHN MURRAY		AME (First, Middle, Malden Surname) NCIS SPRIGGS	
BE		G ADDRESS (Street and Number or Rural		
2		2 MANORVIEW R		11112
	20a, METHOD OF DISPOSITION 20b, PLACE OF DISPO	SITION (Name of carrietary, cramatory or	20c. LOCATION	City or Town, Stata
	1 🖄 Burial 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) GARRIS	ON FOREST VET	. CEM OWINGS	MILLS, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22, NAME AND ADDRESS OF F		
	Alades Warre	WM C MARC	H F.H. 1101 (	NORTH AVE
	23. PART I. Enter the disease, or complications that caused the death, Do			reat, Approximete
	shock, or heart failure. Liet only one cause on eech line.  IMMEDIATE CAUSE (Fine)	0 1	1	Interval Between Onset and Death
	disease or condition	ral hemor	rhase	1 days
	OUE TO (OR AS A CONSEQUENCE O	ral hlmor	0	
O	Sequentially list conditions, our TO (OR AS A CONSEQUENCE C	u esophas	us	monty
AT	If any, leeding to immediate cause. Enter UNDERLYING	<i>ar</i>	,	į
IFIC	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE O	୨ମ:		
CERTIFICATION	resulting in deeth) LAST			
- 1	PART II. Other algorificent conditions contributing to death but not resulting	In the underlying cause given in	Part I. 24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
CA			PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL				1 YES 2 NO
ž				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OF DEATH (C	heck only one)	
YSI	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA	4 Nursing Home 5 Residence		
	27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Day, Year)  28b. Til	ME OF JURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OC	CURED
ВУ	2 Accident Investigation 3 Suicide & Could not be 28e. PLACE OF INJURY — At home, farm,		281. LOCATION (Street and Number	r or Rural Route Number,
COMPLETED	Succee 6 Could not be building, etc. (Specify)     Homicide determined		City or Town, State)	
Y.E	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occur	rred at the time, date and place, and du	e to the cause(s) and manner as sta	rled,
OMI	Check and 2 MEDICAL EXAMINER: On the basis of examination and/or investigate			
EC	296. SIGNATURE AND TITLE OF CENTIFIER	29c. LICENSE NI	IMBER 29d. DAT	TE SIGNED (Month, Day, Year)
TO BE	Edward Bargano, MD MED	415		315-91
F	38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1/0)	front of	Uhmore, M	10 2/211
	Min son to long and T	101 pi ac X	Willey IV	1) 01001

Bulhmore, Mp 21201

1991



32. REGISTRAR'S'SIGNATURE



infairficate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should line State Dept. of Health and Memtal Hyglene prior to burial, cremation, or removal.

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	TO THE HOSPITAL	TO THE FUNERAL DIRECTO	8	MADOUTANT IS HOW 29 I
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_		1 - STATE REGISTRAR	STATE OF I	(	CERTIF	ICAT				MENTA	REG. NO	-		
		1. DECEDENT'S NAME (First, Middle, Last)	Robert	/ -	Slema	ker				MONT		DAY O	YEAR 3.	TIME OF DEATH
	1	4. SOCIAL SECURITY NUMBER	5/emat	6. AGE (In yrs	. Inst birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH	5 9		4-10 P M  ACE (State or Foreign
	į	215 28 6477	1 M 2   F	59	YRS.	MONTHS	DAYE	HOURS	MIN.	(Mont	h, pay, Year)	31	Country)	Md.
	OR	80. FACILITY NAME (It not institution, give str Rollinge VA)	eet and number)			9b. CIT	aly	en LOCATI		EATH	1 1		ten o	- 1
	DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY								d. INSIDE CITY				
}	띰	MD Bal	timore City Baltimore						LIMITS? YES 2 NO					
	AP.	10e. STREET AND NUMBER	1 1	110	,		101	ZIP COD	E					T COUNTRY?
	FUNERAL	960 Armis		all	t_			21	ZC	15			.S.A.	
	BY FU	11. MARITAL STATUS 1 Never Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES?  FORCES?  FYES, GIVE WAR OR DATES  13. WAS DECENDENT OF HISPA If you, specify Cuban, Maxic 1 YES 2. NO Specify Cuban, Max				ın, Mexica	ກ, Puerto		na or No—	4. RACE — Black, W Specify:	American Indian, thits, atc.		
		15. DECEDENT'S EDUC. (Specify only highest grade of	ATION		DECEDENT'S	USUAL C	CCUPATIO	ON st of world	ng	160	. KIND OF BU	JSINESS/INDU	STRY	
at l	COMPLETED	(Specify only highest grade completed)  Elementary/S-condary (0-12)  College (1-4 or 5+)  Stock Manager.						Cloth	ing (H	aas-7	Taylon)			
OUC	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maximum Control of the Control of th							n Surneme)						
ed a	띪	Joseph Leroy SA	enarer		10h MAR BW	ADDRES	S /Street o	Final Mumbo		Hugh		State 7to /	Porde)	
be notified at once.	190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S													
		20a. METHOD OF DISPOSITION  1 K Burial 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val from State	20b. PLA	CE OF DISPO	1 11		-				OCATION — C	_	est, Md.
examiner must		21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	- 171G	ryland	22.	teran Name an	ND ADDRE		CILITY			Cash	
xami		> Charles	D. Ber	ten		10	har	les S	S. Ze	iler	& Son	Inc.	0224	ern Avenue
ca		23. PART I. Enter the dieeesee, or co				not ente	r the mo	de of dy	ing, suc	h ee cer	dlec or resp	piratory arre	et,	Approximate
the med		shock, or haart fellure. L IMMEDIATE CAUSE (Finel	lat only one car	ise on each	line.									Onset and Death
, #	1	disease or condition resulting in deeth)	Ace	demi	a									= 24 hrs
event,			DUE TO	(OR AS A CON		NF):								2741
other traumatic	RTIFICATION	Sequentially list conditions,	DUE TO	OR AS A CON		IF):					, .			- CIND
tra	CAT	If any, leading to immediate cause. Enter UNDERLYING	Chron	ric of	so tru	etw	e P	uln	מראים	24	dise	228		years
l le	Ē	CAUSE (Disease or Injury thet initiated events resulting in death) LAST	DUE TO	(OR AS A CO	NSEQUENCE O	IF):	7			7				/
6	<b>H</b>	reeding in death) LAST												-
any injury,	اپ	PART II. Other significant conditions	contributing to	death but n	ot resulting	In the u	ndertyin	g cause	given in	Part I.		N AUTOPSY ORMED?		ERE AUTOPSY FINDINGS AILABLE PRIOR TO
any	DICAL										1 TYES		CC	OMPLETION OF CAUSE F DEATH?
shows	MEDI												1	YES ZYNO
23 8	ICIAN:	25. WAS CASE REFERRED TO MEDICAL				-					<u> </u>			
Item	SICI	EXAMINER?  1 YES 2 NO	HOSPITAL:	EB/Outpation	w a □ 004	OTHE	R:	LACE OF E						
9	PHYS	27. MANNER OF DEATH	28a. DATE O	FINJURY	28b. TH	AE OF	28c. INJ	URY AT	esidence	7	er (Specify) SCRIBE HOW	INJURY OCC	URED	
	ВУ Р	Natural 5 Pending Investigation	(Month, I	July, 10ar)	il.	JURY		YES 2 [	NO					
28 is n	ED E	3 Suicide 6 Could not be 4 Homicide determined		OF INJURY — A , etc. (Specify)	it home, farm,	street, fac	ctory, offic				CATION (Street or Town, State	t and Number o	or Rural Rout	te Number,
E		29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best o	f my knowlerio	a, death occur	red at the	time, date	and place	e, and de-	to the co	tuse(s) and m	enner es stete	d.	
=	COMPI	(Check only one) 2 MEDICAL EXAMINER												nd menner as stated.
IMPORTANT	E C	MICHIGNATURE AND TITLE OF CERTIFIER						29c. LJC	ENSE NU	MBER		29d. DATE	SIGNED (M	fonth, Day, Year)
MP8	0 8	1 Dyonker	mo									1 3	3-15	91
	<b>Z</b> I	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAL	DE OF DEATH	OTEM OT CE	- Ordert								

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who completed cause of DEATH (ITEM 27) (Type, Print)
2 3900 Loch Kaven Bi

32. HEGISTRAR'S SIGNATURE PANDALL

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

24 nours after death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sh be filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	SINIE OF I		ERTIF					MEN	TAL HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)									ATE OF DEATH		YEAR	3. TIME OF DEATH
4	Anna V. SCHMTDT	5. SEX	8. AGE (In vrs. I	ant hirthdays	IF UNDER 1	VEAR	IF UNDER	04 1400	-	RCH 15	19	91	2:00 P M
	216-16-1127	1 M 2 F	8 !			DAYS	HOURS	MIN.		fonth, Day, Ybar)	905	Count	laryland
	9a. FACILITY NAME (If not institution, give a	street and number)	0,	_	9b. CITY, 1	TOWN O	R LOCATI	ON OF DE		111//1		NTY OF D	
	DOCTORS COMMUNITY	HOSPITA	L		LANE	HAM				1	RINC	CE GI	EORGE
	10e. STATE 10b. COUNT	y ngo Coo	×00	10c. CIT	Y, TOWN OR	LOCAT	ion -	1 4					10d. INSIDE CITY
							1 TES 2 NO						
LINE	100. STREET AND NUMBER  5 G Ridge Ro	he.				101.	ZIP CODI	E 0770	1		10g. CIT	US	WHAT COUNTRY?
	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED	13. W	AS DEC				RIGIN? (Specify Yea	or No-	14. RAC	E American Indian.
	1 Never Married 2 Married  3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 MR OR DATES	ρίνο			elfy Cuba 2 NO			arto Rican, etc.)		Spec	k, White, etc.  White
	15. DECEDENT'S EDU (Specify only highest grade		16a. C	DECEDENT'S	USUAL OCC	CUPATIO	ON at of world	200	П	16b. KIND OF BUS	SINESS/IN	DUSTRY	
	Elamentary/Secondary (0-12)	College (1-4 or 5 or 2Vrs.	-) "	Give kind of view. Do NOT us  Nurs		anny mo	at or works						
	17. FATHER'S NAME (First, Middle, Last)	Zylb.		Nain	, .		18. MOT	HER'S NA	ME (F	irst, Middle, Maiden	Sumame)		
	Tomog A Flink												
2	19a, INFORMANT'S NAME (Type/Print)  Robert Ashle	.V	1	5807						Number, City or Town WhiteM			. 21162
	20a. METHOD OF DISPOSITION  1   Murlai 2   Cremetton 3   Ramoval from Stata 4   Donatton 8   Other (Specify)   Date   Dat												
	4 Donation 8 Other (Specify) Western Cemetery 3/19/91 Baltimore Md.  21. SUBMATURE OF FUNERAL SERVICE LICENSEE									e Ma.			
	Connelly F	unele	el Ho	me							3001	MAce	Ave.21221
										Approximate interval Between Onset and Death			
10.100	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	. Ity	OR AS A CONS OR AS A CONS OR AS A CONS	EQUENCE O	ト ー F): ログ	4	Cil	4	_	7			
	that initiated events resulting in death) LAST	7.5-2-5	1emi		r): 								
PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY PIND							b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
									_	-	NO		1   YES 2   NO
	25. WAS CASE REFERRED TO MEDICAL			-		26. PI	ACE OF (	DEATH (C/	heck or	nly one)	R I NO		
מוכוטוני	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatlant	3 DOA	OTHER	1:		-		Other (Specify)	R I NO		
יוויין פוניון.	EXAMINER?  1		INJURY	28b. TIN	4 🗆 Nursi	i: ing Hom 28c. INJ WC	6 G R	asidence	8 🗆			CCURED	
יולוסוכיום ום	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	1 □ Inpatient 2 □ 28a. DATE OF (Month, □	INJURY	28b. TIN	4 Nursi	ing Hom 28c. INJ WO	URY AT PRK?	asidence	8 🗆 28d	Other (Specify)	NJURY OO		1 UPS 2 NO
יולוסוכיום ום	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 8 Pending investigation  3 Sulcide 8 Could not be detarmined  29a. CERTIFIER (Check only 1 CERTIFYING PHYS	28a. DATE OF (Month, L)  28a. PLACE C building.	INJURY ay, Year)  OF INJURY — A1 atc. (Specify)  my knowledge,	28b. Tilk IN. home, farm, death occurr	4 Nursi	ing Hom 28c. INJ WC 1 ory, office	URY AT PRK? YES 2 [	NO	8	Other (Specify) DESCRIBE HOW I LOCATION (Street City or Town, State)	NJURY OC	or or Rural	1 UPS 2 NO
BE COMPLETED BY PRINCIPLE, MEDICAL	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 8 Pending investigation  3 Sulcide 8 Could not be detarmined  29a. CERTIFIER (Check only 1 CERTIFYING PHYS	28a. DATE OF (Month, L)  28a. DATE OF (Month, L)  28a. PLACE C building,  SICIAN: To the best of s	INJURY ay, Year)  OF INJURY — A1 atc. (Specify)  my knowledge,	28b. Till IN.	4 Nursi	icing Home 28c. INJ 28c. INJ 1 (1) ory, office me, data pinion, d	URY AT PRK? YES 2 [ a and place	NO NO n, and during at the	8	Other (Specify)  DESCRIBE HOW I  LOCATION (Street City or Town, State)  e cause(a) and maidata and place, ar	NJURY OC	er or Rural sted. the cause	1 VES 2 NO  Route Number,  a) and manner as stated.
COMPLETED BY THI SICIAIN.	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 8 Pending Investigation  3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMIN	28a. DATE OF (Month, L)  28a. DATE OF (Month, L)  28a. PLACE C building,  BICIAN: To the best of a	INJURY Vear)  OF INJURY — A1 atc. (Specify)  my knowledge, xamination and/	28b. Till IN.	4 Nursi	icing Home 28c. INJ 28c. INJ 1 (1) ory, office me, data pinion, d	URY AT PRK? YES 2 [ a and place	NO NO n, and during at the	8	Other (Specify)  DESCRIBE HOW I  LOCATION (Street City or Town, State)  e cause(a) and maidata and place, ar	NJURY OC	er or Rural sted. the cause	1 VES 2 NO  Route Number,  a) and manner as stated.

DHMH-16 Rev 1/89

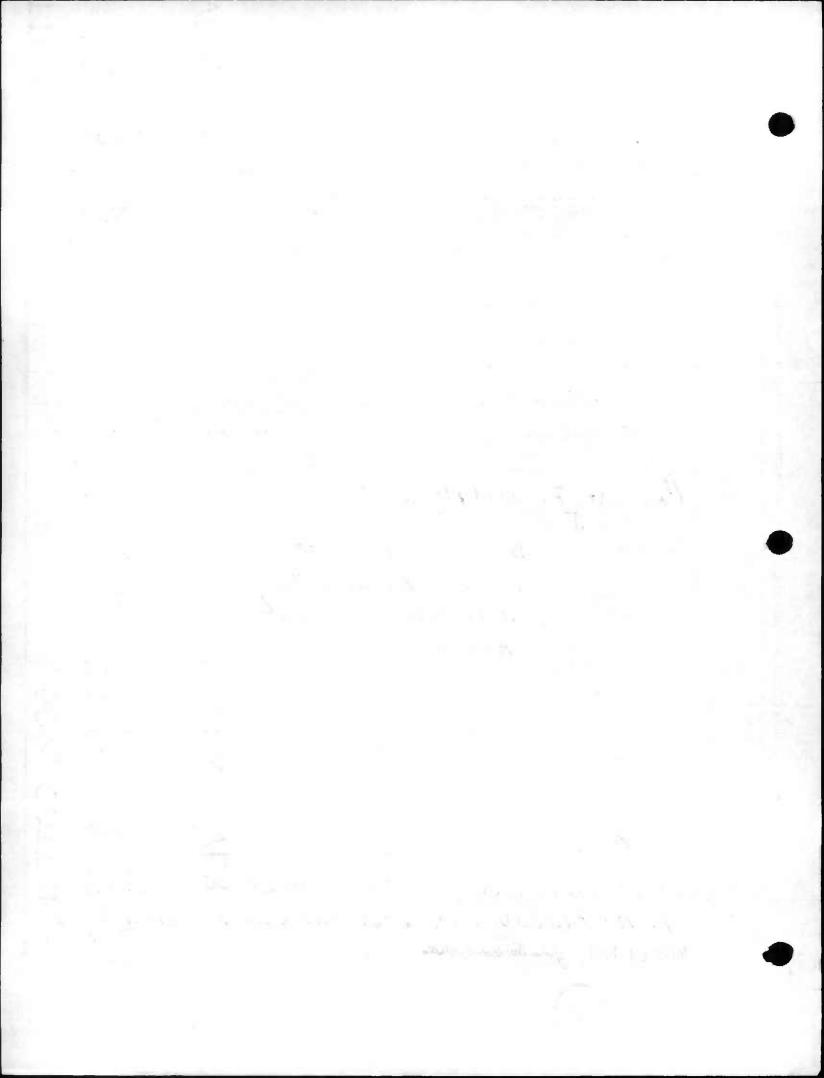
20785



31. DATE FILED (Month, Day, Year)
MAR 1 9 1991

32. REGISTRAR'S SIGNATURE

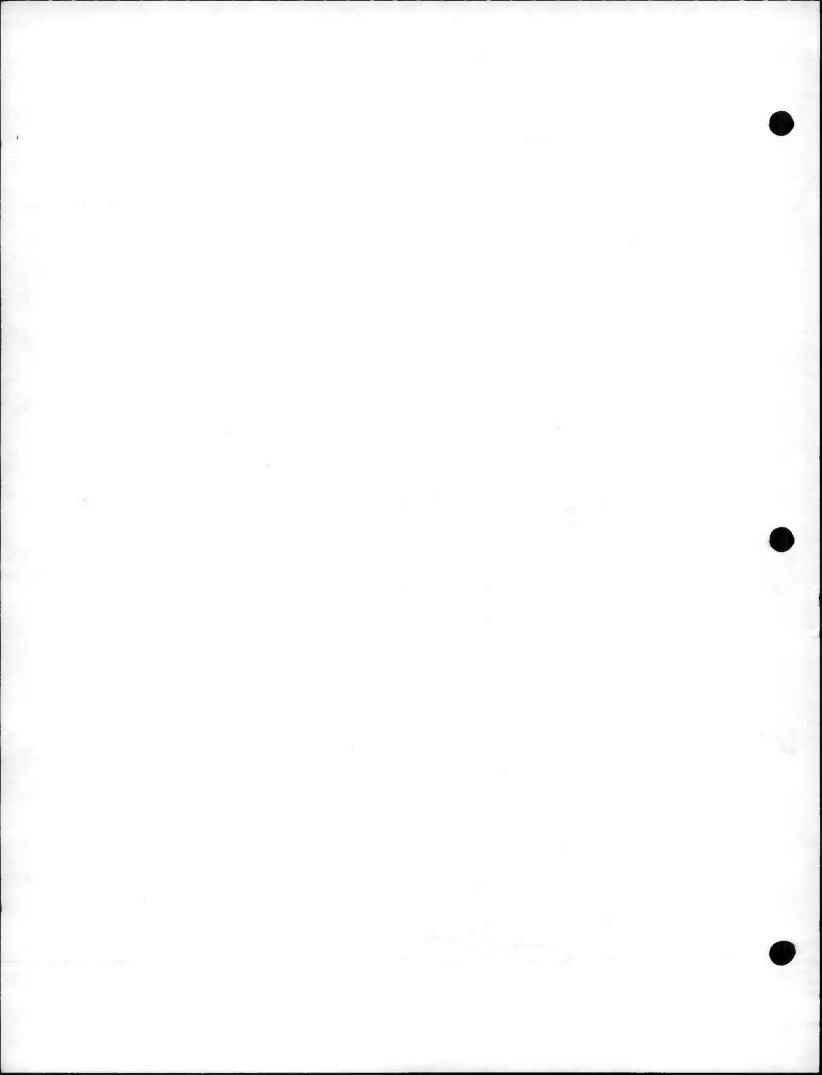
Savidson—Handalle



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within c., hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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							91	0	7293
	1 - STATE OF MARYLAND / REGISTRAR		MENT OF H			GIENE G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DE	ATH DAY		EAR 3.	TIME OF DEATH
	Elsie May	SCH	IESSER		March	17	19		3:20 a <sup>M</sup>
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. In:		ONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIR (Month, Day,	TH Year)	8.	BIRTHPLA Country)	ICE (State or Foreign
	218-26-2450 1 G	] YRS.	OHING CARS	WIN.		,19	29	Mar	vland
	9a. FACILITY NAME (If not institution, give street and number)	9	b. CITY, TOWN	OR LOCATION OF DE	ATH		9c. COUNT	OF DEAT	н
OR	Franklin Square Hospital		]	Rossvil	le		Bal:	timor	re County
ដ្ឋ	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY	10c CITY	TOWN OR LOCA	TION					d. INSIGE CITY
E	Md. Baltimore								LIMITS?
1	10e. STREET AND NUMBER			SSEX ZIP CODE			10g, CITIZE		T COUNTRY?
FUNERAL DIRECTOR	405 Mace Ave.			2	1221		77.0		
N N	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AI	RMED	13. WAS OEG	ENDENT OF HISPAN		city Yea	or No 14	RACE -	American Indian,
	1 Never Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO		ecify Cuban, Mexica 2 NO Specify		etc.)		Black, W Specify:	hita, etc.
BY	3 Wildowed 4 Divorced			The speed					White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (C	ECEDENT'S US	SUAL OCCUPATION done during more retired.)	ON ost of working	166. KIND	OF BUS	INESS/INDUS	TRY	
9	Elementary/Secondary (0-12) College (1-4 or 5 +)								
F	12th	Busi	ness N	lanager	74				
8	17. FATHER'S NAME (First, Middle, Lest) Charles Evans			18. MOTHER'S NA					
BE		DE MAILING A	DDDESS (Street	and Number or Rural F	sie El				nson
2	Frederick Schiesser								1 0300
	20a. METHOD OF DISPOSITION 20b. PLACE	OF DISPOSIT	TION (Name of ce	Ave. F	Salting	20c. LOC	ATION — CI	y or Town.	nd 2122
	1 □ Burial 2 □XCremation 3 □ Removal from State other p 4 □ Donation 5 □ Other (Specify) M □		remato	ry Inc.		Da	1+i=	2 14 0	MAryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	0.0	22. NAME A	ND ADDRESS OF FA	CILITY		1111111	JI. E	MALYLANG
	1 to Ha Eunital Ha		Conn	ellvFur	eralHo	ome	300M2	COA	ve.21221
	23. PART I. Enter the disease, or complications that caused the dishock, or heart future. List only one cause on each lin immediate Cause (Final disease or condition resulting in death)  a. Pulmonary Eden Due to (or as a conse	MA EOUENCE OF):		oda of dyling, suc	h as cerdiec o	r reapir	atory erres	it,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST								
	PART II. Other significant conditions contributing to death but not	resulting in	the underlyin	g cause given in		WAS AN	AUTOPSY		ERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	Diabetes Mellitus					YES 2		CC	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
ME	Seizure Disorder								YES 2 NO
ž									
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. P	LACE OF OEATH (Ch	eck only one)				
YSI	1 YES 2 NO 1 No 1 No 1 No 1 No 1 No 1 No 1 No 1	3 🗆 DOA 🔞	Nursing Hor	ne 5 🗆 Residence		_			
	27. MANNER OF DEATH  1 Natural 5 Pending  28a. QATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY W	JURY AT ORK?	28d. OEŞÇRIBE	HOW I	JURY OCCU	RED	
BY	2 Accident Investigation	tome form et		YES 2 NO	28f. LOCATION	(Street a	nd Number o	Dural Dour	la Atumbar
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	, ioini, en	ust, ractory, orre	•	City or Town	n, State)	no repriber of	norei noui	e reunion,
	29a. CERTIFIER								
MP	(Check only one)  CERTIFYING PHYSICIAN: To the best of my knowledge, d (Check only one)  MEDICAL EXAMINER: On the basis of axamination and/or								od manner as stated
8			, at my opinion,	72 W. S.		nace, an			AN ASSESSMENT THE SAME
BE	296. SIGNATURE AND TITLE OF CERTIFIER	1.1).	0	29c. LICENSE NUI			29d, DATE :	GNED (M	drith, Day, Year)
9	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT.	EM 27) Orac	NU Print)	D3827	8		, )	1//	(
	Rosie Walker-McNair, M.D. , 9000	0 Fran	•	uare Dri	ve, Bal	tim	ore,	Mary	land 21237
ı (	MAR 19 1991 Julia Davidson Acondus								

DHMH-16 Rev 1/89



B PH	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL	REG. NO.					
	SELLARS				2. DATE MONTH	ch 12,	1991 <sup>YE</sup>	3. TIME OF DEATH 12:10 A.			
4. SOCIAL SECURITY NUMBER 215-22-4017 9a. FACILITY NAME (If not institution, gir	1 🗆 M 2 📈 F	83 YRS. MON	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN. PR LOCATION OF DE	07-	Dey. Year) 28-1907	7 8. E	HRTHPLACE (State or Foreign country) Virginia			
Belair Convales		30.		ltimore	-AIR		BC. COUNTY	OF DEATH			
10e. STATE 10b. COU		timore			10d. INSIDE CITY LIMITS? 1 ∑ YES 2 ☐ NO						
100. STREET AND NUMBER  5504 Remmell Ave	) .		101	21206		1		OF WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	N U.S. ARMED 2 1 NO DATES	MED 13. WAS DECENDENT OF HISPANIC ORIG				No- 14.	RACE — American Indien, Bleck, White, atc. Specify: White				
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	160. DECEDENT'S USU (Give kind of work life. Do NOT use ret HOMEMAR	done during mo ired.)	ON st of working		KIND OF BUSIN						
Thomas H						liddie, Maiden Su Stes	n rece				
190. INFORMANT'S NAME (Type/Print)  Joseph F. Sellars  190. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code)  5504 Remmell Ave., Baltimore, MD. 21206							21206				
20e. METHOD OF DISPOSITION  1	emoval from State	b. PLACE ANO DATE OF Cemetary, crematory or of Graham Ceme	etery		3-1	6 Oran					
21, SIGNATURE OF FUNERAL SERVICE  LUANE  23. PART I. Enter the diseases,	J. Kincard		ROBERT	landand B	ENBUR 2d	Raltin	naho	ME, INC. MD 21214			
shock, or heart failu iMMEDIATE CAUSE (Finei disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):	CHI	C	-			Interval Betwee			
PART II. Other aignificant condi		16/17	ne underlyin	g ceuse given in	Part i.	24s. WAS AN AL PERFORMI XXXXX 2	ED?	24b, WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICA EXAMINER?  1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (C)							
27. MANNER OF DEATH  1 X Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)		F 28c, IN,	URY AT ORK? YES 2 NO		CRIBE HOW INJ	URY OCCUR	ED			
	2 Accident 3 Suicide 4 Homicide 5 Could not be determined  26e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify)  27 Description 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify)  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: on the beele of examination end/or investigation, in my opinion, death occurred						281. LOCATION (Street end Number or Rural Floute Number, City or Town, State)				
2 Accident Investigati 3 Suicide 6 Could not	building, etc. (Sp.	ecify)									
2 Accident Investigati 3 Sulcide 6 Could not 4 Homicide 6 determine  29a. CERTIFIER 1 CERTIFIANTS P	building, etc. (Sp.	ecify) wledge, death occurred at						ause(a) and menner as stated.			
2 Accident Investigati 3 Sulcide 6 Could not 4 Homicide 6 determine  29a. CERTIFIER 1 CERTIFIANTS P	be building, etc. (Sp d d d d d d d d d d d d d d d d d d d	wiedge, death occurred at on end/or investigation, in	n my opinion, o		time, date	end place, end	due to the ca	ouse(a) and menner as stated.			

DHMH-18 Rev 1/89

Pages 1, 2, 3 should

permit.

etached for use as the burial-transit

	VITAL
	OF
	DIVISION
-	-

TAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hospital or attending physician. AAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-trant process after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	fter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-tran	oval.	
DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ft. DRECTOR: After this certificate has been signed by the attending physician and completely filled nours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or	SULUS	.5	5	
DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. DRECTOR: After this certificate has been signed by the attending physician and completely forours after death with the State Dept. of Health and Mental Hygiene prior to burial, crematio	4 A	illed	п, е	
DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DRECTOR: After this certificate has been signed by the aftending physician and completel nours after death with the State Dept. of Health and Mental Hygiene prior to burial, crems	2 6	N f	atio	
- 0 ×	3R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	MRECTOR: After this certificate has been signed by the attending physician and completely	ours after death with the State Dept. of Health and Mental Hygiene prior to burial, crema	

Nicholas

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31. DATE FILED (Month, Day, Year)

19

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32. REGISTRAR'S SIGNATURE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 03 10 01:08 CFOV veo Pon A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year B. BIRTHPLACE (State or Foreig 212-30-4930 HOURS MIN 58 1 M EXCOR 2/2/1933 Maryland 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH DIRECTOR Mercy Medical Center Balto.City,Md RESIDENCE OF DECEDENT Maryland 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY Balto.City,Md. XYES 2 NO 10f. ZIP CODE FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 519 E.Clement St. 21230 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: BY White **¾** Widowed 4 □ Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12th.Grade Homemaker Own Home once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Dorchmyer Benjamin Nora Donatt aţ BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mr.Willard E.Tarleton 519 E.Clement St.Balto.Md.21230 pe 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Md . must Meadowridge Mem.Park Elkridge, Howard Co. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY examiner Balto.Md.21230 McCully Funeral Home, 130 E. Fort Ave 02 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete **Onset and Death** IMMEDIATE CAUSE (Final the disease or condition Septic 48hrs. Shock resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF): Decusitus alcers traumatic CERTIFICATION Sequentially list conditions, TO (OR AS A CONSEQUENCE OF) if any, leading to immediate orbid cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events other DUE TO (OR AS A CONSEQUENCE OF) pothypoid ism resulting in death) LAST marked, or Item 23 shows any Injury, or PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL Fail COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? Respiratory Fallure 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Superient 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 NO ng Home 5 - Residence 6 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending м 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined Item 28 Is 4 Homicide COMPLET 29a. CERTIFIER

Thank only

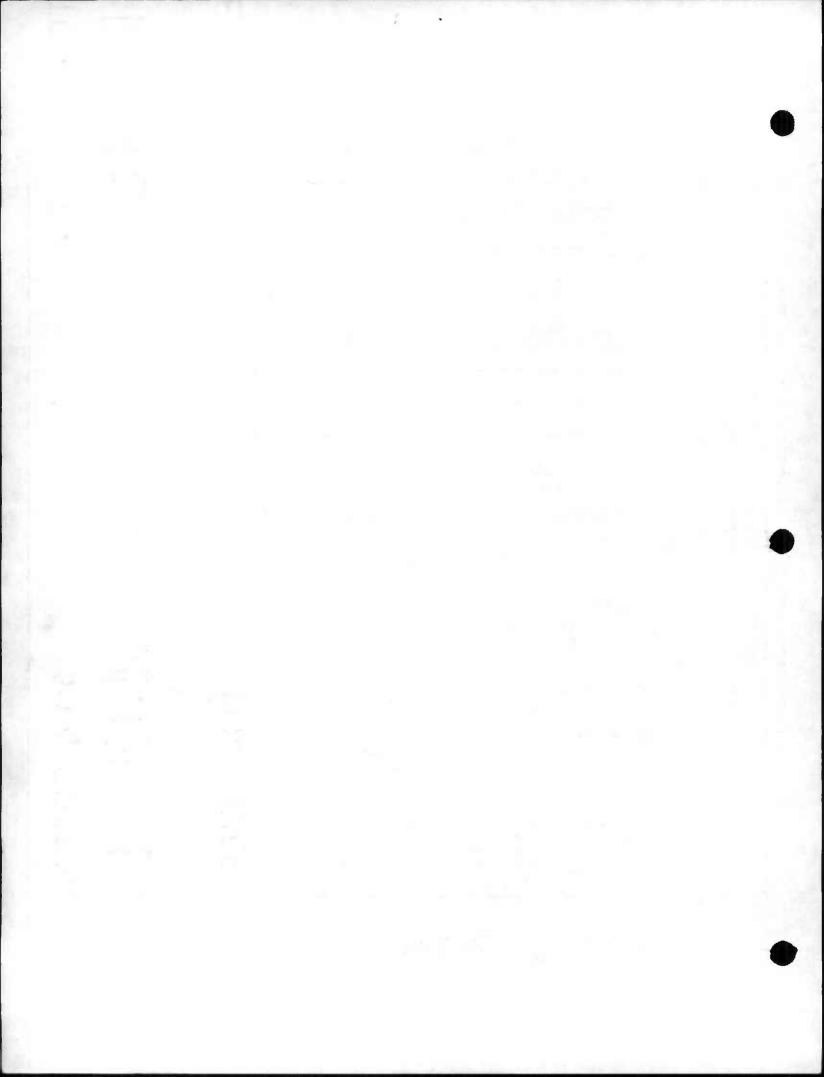
CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MPORTANT: If 2 MEDICAL EXAMINER: On the basia of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

301 St Pall Place

i examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
val.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
er death. Page 6 may be retained by the hospi	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within at hours after death. Page 6 may be retained by the hospi
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE 0	F MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE BEG. NO.
Last)	CENTILICATE OF BEATTI	2. DATE O	

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMENT CERTIFICATE		MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	DAY YE	3. TIME OF DEATH		
	MARJORIE	DAME THOMPS	SON			18, 199			
	4. SOCIAL SECURITY NUMBER		yrs. last birthday) IF UNDER 1	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. [	BIRTHPLACE (State or Foreign Country)		
	216-40-1210 T 90. FACILITY NAME (If not institution, give s		92 YRS.	OWN OR LOCATION OF D	February		99 Maryland		
DIRECTOR	Meridian Long Gre	en Nursing Co	enter	Baltimore		1			
딥	RESIDENCE OF DECEDENT  100. STATE  10b. COUNT	γ	10c. CITY, TOWN OR	LOCATION			10d. INSIDE CITY		
8	Maryland		Raltim	ore City			LIMITS?		
	10e. STREET AND NUMBER		Darein	101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
FUNERAL	301 McMechen St.			212	·		USA		
BY FU	11. MARITAL STATUS  1 \( \bigcap \) Never Married 2 \( \bigcap \) Merried  3 \( \bigcap \) Widowed 4 \( \bigcap \) Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 X NO #	AS DECENDENT OF HISPA yea, specify Cuban, Mexico YES 2 NO Specif	in, Puerto Rican, etc.)	e or No—   14.	RACE American Indien, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S USUAL OCC (Give kind of work done du life. Do NOT use retired.)		16b. KIND OF BU	JSINESS/INDUST			
PE	Elementary/Secondary (0-12) 12 Years	12) College (1-4 or 5 +)							
<b>№</b>	17. FATHER'S NAME (First, Middle, Last)	Hono							
C	George D. Thompso	n		Hele	en Fugle				
) BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS	Street and Number or Rural	Route Number, City or To	wn, State, Zip Coo	io)		
2	Roger L. Marks		153 W. Laf	ayette Ave.	Baltimo	re, Md.	21217		
	20s. METHOD OF DISPOSITION 1	or Town, State Ore, Md.							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								
	James F. Bu	irnside, Jr.		00 York Rd.			21212		
CERTIFICATION	ahock, or haert fellure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
RTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
PHYSICIAN: MEDICAL CE	PART II. Other significant condition  Dementia	na contributing to death bu	artying cause given in	Part I. 24e. WAS A PERFC 1 TYES	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 2 100			
¥	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only one)				
SIC	EXAMINER?	HOSPITAL: 1   Inputient 2   ER/Output	itient 3 DOA 4 Humi	: ng Home 5 🗆 Residence	8 Other (Specify)				
PHY	27. MANNER OF DEATH  1 Natural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	ED						
BY	2 Accident Investigation Investigation								
TEO	3 Suicide 4 Homicide  8 Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)  28f. LOCATION (Street end City or Town, State)						Hural Houte Number,		
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as at								
BEC	296. SIGNATURE AND TITUE OF CERTIFIE	in .		29c. LICENSE NU	-	29d, DATE S	IGNED (Myllion, Day, Year)		
	That I			D338	97	► 3/	18/9/		
5	30. NAME AND ADDRESS OF PERSON WI ROBERT J. VISSIN		N. Charles	St Haltimo	re Md 2	1218			
	31. DATE FILED (Month, Rey, 1997) MAR 1 9 1991	REGISTRAR'S SIGNA	TURE - Andall	oc. Darerinc	ne, mu. Z	1210			



.03-3146	attending physician.	ise as the bunial-transit permit.	
BALTIMORE, MARYLAND 21203-3146	eath. Page 6 may be retained by the hospital or a	uneral director, page 5 should be detached for us	caminer must be notified at once.
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit, be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TTENDING PHYSICIAN: The law requires that the d	TOR: After this certificate has been signed by the after death with the State Dept. of Health and Mer	28 is marked, or Item 23 shows any Injur
DIVI	TO THE HOSPITAL OR AL	TO THE FUNERAL DIRECTOR TO THE MINER TO THE	IMPORTANT: If Item

Pages 1, 2, 3 should

	Item20b 3-20-91 FilmG673 W.	H. Per	F/H			91	07297			
	1 - STATE OF MARYLAN		RTMENT OF H		IENTAL HYGIENI REG. NO.	E	01651			
		yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	2. DATE OF DEATH MONTH DA  7. DATE OF BIRTH (Month-Day, May)	8. BIR	2:06 ATM			
TOR	215-05-1689 1 - M 2 Dx F  Pa. FACILITY NAME (If not institution, give street and number)  Bon Secours Hospital	90 YRS.		R LOCATION OF DEA	Feb. 25, 1901	9c. COUNTY OF City	(Idiv) Ci.			
DIRECTOR	10a. STATE 10b. COUNTY Md. Baltimore	10c. CIT	ry, town or locat Lansdown				10d. INSIDE CITY LIMITS? 1  YES 2 NO			
FUNERAL	10s. street and number 2950 Freeway		101	. ZIP CODE 21227		10g. CITIZEN OI USA	F WNAT COUNTRY?			
ВУ	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. Was DECEDENT EVER IN U FORCES? 1 YES, GIVE WAR OR DATE	2 NO	If yea, ap	ENDENT OF HISPANI acify Cuban, Mexican 2 NO Specify:		Sp	ACE — American Indian, leck, White, etc. lecity:			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (9-12)  College (1-4 or 5+)	(Give kind of life. Do NOT u	s usual occupation work done during moise retired.)	DN st of working	186. KIND OF BUS	SINESS/INDUSTRY				
BE CON	17. Father's name (First, Middle, Last) Joseph Edward Woolford				NE (First, Middle, Melden Phoda Wilson	Surname)				
TO B	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  2950 Freeway Baltimore, Md. 21227									
	20a. METHOD OF DISPOSITION    Surial 2   Cremation 3   Ramoval from Stata   4   Donation 8   Other (Specify)   Gdf	LACE OF DISPO UCTS OF	Faith 3-	netery, cremetory or 19-91		cation — city or timore, M				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Asures J. Bladden			nd J. Ruck	Inc. 5305 Ha	arford Roa	ad 21214			
	23. PARTY. Enter the disease, or complications that caused to shock, or heert feliure. List only one cause on each immediate Cause (Finel disease or condition resulting in death)	th line.			as cardiec or reepi	ratory erreet,	Approximate Interval Between Onset and Death			
NO	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	· 212			0					
PHYSICIAN: MEDICAL CI	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PERFORMED?  1 YES 2 NO  24b. WERE AUTOPSY FINOINGS ANALOBLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO									
SICIA	25. WAS CASE REFERREO TO MEDICAL  EXAMINER?  1 YES 2 YNO  26. PLACE OF DEATH (Check only one)  OTHER:  1 Nursing Home 5 Residence 6 Other (Specify)									
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	N.	INJURY WORK?			d. DESCRIBE HOW INJURY OCCURED				
ETED							al Houte Number,			
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowled 2 MEDICAL EXAMINER: On the bests of examination						se(a) and manner as stated.			
.0 BE 0	SHA BIONATURE AND TITLE OF CERTIFIER	. Du	D	29c. LICENSE NUM	IBER	29d. DATE SIGN	NED (Month, Day, Year)			

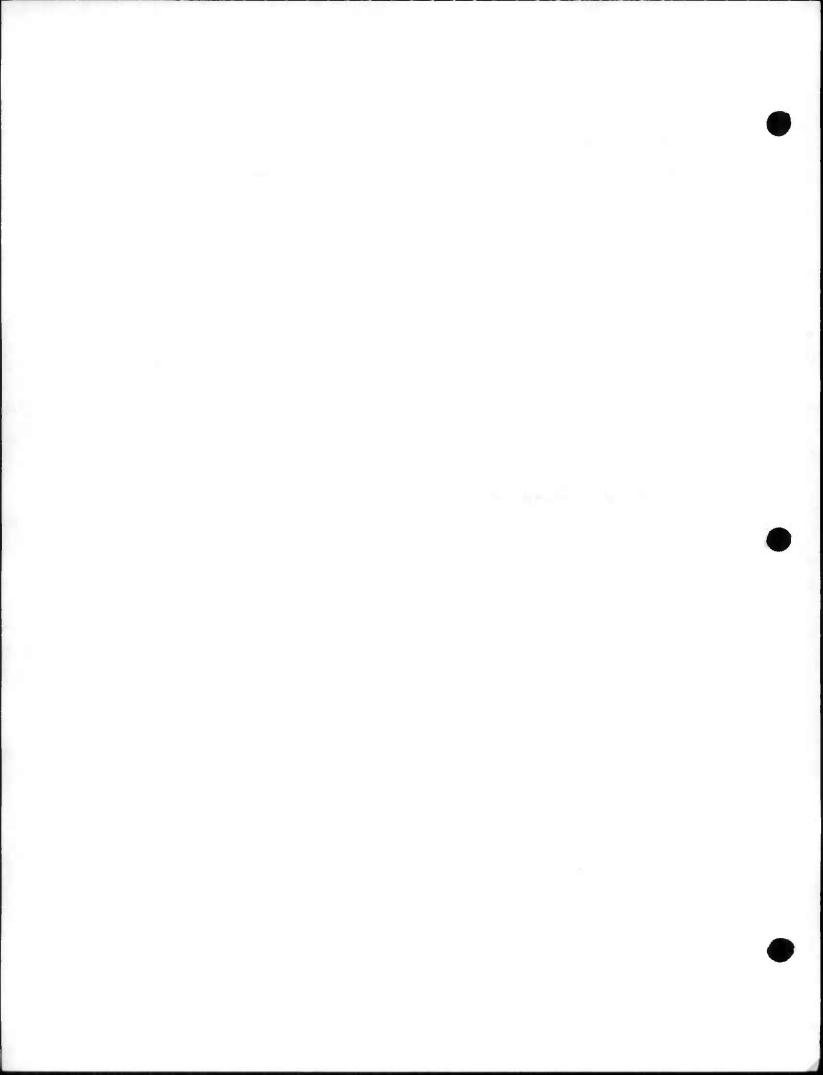


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32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)
WAR 19 1991



80, BALTIMORE, MARYLAND 21215-0020	within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	rent, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun- be fligd within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

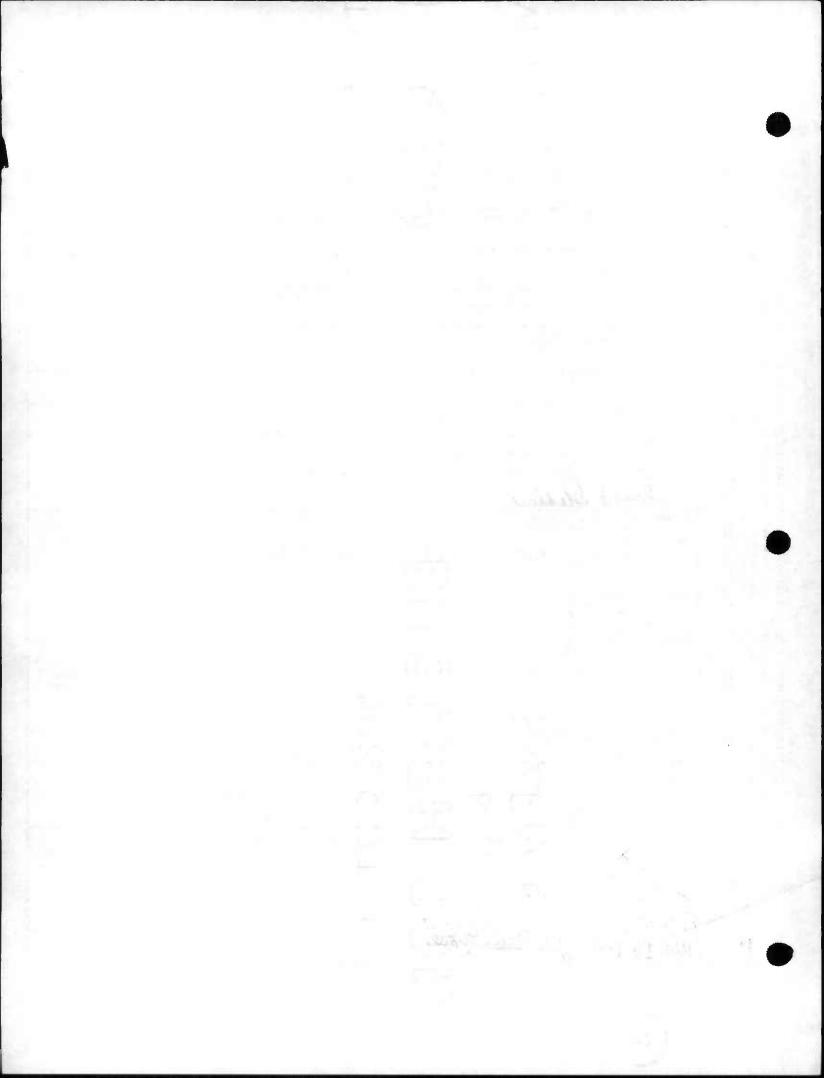
TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

10g. CI USA Decity Yea or No— etc.) OF BUSINESS/IN hichem St Malden Surname) Ty or Town, State, 2	BIRTHPLACE (State or Foreign Country)  LEONGIA  UNTY OF DEATH  ITY  10d. INSIDE CITY LIMITS?  AXX YES 2 NO  TIZEN OF WHAT COUNTRY?  14. RACE — American Indian, Black, White, etc.  White  Company  Compa								
10g, Cr 10g, Cr USA OF BUSINESS/IR h1ehem St Maiden Surname) by or Yown, State, 2	BIRTHPLACE (State or Foreign Country)  LEONGIA  UNTY OF DEATH  ITY  10d. INSIDE CITY LIMITS?  AXX YES 2 NO  TIZEN OF WHAT COUNTRY?  14. RACE — American Indian, Black, White, etc.  White  Company  Compa								
10g, cr USA 10g, cr USA 10g, cr USA 10g, cr USA 10g, cr USA 10g, cr USA 10g, cr USA 10g, cr USA 10g, cr USA 10g, cr Vo r No—	Introduction of the control of the c								
10g, Cr USA OF BUSINESS/IR h1ehem St Maiden Surname) by or Town, State, 2 7	10d. INSIDE CITY LIMITS?  10d. INSIDE CITY LIMITS?  20 NO  TIZEN OF WHAT COUNTRY?  14. RACE — American Indian, Black, White, etc. White.  10d. INSIDE CITY LIMITS?  10d. INSIDE CITY LIMITS.  10d. INSIDE CITY LIMITS.  10d. INSID								
10g, cr USA 10g, cr USA 10g, cr USA 10g, cr USA 10g, cr USA 10g, cr USA 10g, cr USA 10g, cr Vo-etc.)	10d. INSIDE CITY LIMITS?  XX YES 2 NO  TIZEN OF WHAT COUNTRY?  14. RACE — American Indian, Black, White, etc.  White  Company  Co								
USA  OF BUSINESS/IN  HIGHER St  Malden Surname)  Ty or Town, Statu, 2  20c. LOCATION -	LIMITS?  XX YES 2 NO  TIZEN OF WHAT COUNTRY?  14. RACE — American Indian, Black, White, etc.  Wh 12 COUNTRY  CO								
USA  OF BUSINESS/IN  HIGHER St  Malden Surname)  Ty or Town, Statu, 2  20c. LOCATION -	LIMITS?  XX YES 2 NO  TIZEN OF WHAT COUNTRY?  14. RACE — American Indian, Black, White, etc.  Wh 12 COUNTRY  CO								
USA  OF BUSINESS/IN  HIGHER St  Malden Surname)  Ty or Town, Statu, 2  20c. LOCATION -	14. RACE — American Indian, Black, White, etc.  White of the Company  Company  Clo Code)  — City or Town, State  1, Md.								
of Business/III  OF Business/III  hlehem St  Maldon Surnamo)  by or Town, State, 2  7  20c. LOCATION -	White Control of the Company  Control of Town, State  A, Md.								
hlehem St Maiden Sumame) by or Town, State, 2 7 20c. LOCATION -	eel Company  Lip Code)  - City or Town, State  1, Md.								
Melden Surname) by or Town, State, 2 7 20c. LOCATION -	City or Town, State								
Melden Surname) by or Town, State, 2 7 20c. LOCATION -	City or Town, State								
y or <i>Town, State, 2</i>	- City or Town, State								
7 20c. LOCATION -	- City or Town, State								
7 20c. LOCATION -	- City or Town, State								
20c. LOCATION -	, Md.								
111110N1UN									
	Road 21214								
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Leonard J. Ruck Inc. 5305 Harford Road 21214									
OUE TO (OR AS A CONSEQUENCE OF):  Sequentielty list conditions, if any, leeding to immediate  DUE TO (OR AS A CONSEQUENCE OF):									
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  C. DUE TO (OR AS A CONSEQUENCE OF):									
WAS AN AUTOPS PERFORMED? YES 2 NO	Y 24b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?								
nguiry	1 TYES 2 NO								
0									
33									
a 6 Other (Specify)									
E 110M 121 1100 -	CCURED								
E HOW INJURY O	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
Street and Number									
N (Street and Number, State) and manner as a									
N (Street and Number, State) and manner as a place, and due to	the cause(a) and manner as state								
N (Street and Number, State) and manner se a place, and due to	The cause(s) and manner as state  ATE SIGNED (Month, Day, Year)								
N (Street and Number, State) and manner se a place, and due to	The cause(s) and manner as state  ATE SIGNED (Month, Day, Year)								
B	4 Homicide  4 Homicide  4 Homicide  4 Homicide  4 Homicide  5 City or Town, State)  City or Town, State)  29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the best of axemination and/or investigation, in my opinion, death occurred at the lime, data and place, and due to the cause(a) at the lime, data and place, and due to the lime, data and place, and due to the lime, data and place, and due to the lime, data and place, and due to the lime, data and place, and due to the lime, data and place, and due to the lime, data and place, and due to the lime, data and place, and due to the lime, data and place, and due to the lime, data and place, and due to the lime, data and place, and due to the lime, data and place, and due t								

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BALTIMORE, MARYLAND 21203-3146

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	TO THE MACHINE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE CHARACTER OF RECTOR: After this certificate has been signed by the attending physician and completely fille	be first and are use after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation,	IMPORTANT: If fem 28 is marked or liem 23 shows any injury or other fraumatic event, the
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31. DATE FILED (Month, Day,

		4	0 !	07200				
	STATE OF MARYLAND	/ DEPARTMENT OF HEALTH AND N	MENTAL HYGIENE	01299				
	7 SIAIE	CERTIFICATE OF DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, 1 and	11/17.1	2. DATE OF DEATH MONTH DAY YE	3. TIME OF DEATH				
	Mary Elizabeth	WHITE	3 17 91	9-30 PM				
	4. SOCIAL SECURITY NUM 5. SEX 6. AGE (In yrs.		7. DATE OF BIRTH (Month, Day, Year) 8. 8	HRTHPLACE (State or Foreign				
	214246/26 10 M2 XF 82	YRS. MONTHS DAYS HOURS MIN.		orth Carolina				
	** TACILITY NAME (If not institution, give street and number)	96. CITY, TOWN OR LOCATION OF DE	ATH 9c. COUNTY	OF DEATH				
R	HOWARD COUNTY GENERAL	HOSPIAN COLUMSII	A Ho	WARd				
DIRECTOR	10e, STATE 10b, COUNTY	10c. CITY, TOWN OR LOCATION		Last minute outs				
8			1	10d. INSIDE CITY LIMITS?				
	Baltimore County	Owings Mil		1 YES 2XXNO				
FUNERAL		101. ZIP CODE	200	OF WHAT COUNTRY?				
N N	22C Deer Lodge Ct.		21117 USA					
5	1 Never Married 2 Married FORCES? 1 YES 2X	NO If yes, specify Cuben, Mexica	n, Puarto Rican, atc.)	RACE — American Indian, Black, White, etc.				
B	3 🖾 Widowed 4 🗌 Divorced	1 TES 2 NO Specify		Specify: White				
	15. DECEDENT'S EDUCATION 16a.	DECEDENT'S USUAL OCCUPATION	16b. KIND OF BUSINESS/INDUST	RY				
H H	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of work done during most of working life. Do NOT use retired.)						
교		memaker		-				
COMPLET	17. FATHER'S NAME (First, Middle, Last)	18, MOTHER'S NA	ME (First, Middle, Maiden Surname)	· · · · · · · · · · · · · · · · · · ·				
ē w	Robert Henderson Brady	Willie	Fidelia Wallace					
10 B	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Number or Rural I	Route Number, City or Town, State, Zip Cod	le)				
F	Mr. John Peyton White	3612 Coronado Rd. Ba	ltimore, MD 21	207				
5	20s. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal from State 20b. PLAC	CE OF DISPOSITION (Name of cemetery, cremetory or place)	20c. LOCATION — City	or Town, State				
		oll Cremation	Hampstead	, MD				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FA	Funeral Director	s. Inc.				
CYG	John K Phynolis J		Rd. Randallstow					
3	23. PART LEnter the diseases, or complications that caused the	daath. Do not antar the mode of dying, suc						
	shock, or heert fellure. List only one ceuse on sech if	na.		Intarval Between Onset and Daath				
	IMMEDIATE CAUSE (Finel disease or condition CAR DIR.	PULMONARY ARR	08.5					
1	disease or condition s. CARDIO.	SEQUENCE OF):	0, 1					
Z	8TROK	£.						
2	Sequentially liat conditions, If any, leading to immediate	SEOUENCE OF):						
3	cause. Enter UNDERLYING CAUSE (Disease or Injury							
CERTIFICATION	that initieted events DUE TO (OR AS A CONS	SEOUENCE OF):	1					
EH	resulting in deeth) LAST							
5 .	PART II. Other significant conditions contributing to death but no	t resulting in the underlying cause given in	Part i. 24a. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS				
MEDICAL		The state of the s	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
			1 VES 2 NO	OF DEATH?				
			—   '	1 TYES 2 NONO				
A N	25. WAS CASE REFERRED TO MEDICAL	28. PLACE OF DEATH (Ch	ack anty one)					
PHYSICIAN:	EXAMINER?  1 YES 2 NO HOSPITAL: 1 Inputer 2 ER/Outpetient	OTHER:						
5 ≥	27. MANNER OF DEATH 280. DATE OF INJURY	3 DOA 4 Nursing Home 5 Residence	28d. DESCRIBE HOW INJURY OCCUR	ED .				
	1 Netural 5 Pending (Month, Day, Year)	INJURY WORK?  M 1 7ES 2 NO	-					
B	2 Accident Investigation 28e. PLACE OF INJURY — At home farm street factory office 281 I OCATION (Street and Number or Bural Brute Number							
	3 Suicide  8 Could not be 4 Homloide  8 Could not be determined  250. PLACE OF INJUSTY — At nome, farm, street, factory, ornics building, etc. (Specify)  250. City or Town, Street and Number or Flural House Number, City or Town, State)							
COMPLETED	29e. CERTIFIER  Check note:  Ch	death accurred at the time date and place and dis-	to the country and manage or state of					
M M	(Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/			ouse(e) end manner ee stated.				
	A second							
E H	296. SIGNATURE AND TITLE OF CERTIFIER	B. VELLANKI) 200. LICENSE NUI	469   ≥ 2	GNED (Month, Day, Year)  - 18 - 91				
				11				
₽	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH I	TEM 27) (Type, Print) ELLICATT UTY	MD. 21043,					

32 EGETRADE SIGNATURE

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FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CERTIF	ICATE OF	DEATH	RE	G. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DE			3. TIME OF DEATH			
- 1	CLEOPATRA HARRIS WHITE				MARCH 1	5, MY 1991	YEAR	6:30 A. M.			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In	yrs. last birtnday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	RTH	8. BIRT	HPLACE (State or Foreign			
	215 14 9133 1 M 2 26 F 76	YAS.	MONTHS DAYS	HOURS MIN.		9, 1915	_	TH CAROLINA			
OR	9a. FACILITY NAME (If not institution, give atreet and number) 3200 GRANTLEY ROAD		BALTIM	ORE	PEATH	9c. CO	UNTY OF	DEATH			
2	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	10c. CIT	TY, TOWN OR LOCAL	ION				10d. INSIDE CITY			
DIRECTOR	MARYLAND		ALTIMORE					LIMITS?			
FUNERAL	3200 GRANTLEY ROAD		10	21216		37.5	TIZEN OF	A.			
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 N Widowed 4 Divorced  12. WAS OCCEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE.	2 NO	If yes, sp	ENDENT OF HISPA ecity Cuben, Mexic 2 NO Speci	en, Puerto Ricen,	etc.)	Blee	E — American Indian, ck, White, etc.			
G	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		USUAL OCCUPATION		18b. KIND	OF BUSINESS/II	NDUSTRY				
COMPLETED	(speciny only Impress grade Completed)  Elementary/Secondary (0-12)  0 - 12  College (1-4 or 5+)	Iffe. Do NOT u	work done during mose retired.)  AL CLERK		DEPAR	TMENT S	TORE	200			
NC C	17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle,						
BE C	WILLIAM HARRIS				STROUD	That our our array					
10	19a. INFORMANT'S NAME (Type/Print) MRS. RUBY N. CURTIS		BEXHILL		ALTIMORE			21207			
	20a. METHOD OF DISPOSITION  1 Surial 2 Cremetton 3 Removal from State	PLACE OF DISPO	SITION (Name of ce			20c. LOCATION -					
		LTIMORE	NATIONA			CATONS	SVILI	E,MD. CO.			
	21. SIONATURE OF FUNITHE MRYICE LICENSEE		LEWIS		IN FUNER			215-6393 DRE MARYLAND			
CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):										
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24e, WAS AN AUTOPSY PERFORMED?  1 YES 2 NO							Ib. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
AN	25. WAS CASE REFERREO TO MEDICAL 26. PLACE OF DEATH (Check only one)										
SIC	EXAMINER?  1 YES 2 NO  1 Inpartient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)										
/ PHY	27. MANNER OF DEATH  28s. DATE OF INJURY (Month, Dey, Year)  28b. TIME OF INJURY WORK?  1 Natural 8 Pending  28c. INJURY M 1 YES 2 NO										
TED BY	2 Accident Investigation 3 Suicide S Could not be determined  25a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)  25a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)										
COMPLETED	29a. CERTIFIER (Check only one)  2 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the fime, date and place, end due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the fime, date and place, and due to the cause(s) and manner as stated.										
TO BE	296. SIGNATURE AND TITLE OF CENTIFIER  R' KRISHNAN D 2907   296. LICENSE NUMBER  D 2907   3, 1 829 /										
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  KRISHNAN 821 N: EUTAW ST #308 BALTIMORE MD 21201										
	31. DATE FILED (MONTH, Day, Year)  MAR 1 9 1991  Julia Davidson										
- 1	11010	A Participant									

ATTEMPT TO STATE OF AND DESCRIPTIONS OF THE PROPERTY OF THE PROPER · c Edit n F E 

After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.

is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

ED BY PHYSICIAN: MEDICAL CERTIFICATION

IMPORTANT TO BE CO

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF	MARYLAND /		TMENT O				MENT	AL HYGIEN	E		07001
1. DECEDENT'S NAME (First, Middle CARRIE W.	e, Last) WILLIAMS						- 3	2. DA	TE OF DEATH	199	1 YEAR	3. TIME OF OEATH  10:00 P.M.
								IPLACE (State or Foreign				
220 24 2636		66	YRS.		AYS	HOURS	MIN.	(Mc	onth, Day, Year)	004	Count	(ער
		00	Tho.		_				V. 25,1			RYLAND
9a. FACILITY NAME (If not institution	,			96. CITY, TO			ON OF O	EATH		9c. COU	NTY OF D	DEATH
ST. AGNES HOS				BAI	TI	MORE						
RESIDENCE OF DECEDE			10c CIT	Y TOWN OR I	OCAT	TION						10d. INSIDE CITY
LIM										LIMITS?		
10e. STREET AND NUMBER					101	f. ZIP CODE				10g. CIT	IZEN OF	WHAT COUNTRY?
3933 W. MULBE	RRY STREET					2122	29			II.	S. 0	F A.
11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. AR	MED	13. WAS	OEC	ENDENT O	F HISPA	NIC ORI	GIN? (Specify Yes		44.040	C. American budge
1 Never Married 2 Marrie	FORCES?	I 🗌 YES 2 👠 N WAR OR DATES	10			ecity Cuber			to Rican, etc.)		Blac	k, White, atc. BLACK
3 Widowed 4 Olvorced	11 120, 0112	WAIT ON DAILS			TEG	2 (5) 110	оросп	ıy.			apec	BANDONX
	T'S EDUCATION	16a. DE	CEDENT'S	USUAL OCCU	PATIO	ON		1	16b. KIND OF BU	SINESS/IN	DUSTRY	
(Specify only higher Elementary/Secondary (0-12)	college (1-4 or 8	Ma	Do NOT us	work done duri se retired.)	ng mo	ost of working	g					
0-12	2 YRS.		.P.N						PRIVATE			
17. FATHER'S NAME (First, Middle, L						18. MOTH	IER'S NA	AME (Firs	t, Middle, Malden			
OSCAR HAYNES									KERSON	,		
19a, INFORMANT'S NAME (Type/Pri		19	MAILING	ADDRESS (S	trant i				umber, City or Tow	m Ctota 7	in Code)	
MRS. JOYCE WIL	•			W. MU								VI AND 21220
20a. METHOD OF DISPOSITION	JOIN		_				311	REET	T			YLAND 21229
1 Serial 2 Cremetton 3 4 Donation 8 Other (Speci			S ME	e of disposi for other place MORTAL	e) _	PARK	3/2	21/9			ALL OF	own, State  BK BALTO
21. SIGNATURE OF FUNERAL SER	VICE LICENSEE	0		22. NAI	ME A	NO ADORES	S OF F	ACILITY	IBIDDAI	1101 6	04	045 (505
> Lewi	s The	wym	1						UNERAL S AVE.			215-6393 E,MARYLAND
23. PART I. Enter the disesses	es, or complications th	st crused the de	ath. Do r	_								Approximate interval Between
IMMEDIATE CAUSE (Final	America Artificial	. 1										Onset and Death
disease or condition resulting in death)		traci	K .									
resoluting in coulding	DUE TO	OR AS A CONSE	DUENCE O	F):	,	1 . 0		1				
	N	aline	an	+ /	4	1492	er	P	sica,	7		
Sequentially list conditiona, if any, leading to immediate	DUE TO	OR AS A CONSE	DUENCE O	F):		11						
cause. Enter UNDERLYING	<b>)</b> .											
CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CONSE	DUENCE O	F):								
resulting in death) LAST												
									7			
PART ii. Other significant co	onditions contributing t	o death but not i	resulting	in the unde	riyin	g cause g	given in	Part I	. 24a. WAS AN		241	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
- (armo	up an	ley	0/1	SER.	2	<_	100		1 TYES	NO		COMPLETION OF CAUSE OF DEATH?
- nhami	- Chamic Renal Ageline											
MIL	0+:01-	CH	1	K	C						1	
25. WAS CASE REFERRED TO MEC	DICAL	- 0 / K	7		26. P	LACE OF D	EATH (C	heck onh	r one)			-
EXAMINER? 1 YES 2 NO	HOSPITAL:	□ FD(0.1-11.11.11.11.11.11.11.11.11.11.11.11.1	U 500	OTHER:					-5	_		
27, MANNER OF CEATH	28e. DATE C	E IN.IIIEV	28b. TIN	_	_	JURY AT	eldence	_	ther (Specify) DESCRIBE HOW	IN ILIBY O	~CIDED	
1 Natural 5 Pendi	(Month.	Day, Year)		JURY	W	ORK?	7 110	200.	OESCHIDE HOW	moon: o	CONED	
2 Accident Investigation												
3 Suicide 4 Homicide  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)												
								1				
	G PHYSICIAN: To the best	of my knowledge, de	ath occum	red at the time	, date	e and place,	, and du	e to the	cause(a) and me	nner sa st	ated.	
one) 2 MEDICAL E	EXAMINER: On the basis of	examination and/or	Investigation	on, in my opin	lon,	death occur	red at th	e time, c	fata and place, a	nd due to	the cause	(s) and menner as stated.
29b. SIGNATURE AND TITLE OF C	ERTIFIER	. /				29c. LICE	ENSE NU	JMBER		29d. DA	TE SIGNE	D Month, Day, Mer)
Kash	at 2	112	/							•	>	118/19/1
30. NAME AND ADDRESS OF PER	SON WHO COMPLETED CA	USE OF DEATH (ITE	M 27) (Type	, Print)	-			, ,	0	11.		1-11-11
// 6 /		- 1 -	-			-	A 1	m ///	40 . 1	4 8	-	

32. REGISTRAN'S SIGNATURE
Julia Davidson-Randall

OHMH-16 Rev 1/89

 91-1477-510

REPAIL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the inhoritate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be used to state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

HANT II Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

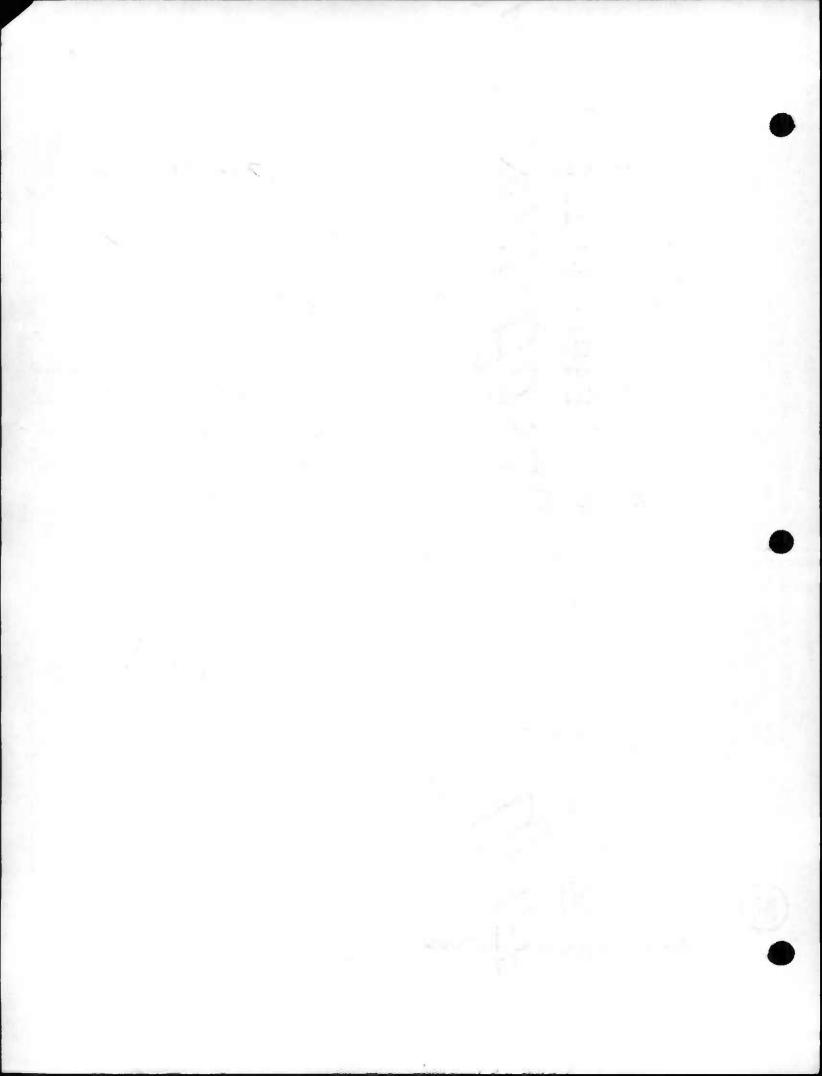
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH	REG	i. NO.					
1. DECEDENT'S NAME (First, Middle, Las					2. DATE OF OEA		VEAD	3. TIME OF DEATH			
ERNEST	BENJA	MIN	WOMBLE		03	15	1991	9:00	p.		
4. SOCIAL SECURITY NUMBER 214 56 6764	5. SEX	6. AGE (In yrs. last birthday) 40 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Morith, Day, Y	bar)	Country	PLACE (State or Fore y) YYLAND	ign		
	98. FACILITY NAME (If not institution, give street and number)  99. CITY, TOWN OR LOCATION OF DEATH  90. COUNTY OF DEAT  BALTIMORE  BALTIMORE										
1539 WOODYEAR RESIDENCE OF DECEDENT 10a. STATE 10b. COU	NTY	1000	ry, town or loca LTIMORE	TION				10d. INSIDE CITY LIMITS? 1 Dd yes 2 N	10		
	AVENUE	J DR.	101. ZIP CODE				_	EN OF WHAT COUNTRY?			
106. STREET AND NUMBER  3227 INGLESIDE  11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	11. MARITAL STATUS  1 Never Merried 2 Married  12. WAS DECEDENT E FORCES? 1 FIGURE 1. STATUS IF YES, GIVE WAR				rican, Puerto Rican, etc.)			S. OF A.  14. RACE — American Indian, Black, White, etc.  Specify: BLACK			
15. DECEDENT'S E (Specify only highest gr	DUCATION ade completed		USUAL OCCUPATI		16b. KIND (	OF BUSINESS/II	NDUSTRY				
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 0-12 17. FATHER'S NAME (First, Middle, Lest)	College (1-4 or 5	+) Iffe. Do NOT L	Give kind of work done during most of working life. Do NOT use retired.)  MEDALERGICAL INSPECTOR STEEL MILL (SPARROW								
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, A	Valden Surname,	)				
ERNEST WOMBLI	Ē				RA RHODE						
D 198. INFORMANT'S NAME (Type/PTITE)				and Number or Rural							
DANDARA KITODE				E AVENUE				ND 21215 wn, State BALT			
20s. METHOD OF DISPOSITION  1 Buriel 2 Cremetion 3 R	emoval from Stata	20b. PLACE AND DAT	y or other place)	(Name	OATE 2	ec. LOCATION	— City or To	wn, State DALI			
Burial 2   Cremation 3   Removal from State   CARRISON FOREST VET CEM 3/20/91 OWINGS MILLS MD CO.											
1 Lewis	LEWIS T. GWYNN FUNERAL HOME 21215-6393 4517 PARK HEIGHTS AVE. BALTIMORE, MARY 23. PART I. Enter the diseases, or complications that cayed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximate										
IMMEDIATE CAUSE (Finel disease or condition resulting in desth)  Gunshot Usured Heurist Due To (OR AS A CONSEQUENCE OF):											
Sequentielly list conditions, if eny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury	DUE TO	E TO (OR AS A CONSEQUENCE OF):									
Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEQUENCE (	OF):								
PART II. Other significent condit	lons contributing to	death but not resulting	In the underlyle	ng cause given in	P	VAS AN AUTOPS PERFORMED?	Y 24b	WERE AUTOPSY FIN MAILABLE PRIOR TO COMPLETION OF CA	0		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 1 YES 2 NO  27. MANNER OF DEATH					¹>>	2 NO		OF GEATH?			
25. WAS CASE REFERRED TO MEDICAL			26.6	LACE OF DEATH (C)	peck only one)		_				
EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3 ☐ DOA	OTHER:								
27. MANNER OF DEATH	28a. DATE Of			me 5 XRasidence	28d. DESCRIBE		OCCURED		_		
	(Month, L	Day, Year) IN	IJURY W	ORK? YES 2 T NO		CT SHO					
2 Accident investigation	28e. PLACE C	5/1991 9:00 DE INJURY — A1 home, farm,	0 0 -		26f. LOCATION	Street and Num		Route Number,	_		
3 Suicide 6 Could not determined	building	, etc. (Specify)			1539 WC	, State)					
tonoun only		f my knowledge, death occur			to the cause(s) a	nd manner as s	stated.				
S COTORE EXAM		examination and/or investigat	оп, иг плу ориноп,						med.		
250- TRONSTURE SHO TITLE OF CONTI	X	IND		294. LICENSE NU	MINER		1	(Month, Day, Year)			
30, NAME AND ADDRESS OF PERSON	who comes	DE OF DEATH STEM AT 1	as Briefly	OCME		(	03/16/	1991	_		
FLANK J	PEI	ETT, My	-	STREET	BALTIMOR	RE, MAF	RYLANI	21201			
MAR 19 199	32. AEGISTR	AB'S SIGNATURE									

THE PROPERTY OF STREET AND ADDRESS OF THE STREET, AND ADDRESS OF THE STREET

	REGISTRAR	CER	TIFICATE	OF DEATH	REG. N	10.	
	1. DECEDENT'S NAME (First, Middle, Last)	115			2. DATE OF DEATH MONTH	DAY 9 YE	3. TIME OF DEATH
		SEX C. AGE (In yrs. lest bir	thday) IF UNDER	1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		DIRTHPLACE (State or Forei
	10 10 1		YRS. MONTHS	DAYS HOURS MIN.	(Month, Day, Year)	101	Country)
	Sa. FACILITY NAME (If not-institution, give street a	arid number)	9b. CITY,	TOWN OR LOCATION OF E	PATH	9c. COUNTY	OF DEATH
5	Library Mich	cal Cantil	Bo	elte C	cley		
DIRECTOR	10a. STATE 1 10b. COUNTY	1	De. CITY, TOWN O	R LOCATION			10d, INSIDE CITY
	ma		1911	10.			1 YES 2 N
FUNERAL	357 MC Alee	en ct.		101. ZIP CODE 2/20	2	10g. CITIZEN	OF WHAT COUNTRY?
E	11. MARITAL STATUS 12. 1 Never Married 2 Merried	WAS DECEDENT EVER IN U.S. ARMEI FORCES? 1 YES 2 2 10		MAS DECENDENT OF HISP/ I yee, specify Cuban, Mexic	ANIC ORIGIN? (Specify an, Puerto Rican, etc.)	Yes or No- 14.	RACE — American Indian Black, White, etc.
BY		IF YES, GIVE WAR OR DATES		YES 2 US Spec			soff of 10
ETED	15. DECEDENT'S EDUCATIO (Specify pelly highest greate comp	(Give I	ENT'S USUAL OC	CCUPATION turing most of working	16b. KIND OF	BUSINESS/INDUST	RY
P.E.	Elementary/Secondary (6-12) Co	dage (1-4 or 5 +)	NOT use retired.)				
COMPL	17. FATHER'S NAME (First, Middle, Last)	11 1		18. MOTHER'S N	AME (First, Middle, Maid	ten Surneme)	
BE	MISHERM Wi	Hard		Cim	rella	BVe	alle
6	19s. INFORMANT'S NAME (Type/Print)	196. M	AILING ADDRESS	(Street and Number or Rura	Route Number, City or	Town, State, Zip Cod	mdsh.
	200. METHOD OF DISPOSITION	20b. PLACE OF	OISPOSITION (No.	me of cemetery, cremetory or	20c.	LOCATION - City	or Town, State
	1 Berial 2 Cremation 3 Removal-	from State other pace)	Stekn	STAN	. Cem	MAB	omma
	21. SIGNATURE OF FUNERAL SERVICE LICENS	EE	22.1	NAME AND ADDRESS OF F	ACILITY		-0
	> Betta F	7H		11591	V. /2	ildans	el
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUE  Congestive  DUE TO (OR AS A CONSEQUE	NCE OF): Heant	Failur	2		
	PART II. Other significant conditions co	ontributing to death but not resi	ulting in the un	derlying cause given i	n Part I. 24e. WAS	AN AUTOPSY	24b. WERE AUTOPSY FIN
DICAL					PER	FORMED?	AMILABLE PRIOR 1 COMPLETION OF CO OF DEATH?
ME							1 - YES 2 N
PHYSICIAN:	25, WAS CASE REFERRED TO MEDICAL		_	26. PLACE OF DEATH (C	No. of and and		
Sici	EXAMINER? HO	OSPITAL: Vinpatient 2 - ER/Outpatient 3 -	DOA 4 Num				
품	27. MANNER OF OEATH		8b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HO	W INJURY OCCUR	ED
BY	1 Netural 5 Pending 2 Accident Investigation		M	1 YES 2 NO			
8	3 Suicide & Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, building, etc. (Specify)	farm, street, fact	ory, office	281. LOCATION (Stre City or Town, St	et and Number or F ate)	lural Route Number,
COMPLET	200. CERTIFIER . O CERTIFYING PHYSICIAN	: To the best of my knowledge, death	accurred at the fi		- 1- 11		
\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>		n the basis of examination and/or inve					use(e) and manner es st
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE N			GNED (Month, Day, Year)
3 BE	C.KONO, M	redical house	office	V. D38	7485		116/91
2	30. NAME AND ADDRESS OF PERSON WHO CO	1.	7) (Type, Print)	al Cente	0 11	· · · · · ·	W- C 2 12 1
	Choong Kim, m	, O. Liberty	Mode	a cente	r, Davit	imore,	MUZIZI
	MAR 19 1991 Gul	32. REGISTRAR'S SIGNATURE	S.				



ig physician.	he bunial-transit permit. Pages 1, 2, 3 should		
IAN: The law requires that the death certificate be executed within 2 July after death. Page 6 may be retained by the hospital or attending physician.	Mer this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3		it be notified at once.
hin 2 Jurs after death. Page 6 m	tely filled in by the funeral director,	mation, or removal.	t, the medical examiner mus
he death certificate be executed with	the attending physician and complet	Mental Hygiene prior to burial, crer	s marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
SICIAN: The law requires that ti	certificate has been signed by	th the State Dept. of Health and	d, or item 23 shows any in
DING PH	After this	death wi	s marke

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1 - FOR STATE REGISTRAR	TATE OF MARYLA			ENT OF H		MENTA	AL HYGIENE			7004	
	1. DECEDENT'S NAME (First, Middle, Last)	Ruth A WISSMAN	nna				2. DAT	E OF DEATH	9	YEAR	3. TIME OF DEATN	
,	4. SOCIAL SECURITY NUMBER 5. S	6. AGE (I	n yrs. lasi b	MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mon	E OF BIRTN oth, Day, Year)		Country		
	213-28-9622 1 9e. FACILITY NAME (If not institution, give street as		8	YRS. 9b	. CITY, TOWN OR LOCATION OF DEATN			/11/193: 	32 Maryland  9c. COUNTY OF DEATH			
בכוסם	Harbor Hospital (	Center		В	<u>altimo</u>	re City			١	I/A		
ספעות	10e. STATE 10b. COUNTY				OWN OR LOCAT						10d. INSIDE CITY LIMITS?	
- 18	Maryland Anne 100. STREET AND NUMBER	Arunde1		Gren	Burni	ZIP CODE			10g. CITIZ		1 TYES 2 X NO HAT COUNTRY?	
LONGHAL	201 Water Fountair				21061					USA		
5	1 Never Merried 2 Merried	WAS DECEDENT EVER IN FORCES? 1 _ YES IF YES, GIVE WAR OR DA	2 X XNO	ED	If yes, specify Cuben, Mexicen, Puerto Ricen, atc.)					14. RACE Black Specifi	- American Indian, White, etc. White	
COMPLEIED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp  Elementery/Secondery (0-12)  12th  Col	kind of work to NOT use re	k done during most of working retired.)  Baltimo				siness/industry ore City School					
	17. FATNER'S NAME (First, Middle, Lest)				0 11001	18. MOTHER'S NA			Surname)			
N N	Charles 190. INFORMANT'S NAME (Typo/Print)	Schulze	19b.	MAILINO AD	DRESS (Street a	Beulah		Connely mber, City or Town			2	
2	Ms. Kathy Baker					untain C	t.,					
	20e. METHOD OF DISPOSITION  1	from State	other place 1etro	Crem	atory,	Inc.		1	tonsv		m, State e, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	Kevin	Е. Е	cker	McCul 237 E	ly Funer Pataps	al h	Home of	Brocalto.	klyr , Mc	1. 21225	
	23. PART i. Enter the diseeses, or comp shock, or heert failure. List	olications that caused only one cause on e	the dee	th. Do not							Approximate Interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	Acute /	4rces	ding	tran	succe	M	14/iti	3		Onset and Death	
2		DUE TO (OR AS A	CONSECU	JENCE OF):								
2	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEOL	JENCE OF):								
ERIFICATION	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEOL	JENCE OF):								
AL CE	PART II. Other algnificent conditions co		ut not re	aulting in t	he underlyin	g ceuse given in	Part I.	24a, WAS AN		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
MEDIC	Breast C	ANCER.	-				_	1 YES 2	□ NO		COMPLETION OF CAUSE OF DEATH? 1 — YES 2 NO	
											1 120 2 30 110	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   Yes 2   NO 1	SPITAL:	oatlent 3 [		THER:	ACE OF DEATH (Ch						
	27. MANNER OF DEATN  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)		26b. TIME O	F 28c, IN.	IURY AT	7	ESCRIBE NOW II	NJURY OCC	CURED		
10 0	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY building, atc. (Spec	— At hom	ie, farm, stre		YES 2 NO	26f. LC	OCATION (Street a ity or Town, State)	and Number	or Rural R	loute Number,	
	4 Homicide datermined  29e. CERTIFIER 1 CERTIFYINO PHYSICIAN	. To the heat of my know	ladas das	th nagurand a	at the time date	and plane, and due		remarks) and man				
COMPLEIED	(Check only one) 2 MEDICAL EXAMINER: Or										) end manner es stated.	
O BE	296. SIONATURE AND TITLE OF CERTIFIER  DON KENCH M	1. ti	lovse	of	he	29c. LICENSE NUI	MBER		29d. DATI	E SIONED	(Month, Day, Year)	
	DAN CONCERNMENT OF THE STATE OF	7. Hara	x H	OSTIP	or do	nti i	3001.	. r. HAN	sure	8+	· BACT NO 21230	
	31. DATE FILED (MONIN) MAR 191	19 TEGISTEN SIGN	NA Lo	n-Hans	4							

_	TICOIOTIVAT			7 C I I I I I	ONIL	/ DEATH		MEG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE (	OF DEATH	NA.	YEAR 3.	TIME OF DEATH	
ľ	Robert W Wills						3	18	9	1 1	2.32 AN	
	4. SOCIAL SECURITY NUMBER 5. S		AGE (In yrs.	last birthday)	IF UNDER 1 YE	1	48 do 48	(Month Day Vanc)		8. BIRTNPLACE (State or Foreign Country)		
	212-30-3824 10	M 2 D F	57	YRS.	MONTHS DA	/S HOURS MIN	07	13/3	3		nD	
	9a. FACILITY NAME (If not institution, give street a			VH OR LOCATION OF				TY OF DEAT	н			
DIRECTOR	Union Memorial		1301	Howe C	it y							
5	RESIDENCE OF DECEDENT  10e, STATE  10b, COUNTY	40. 0177	, TOWN OR L		1							
=	0 11	Mary (	'Au							- 3	d. INSIDE CITY LIMITS?	
	100. STREET AND NUMBER	WID4 C	2019		Balti			1 YES 2 NO				
2	0 1	14 1001				10f. ZIP COOE	. I.					
BY FUNERAL						2121				4.5.		
2	1 D Name Handed 2 N Handed	WAS DECEDENT E	YES 2		If yes	DECENDENT OF NIS , specify Cuben, Mer	dcen, Puerto R		or No-	Black, W	American Indien, hite, etc.	
מ	3 Widowed 4 Divorced	if yes, give was Korean		ict	10	YES 2 NO Sp	ecify:			Specify:	Wholir	
2	15. DECEDENT'S EDUCATIO	N		DECEDENT'S	USUAL OCCU	PATION	16b.	KIND OF BU	SINESS/INDU	JSTRY		
.	(Specify only highest grade comp Elementary/Secondary (0-12) Co	ilege (1-4 or 5+)	$\dashv$	(Give kind of willia. Do NOT us	rork done durin	THE WORKE	R 5	tate o	f M	aryla	nd	
COMPLEIED	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3	effered	State	porke	42			1.00		
5	17. FATNER'S NAME (First, Middle, Last)					18. MOTNER'S	NAME (First, M	lddle, Meiden	Sumame)			
פני	Warr	en Wi	11s	Sr.		Go	1die					
ם	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADORESS (St	eet end Number or Ru	ral Route Numb	er, City or Tow	n, State, Zip	Code)		
-	Margaret Wills			3610	Parks:	de Drive	Balt	imore	, Mar	yland	21214	
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Removal (	toon Diete	20b. PLA	CE OF DISPOS	ITION (Name o	f cemetery, cremetory	or	20c. LO	CATION C	aty or Town,	State	
	4 Donation 5 Other (Specify)	rrom State	1000		e Vete	rans Ceme	eterv	Cro	wnsvi	lle,	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	III &				E AND ADDRESS OF						
	C. Kukan	X	2	10		orge J. (						
	23. PART I. Enter the diseases, or comp	olications that o	aused the	death. Do n	ot antar the	01 Ritchi	LE HWY	Balti	more,	Md.	Z1ZZ5 Approximata	
	shock, Dr heert fellure. List	Dnly ona cause	Dn eech i	ina.							Interval Between	
	IMMEDIATE CAUSE (Finel disease or condition	P. At	uce c	1 AT	BDom	MUL A	ortic	- AV	eyun	5M	Onset and Death	
	reaulting in death)			SEQUENCE OF							145	
	_	-	isle								7405	
5	Sequentially list conditions,		-	SEQUENCE OF								
HIFICATION	If any, leading to immediate cause. Enter UNDERLYING											
Ĭ	CAUSE (Disease or Injury that initiated events	DUE TO (O	R AS A CON	SEQUENCE OF	7):							
=	resulting in death) LAST											
2	PART II Other elections conditions on	maniferration of the column of	ath had as							1		
EDICAL	PART II. Other algnificent conditions co	microuting to de	Haith Dut NE	it reauting i	n the under	lying ceuse given	in Part I.	24a. WAS AN PERFO		AM	RE AUTOPSY FINDINGS AILABLE PRIOR TO	
5							— I	1 TYES	NO	DF	MPLETION OF CAUSE DEATH?	
Σ						_				1 (	YES 2 NO	
Ž												
PHISICIAN		SPITAL:			OTHER:	8. PLACE OF DEATN	(Check only one	)				
2	1 YES 2 NO 0/20 17 27. MANNER OF DEATH 3//8/9/	Inpetient 2 - E				Nome 5 Reelden						
	1 Natural 5 Pending	(Month, Day,	Year)	25b. TIM	URY	WORK?	28d. DES	CRIBE NOW		UHED		
2	2 Accident Investigation	25e. PLACE OF I		90		YES 2 NO	084 1004				A	
3	3 Suicide 6 Could not be	building, etc	c. (Specify)	NIA	nreet, ractory,	omea		TION (Street or Town, State		4	e Number,	
ij.	29a. CERTIFIER							_				
COMPLEIED	(Check only											
5	2 MEDICAL EXAMINER: Or	the basie of axan	nination and	or investigation	n, in my opini	on, death occured at	the time, data	end place, er	nd due to the	ceuse(s) er	nd manner as stated.	
20	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE			29d. DATE	SIGNEO (M	onth, Day, Year)	
2	71.00-					D32°	184		▶ 3	/18/	11	
-	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE	OF OEATN (	TEM 27) (Type,	Print)	Inthei-	21-	-	-1-	207	Besto	
	JEREMY PAUL DE				nst a	101ther-	IKY	>0	icte.	30/	21239	
			PERMATER							_		
	MAR 1 9 1991	wa David	Soldination									

DHMH-15 Rev 1/89

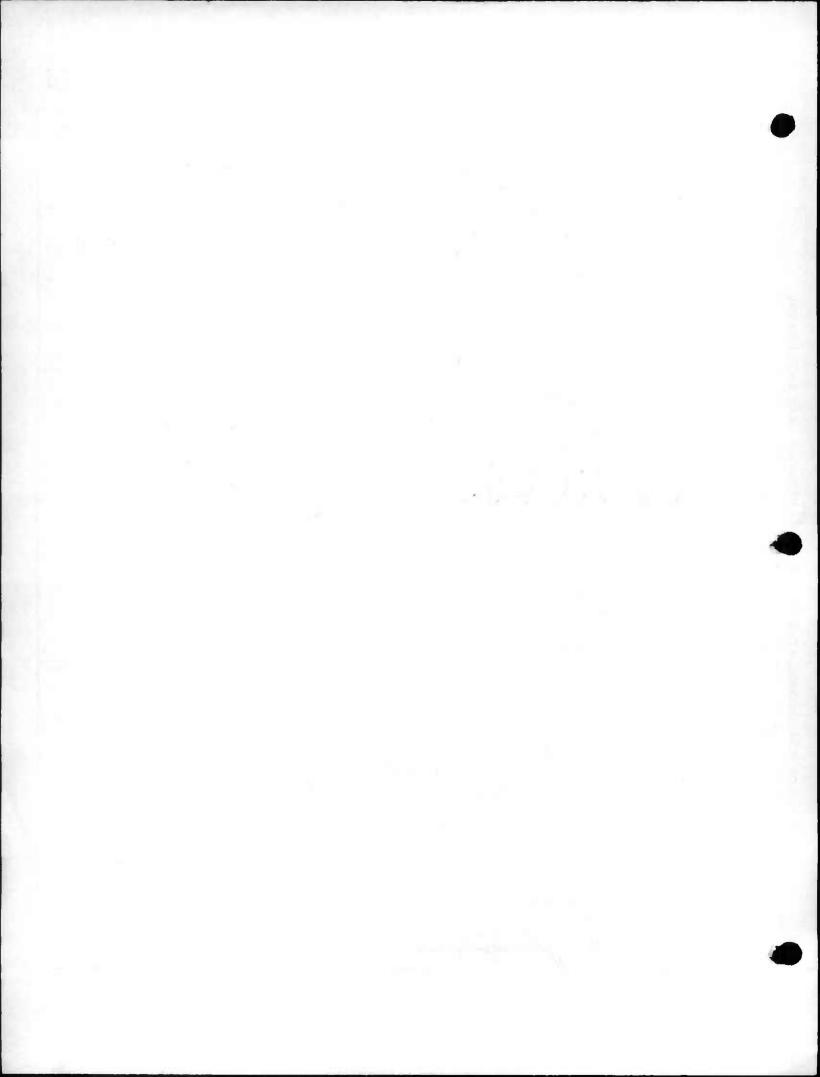
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the fourst death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

burs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

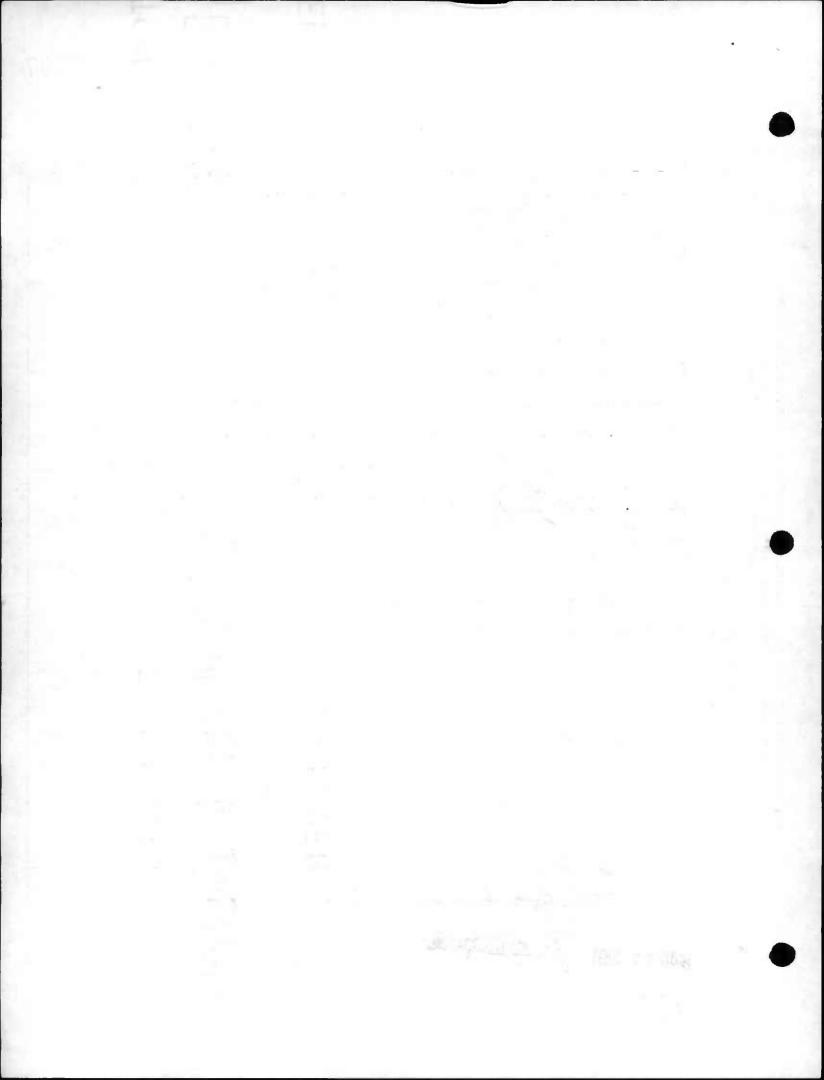


	permit. Pages 1, 2, 3 should		
nat the death certificate be executed within 2x curs after death. Page 6 may be retained by the hospital or attending physician.	by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 si		
tained by the hospit	should be detached		tified at once.
Page 6 may be re	director, page 5		ner must be no
ours after death.	ed in by the funera	or removal.	ny injury, or other traumatic event, the medical examiner must be notified at once.
precuted within 24	and completely fill	and Mental Hygiene prior to burial, cremation, or rem	natic event, the
ith certificate be e	tending physician	al Hygiene prior to	or other traun
at the dea	by the aft	and Mentz	ny Injury,

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTME CERTIFICA			ENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)					. DATE OF DEATN		3. TI	ME DE DEATN
	Anon B	10115				MONTH	9 9 1	AR /	THO AH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In )	yrs. last birthday) IF U	NDER 1 YEAR		DATE OF BIRTH			E (State or Foreign
	213-28-43031	1 □ M 2 X F 96	YRS. MONT	HS DAYS	HOUNG MIN.	(Month, Dev. Wher)	1895	Country)	ryland
	90. FACILITY NAME (If not institution, give *freet and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH								
DIRECTOR	KNOLLWOOD MANOR,	NURSING CE	INTER	lillor	sville,	Hd	Ann	CA	rundel
Æ	10e. STATE 10b. COUNTY		10c. CITY, TOV	VN OR LOCATI	ON			10d.	INSIDE CITY
<u>-</u>	Maryland Anne A	Arundel	1	Pasad	ena				YES 2 NO
AL	10e. STREET AND NUMBER			10f.	ZIP CODE		10g. CITIZEN	OF WHAT	COUNTRY?
ER	185 Cornfield F	Road			2112	2.2		U.S.	Α.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U FORCES? 1 TYES	S. ARMED		ENDENT OF NISPANIC		or No- 14.	RACE — A Bleck, Whi	mericen Indien,
ВУ Е	1 Never Merried 2 Merried  3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE	ZX_XO		cify Cuben, Mexicen, 1 2 X NO Specify:	Puerto Riceri, etc.)		Specify:	10, 010.
								Whi	<i>t</i> C
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	rion 1 Impleted)	8a. DECEDENT'S USUA (Give kind of work d life. Do NOT use retir	one during mos		16b. KIND OF BU	SINESS/INDUST	RY	
Ę	THE STATE OF THE PROPERTY OF THE PARTY OF TH	College (1-4 or 5+)	ine. Do NOI use retir	,	maker		D	omes	+ + 0
ME	6th. grade			nome				omes	LIC
					1117	(First, Middle, Maider	Surname)	T7 =	1ton
BE	(unknows	1)	T 401 1441 1110 400	7500 (0)	Cora		0 7. 0		TLON
9	and the second s		100		ter Way				Md.21401
	Mrs. Joan Tebbs	20h 5	LACE OF DISPOSITION				CATION — City		
	1 XBurial 2 Cremation 3 Remov	nel from State	ther place)						ryland
	21. SIGNATURE OF FUNERAL SERVICE LICE								
	N. 2/1 . / L	11 - 11			d address of facil 11y Fune				
	Palerie X To	your h			Mountair				d.21122
	23. PART I. Enter the diseases, or con shock, or heart failure. Lie	mplications that caused t	ha daath. Do not e h line.	nter the mod	de of dying, such	se cardiac or reep	iratory arrest	,	Approximate Interval Between
	IMMEDIATE CAUSE (Final	Do		,	1	4			Onset and Death
	disease or condition	10	201001	m	The	2			
		OUE TO (OR AS A C	ONSEQUENCE OF):	2					
ON	Sequentielly list conditions, 6.	DUE TO (OF AS A C	ONSEQUENCE OF	700					
CERTIFICATION	If sny, leading to immediate cause. Enter UNDERLYING	502 10 (51145 A 5	ondeduction of j.					j	
FIC	CAUSE (Disease or Injury that Initiated events	OUE TO (OR AS A C	ONSEQUENCE OF):						
FE									
B = B	resulting in death) LAST								
2	<b>C</b> 6.								
	PART II. Other significant conditions			1 1	cause given in Pr		AUTOPSY RMED?		E AUTOPSY FINDINGS LABLE PRIOR TO
	PART II. Other significant conditions			1 1	cause given in Pr		RMED?	AWA	
	PART II. Other significant conditions	contributing to death but		1 1	cause given in Pr	PERFO	RMED?	COM OF C	LABLE PRIOR TO PLETION OF CAUSE
	PART II. Other significant conditions			1 1	g cause given in Pr	PERFO	RMED?	COM OF C	LABLE PRIOR TO PLETION OF CAUSE DEATH?
	DART II. Other algorificant conditions  25. WAS CASE REFERRED TO MEDICAL	hotetes	he	26. PL	g cause given in Pe	PERFO	RMED?	COM OF C	LABLE PRIOR TO PLETION OF CAUSE DEATH?
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO	HOSPITAL:	lent 3 DOA 4	26. PL HER: Nursing Hom	ACE OF OEATH (Check	PERFO  1 YES  k only one)  Other (Specify)	RMED7 2  NO	AMA COM OF C	LABLE PRIOR TO PLETION OF CAUSE DEATH?
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL:	he	26. PL HER: Nursing Hom 28c. INJ WO	ACE OF OEATH (Check  5   Reeldence 6  URY AT RK?	PERFO 1   YES	RMED7 2  NO	AMA COM OF C	LABLE PRIOR TO PLETION OF CAUSE DEATH?
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:    Inpetient 2   ER/Outpet   28a. OATE OF INJURY (Month, Day, Year)	lent 3 DOA 4 DT 1ME OF INJURY	26. PL HER: Nursing Hom WO 1 1	ACE OF OEATH (Check  5   Residence 6  URY AT RK7 /ES 2   NO	PERFO  1 YES  k only one)  Other (Specify)  Red. DESCRIBE HOW	RMED? 2 NO	AMAI COM OF C	LABLE PRIOR TO PLETION OF CAUSE AATH?  YES 2   NO
BY PHYSICIAN: MEDICAL	d.  PART II. Other aignificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO  27. MANNER OF DEATH  1  Netural	MOSPITAL: 1   Inpetient 2   ER/Outpet 28s. OATE OF INJURY	lent 3 DOA OT 4 28b. TIME OF INJURY	26. PL HER: Nursing Hom WO 1 1	ACE OF OEATH (Check  5   Residence 6  URY AT RK7 /ES 2   NO	PERFO  1 YES  k only one)  Other (Specify)	RMED? 2 NO INJURY OCCUR	AMAI COM OF C	LABLE PRIOR TO PLETION OF CAUSE AATH?  YES 2   NO
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	HOSPITAL:    Inpetient 2   ER/Outpet	lent 3 DOA 4 DOA 28b. TIME OF INJURY	26. PL HER: Nursing Hom  26c. INJ 1 1 1	ACE OF OEATH (Check  5   Reeldence 6  10   Reeldence 7  10   Recommonder 10   Recommonder 10    11   Recommonder 10   Recommonder 10    12   Recommonder 10   Recommonder 10    13   Recommonder 10   Recommonder 10    14   Recommonder 10   Recommonder 10    15   Recommonder 10   Recommonder 10    16   Recommonder 10   Recommonder 10    17   Recommonder 10    18   Recommonder 10    19   Recommonder 10    10   Recommonder 10    10   Recommonder 10    10   Recommonder 10    10   Recommonder 10    11   Recommonder 10    12   Recommonder 10    13   Recommonder 10    14   Recommonder 10    15   Recommonder 10    16   Recommonder 10    16   Recommonder 10    17   Recommonder 10    18   Rec	PERFO  1 YES  1 YES  Other (Specify)  281. LOCATION (Street City or Fown, State	INJURY OCCUR	AMAI COM OF C	LABLE PRIOR TO PLETION OF CAUSE AATH?  YES 2   NO
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only 1 CERTIFYING PNYSICI	HOSPITAL:    Inpetient 2   ER/Outpet	lent 3 DOA 4 Time of INJURY  At home, farm, street	26. PL HER: Nursing Hom 28c. INJ WO 1 1 7	ACE OF OEATH (Check  5   Reeldence 6  URY AT RK? RES 2   NO	PERFO  1 YES  1 YES  Other (Specify)  284. DESCRIBE HOW  City or Town, Stell	INJURY OCCUR	ANALOOM OF C 1  ED	LABLE PRIOR TO PLETION OF CAUSE LATH? YES 2 NO
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Neturel 5 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	HOSPITAL:    Inpetient 2   ER/Outpet	lent 3 DOA 4 Time of INJURY  At home, farm, street	26. PL HER: Nursing Hom 28c. INJ WO 1 1 7	ACE OF OEATH (Check  5	PERFO  1 YES  1 YES  Norther (Specify)  281. LOCATION (Street City or Rown, State City	INJURY OCCUR	ANALOOM OF C 1  ED	LABLE PRIOR TO PLETION OF CAUSE LATH? YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only 1 CERTIFYING PNYSICI	HOSPITAL:    Inpetient 2   ER/Outpet	lent 3 DOA 4 Time of INJURY  At home, farm, street	26. PL HER: Nursing Hom 28c. INJ WO 1 1 7	ACE OF OEATH (Check  5   Reeldence 6  URY AT RK? RES 2   NO	PERFO  1 YES  1 YES  Norther (Specify)  281. LOCATION (Street City or Rown, State City	INJURY OCCUR	AMAL COM OF C 1  ED  Rural Floute	LABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO  Number, menner ea stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	HOSPITAL:    Inpetient 2   ER/Outpet     28a. OATE OF INJURY (Month, Day, Year)     28a. PLACE OF INJURY - building, etc. (Specify on the basis of examination of examination of exami	lent 3 DOA 4 DOA 4 DOA 1	26. PL HER: Nursing Hom  26. INJ  26. INJ  1 1  1, factory, office the time, date my opinion, d	ACE OF OEATH (Check  5	PERFO  1 YES  1 YES  Norther (Specify)  281. LOCATION (Street City or Rown, State City	INJURY OCCUR  and Number or inner as stated, and due to the co	AMAL COM OF C 1  ED  Rural Floute	LABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO  Number, menner ea stated.
E COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Neturel 5 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	HOSPITAL:    Inpetient 2   ER/Outpet     28a. OATE OF INJURY (Month, Day, Year)     28a. PLACE OF INJURY - building, etc. (Specify on the basis of examination of examination of exami	lent 3 DOA 4 DOA 4 DOA 1	26. PL HER: Nursing Hom  26. INJ  26. INJ  1 1  1, factory, office the time, date my opinion, d	ACE OF OEATH (Check  5	PERFO  1 YES  1 YES  Norther (Specify)  281. LOCATION (Street City or Rown, State City	INJURY OCCUR  and Number or inner as stated, and due to the co	AMAL COM OF C 1  ED  Rural Floute	LABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO  Number, menner ea stated,
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	HOSPITAL:    Inpetient 2   ER/Outpet     28a. OATE OF INJURY (Month, Day, Year)     28a. PLACE OF INJURY - building, etc. (Specify on the basis of examination of examination of exami	Jent 3 DOA 4 DOA 4 DOA 4 DOA 1	26. PL HER: Nursing Hom  26. INJ  26. INJ  1 1  1, factory, office the time, date my opinion, d	ACE OF OEATH (Check  5	PERFO  1 YES  1 YES  Norther (Specify)  281. LOCATION (Street City or Rown, State City	INJURY OCCUR  and Number or inner as stated, and due to the co	AMAL COM OF C 1  ED  Rural Floute	LABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO  Number, menner ea stated,

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VITAL RE
OF
DIVISION

	REGISTRAR  1. DECEDENT'S NAME (First, Mickey)	-W- 1		CERTIF	ICATE (	OF DEATH	2. DATE OF	REG. NO.	-	
	Helen Mae Whitford							h 10 19	9 <sup>VEAR</sup>	. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX		In yrs. lest birthday)		EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF (Month, Di	ry, Ybar)	Country)	ACE (State or Foreign
	185→18→0443  9e. FACILITY NAME (If not instituti		07	YRS.	Sh CITY TO	WN OR LOCATION OF	March		PENI INTY OF DEA	nsylvania
E I	Key Medical		,			imore Ci		36.000	NTT 01 0E	
5	RESIDENCE OF DECED			100 00	TY, TOWN OR L					Od. INSIDE CITY
DIRECTOR		Baltimore			ndalk					LIMITS?
	10e. STREET AND NUMBER					10f, ZIP COOE		10g. CIT		AT COUNTRY?
FUNERAL	458 Trappe H	Road				21222		U.	U.S.A.	
BY FU	11. MARITAL STATUS  1 Never Merried 2 Merr  3 Widowed 4 Divorced	ried FORCES?	DENT EVER IF 1 TYES VE WAR OR D	2 V VNO	If yo	B DECENDENT OF HISP is, specify Cuban, Mexi YES 2 NO Spec	can, Puerto Rica			- American Indian, White, stc. White
0	15. DECEDEN	NT'S EDUCATION heat grade completed)		16a. DECEDENT'S		PATION ng most of working	16b. KII	ND OF BUSINESS/IN	DUSTRY	***************************************
9	Elementary/Secondary (0-12)	College (1-4	or 5 +)	ille. Do NOT u	use retired.)	ng most or working				
COMPLET	10 UOAHA  17. FATHER'S NAME (First, Middle,	1-0		Homema	ker			n Home		
_	Albert Work	, Cast)				100000000000000000000000000000000000000	arie Sh	Ne, Maiden Surname)		
BE	19a. INFORMANT'S NAME (Type/F	Print)		19b. MAILIN	G ADDRESS (S	treet and Number or Run			ip Code)	
2	Gilbert D. W.	rithord		458 T	rappe	Road, Bal	timore,	Marylan	d 21	222
	20e. METHOD OF DISPOSITION 1 ☑ Burlel 2 ☐ Cremetion 3	3   Removal from State	20I	b. PLACE ANO OAT	E OF DISPOSI	TION (Name	OATE	20c. LOCATION -	- City or Town	n, State
	4 ☐ Donation 5 ☐ Other (Spe 21. SIGNATURE OF FUNERAL SE		— H	olly Hil	l Memo	rial Park ME AND ADDRESS OF	3/14/1	991 Balt	imore	, MD
		1	10	010	Dud	a-Ruck F	unera			
	Brian T. Chi	sholm 7	X	XLX.		2 Wise A				
	23. PART I. Enter the disees shock, or heert	sea, or complications fellure. List only one	ceuse on e	d the death. Do ech line.	not enter the	e mode of dying, se	uch as cerdisc	or reepiratory s	rrest,	Approximats interval Betw
	IMMEDIATE CAUSE (Finel disease or condition		E	2111	1					Onset and De
- 1	resulting in death)	a	E TO (OR AS	A CONSEQUENCE	OFF:					100
z	A	b		060				- 21		
E	Sequentially list conditions if any, leeding to immediate cause, Enter UNDERLYING	001	E TO (OR AS	CONSEQUENCE	NP)					
3	CAUSE (Disease or injury that initiated events	¢ c	E TO (OR AS A	A CONSEQUENCE (	OF):					-
CERTIFICATION	resulting in deeth) LAST	4								
	PART II. Other significant of	conditions contribution	g to death h	out not resulting	In the unde	dving cause given	in Part I 24	a. WAS AN AUTOPS	245 1	VERE AUTOPSY FINDI
CAL			g 10 000til 1	Total Touchting	in the dide	nying couse given		PERFORMED?	- 1	WAILABLE PRIOR TO COMPLETION OF CAUS
MEDIC							— l'	YES 2 NO		OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO ME EXAMINER?	HOSPITAL				28. PLACE OF DEATH (	Check only one)			
YSi	1 TYES 2 NO	1 - Inpatient	2 ER/Out	patient 3 🗆 DOA	_	Home 6 - Residence	e 6 🗆 Other (S	(pecify)		
ВУ РН	27. MANNER OF DEATH  1 Natural 6 Penulum 1 Natural Investigation	ding (Mor	e OF INJURY onth, Day, Year)		M M	e. INJURY AT WORK?  1 YES 2 NO	28d. DESCR	IBE HOW INJURY O	CCURED	
60	3 Suicide 6 Coul 4 Homicide date	ild not be built	CE OF INJURY ding, etc. (Spe	f — At home, farm, cify)	, street, factory	, office		ON (Street end Numb lown, State)	er or Rural Ro	ute Number,
	200 CERTIFIER								_	
COMPLET	one) —	ING PHYSICIAN: To the be								
8	29b. SIGNATURE AND TIPE OF	EXAMINER: On the back	or azaminanc	or and/or investigat	ion, in my opir					
BE	296. SIGNATURE AND TOTAL OF	garrier	-		2)	29c. LICENSE N	NUMBER	29d. D/	TE SIGNED	Month, Day, Year)
	30. NAME/ANO APORESS OF PE		1164	ATU STEEL OF STREET	Drive!		_		5///	///
2	30. NAME: AND ABDRESS OF PE	TISON WHO COMPLETED	CAUSE OF DE	CAIN (HEW 2/) (IVE	re, enite					
2	SU. NAMES AND SECRETS OF PE				m, enny					
5	31. DATE FILED (Month, Day, Year,	- VOZISK			96, <i>emaj</i>		-			

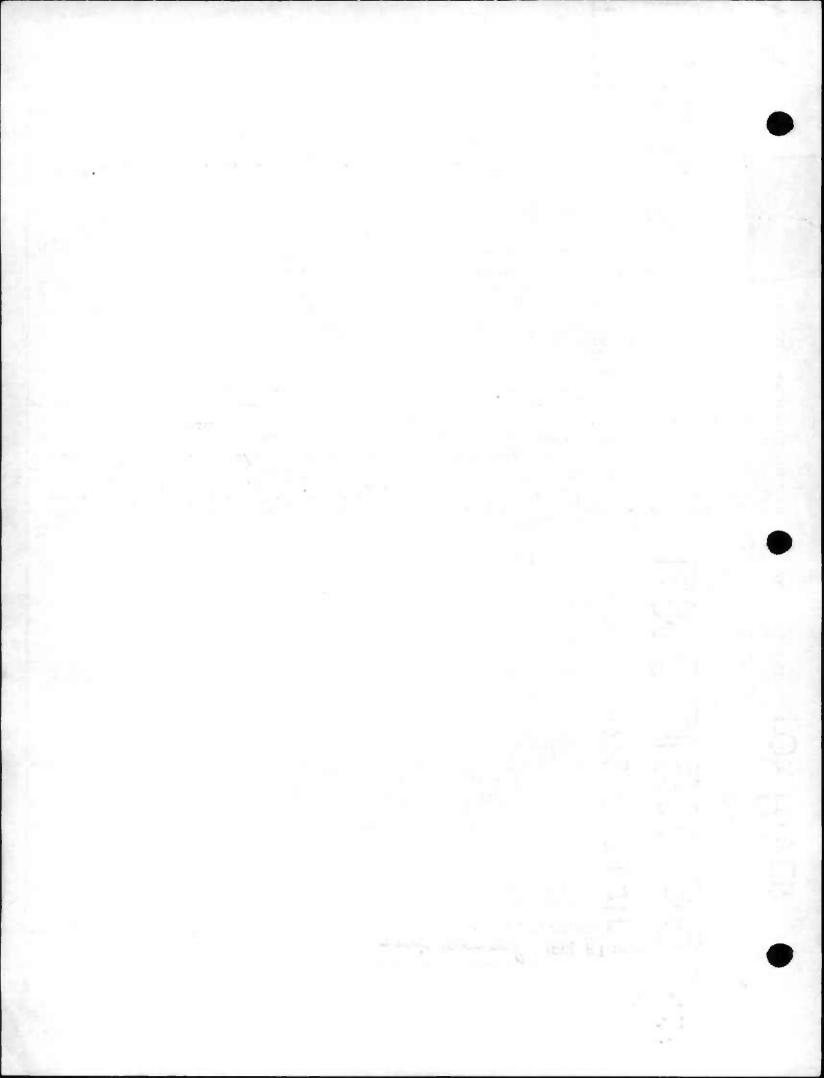


BALTIMORE, MARYLAND 21215-0020	24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ne medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fube filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN REG. NO		07000
1. DECEDENT'S NAME (First, Middle, La ANTONTO MAU	RICE	YOUNGER ,	JR.	2. DATE OF DEATH MONTH D	AY YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER  Infant 98. FACILITY NAME (If not institution, gh	1 M 2 F	In yrs. lest birthday) IF UNIT MONTH	DER 1 YEAR IF UNDER 24 HRS.  B DAYS HOURS MIN.  TY, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year) 10/30/80	8. BIR Cou	THPLACE (State or Foreign ntry)
GREATER BALTIMOR	E MEDICAL CENT	TER B	ALTIMORE		BALTI	MORE
10e. STATE 10b. COU MARYLAND		10c. CITY, TOW	LTIMORE CI	TY		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER			10f. ZIP CODE		1,000	WHAT COUNTRY?
3611 Howard  11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 TES	2- NO	21207 3. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 VES 2 Tyno Specif	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	e or No— 14. RA Ble	CE - American Indian, lick, White, atc.  Black
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)		16a. DECEDENT'S USUAL (Give kind of work doi life. Do NOT use retired	ne during most of working	16b, KIND OF BU	SINESS/INDUSTRY	220011
17. FATHER'S NAME (First, Middle, Last) Antonio Young			Sharo	n Yates		
19a. INFORMANT'S NAME (Type/Print) Sharon Yates		3611 Ho	Ward Pk B	Acute Number, City or Tow altimore	vn, State, Zip Code) MD 2	21207
1 X Burial 2 Cremation 3 R 4 Donation 5 Other (Specify) 21. SIGNATURE OF PUNERAL SERVICE 23. PART I. Enter the disease,	emoval from Stata  Kij	elt	Male Park 2. NAME AND ADDRESS OF FI TEROY O. Dy 1600 Libert	3/19 Bar ett & Sor y Height:	n Funer s Avenu	e, Marylan Pal Home
IMMEDIATE CAUSE (Final disease or condition resulting in death)	b	A CONSEQUENCE OF):				Interval Batwee
If sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):				
PART II. Other significent condi	tione contributing to deeth t	out not resulting in the	underlying couse given in	Part I. 24a. WAS AI PERFO	RMED?	4b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:	ОТН	26. PLACE OF DEATH (C	heck only one)		
1 X YES 2 NO  27. MANNER OF DEATH  1 Netural 8 Pending	1 Inpatient 2 X ER/Out	petient 3 DOA 4 1	Nursing Home 5 Residence	28d. DESCRIBE HOW	INJURY OCCURED  DROWNEI	)
2 Accident Investigati 3 Suicide 8 Could not 4 Homicide determine	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, street,		28f. LOCATION (Street City or Town, State	and Number or Run	
cool crity	HYSICIAN: To the best of my know MINER: On the basis of examination					e(a) and manner as stated.
296 SIGNATURE AND TITLE OF CERT  OMALE  30. NAME AND ADDRESS OF PERSON	Vight MD	CATH STEM OT STATE CHANN	29c. LICENSE NO			ED (Month, Day, Year)
DONALO G. WRI	GHT MO DCI		PENN STREET,	BALTIMORE,	MARYT.AI	VD_21201

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Pages 1, 2, 3 should

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nding physician and completely filled in by the funeral director, page 5 should be detached for it Hyglene prior to burial, cremation, or removal.

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH 2. DATE OF DEATH MONTH 3. TIME OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) VEAR MCCREADY ZONN. EARL 3 91 16 A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH S. BIRTHPLACE (State or Foreign DAYS HOURS 1 🖾 M 2 🗆 F 63 West Viriginia 234-36-7732 7-30-27 9c. COUNTY OF DEATH 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN DR LOCATION DF DEATH DIRECTOR 1412 Larch Rd. Severn Anne Arundel RESIDENCE OF DECEDENT 10c. CITY, TOWN DR LOCATION 10d. INSIDE CITY Maryland 1 YES 2 ND Anne Arundel Severn 10e STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN DF WHAT COUNTRY? FUNERAL 1412 Larch Rd. U.S.A. 21144 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 A YES 2 ND IF YES, GIVE WAR DR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC DRIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 ND Specify: 1 Never Married 2 K Married BY 3 Widowed 4 Divorced White W.W. 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) ETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high lary (0-12) College (1-4 or 5+) COMPL 12th 4 Electrical Eng. Westinghouse 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) John D. Zonn Alie Barber BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Mrs. Lena Ann Zonn Same As 10 9 20a. METHOD OF DISPOSITION
1 1 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE DF DISPOSITION (Name of cornetery, crematory or 20c. LOCATION - City or Town, Stata Glen Haven Memorial Park Glen Burnie. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Singleton Funeral Home Year 1 Second Ave. S.W. Glen Burnie, 23. PART I. Enter the diseases, pr complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, **Approximate** shock, or heart failure. List only one cause on each line. intarval Between Onset and Desth IMMEDIATE CAUSE (Final disease or condition resulting in death) 0 DUE TO (DR AS A CONSEQUENCE OF): other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 icate has been signed by the atte State Dept. of Health and Mental Nem 23 shows any Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 | YES 2 | NO OF DEATH? 1 YES 2 ND PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 NO 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA ng Home 5 - Residence 8 - Other (Specify) 4 - Nural 9 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 28b. TIME OF marked, \*\* Chours after death with \*\*

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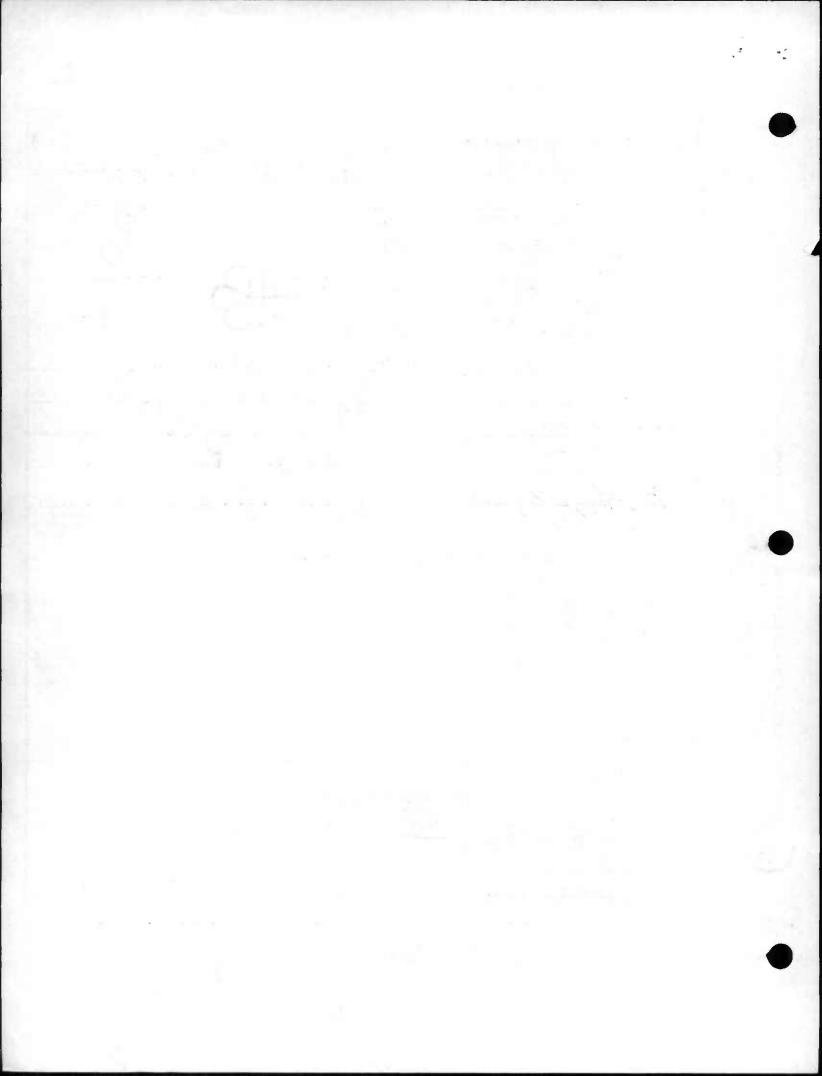
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\*\* Sem 28 5 Pending Investige 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Yourn, State) 3 Suicide 6 Could not be COMPLETED 4 | Homicide 29a. CERTIFIER
(Check only one)

MENICAL EXAMINED: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE TO THE DE FILE WITHIN 72 H 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day BE 6 AE 2270558 2 AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. R. Erol M.D. P.A. 1414 N. Crain Hwy. Unit 6/A Glen Burnie, Md. 21061 32. RADISTRAR'S SIGNATURE
Junia Davidson-Randale gar

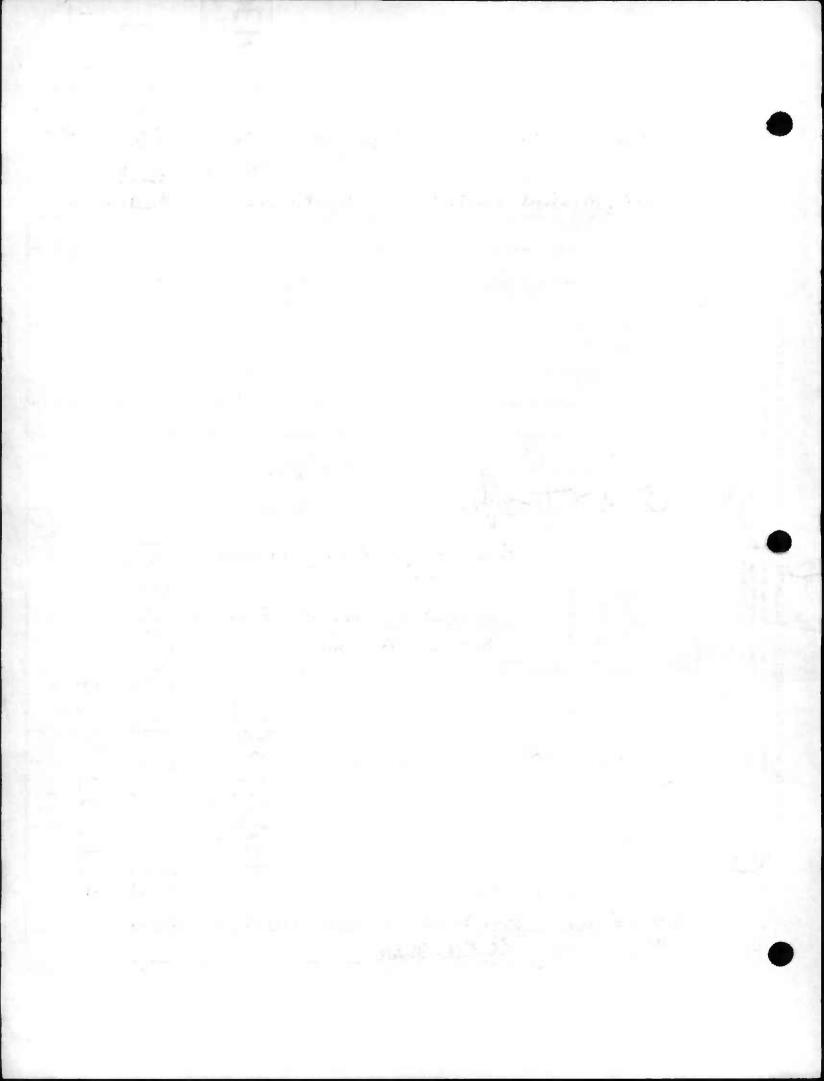
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- 4			ONES	Aguil	LA	03 15					
- 1	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. B	IRTHPLACE (State or Foreign ountry)			
	218-18-9341	1 🗆 M 2 🗹 F	93 YRS.			oct 28, 1		aryland			
~	96. FACILITY NAME (If not institution, give atreet and number)  96. CITY, TOWN OR LOCATION OF CEATH  96. COUNTY OF CEATH										
0	Liberty Medical Center Baltimore										
DIRECTOR	10e. STATE 10b. COUN	ITY	10c, CI	TY, TOWN OR LOCA	ATION			10d. INSIDE CITY			
5	Maryland		P	Baltimore	2			TYPES 2 NO			
AL.	10e. STREET AND NUMBER				Of. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
FUNER	2410 North Long	wood Street			21216		U. S	. A.			
5	11. MARITAL STATUS	12. WAS OECEDENT EVER FORCES? 1 YE	R IN U.S. ARMED			ANIC ORIGIN? (Specify Yesen, Puerto Rican, etc.)	s or No— 14. I	RACE — American Indian, Black, White, etc.			
BY	1 Never Merried 2 Merried  3 X Widowed 4 Divorced	IF YES, GIVE WAR OR			S 2 NO Spec			Specify:			
ED	15. DECEDENT'S ED	DUCATION	16a DECEDENT	S USUAL OCCUPAT	ION	16b, KIND OF BU	SINESS/INCHIST	Black			
	(Specify only highest gra	ide completed)	(Give kind of	f work done during rr use retired.)	nost of working	IOU KIND OF BO	3MC33/MO03 I				
7	Elementary/Secondary (0-12)	College (1-4 or 5+)		Homemake:							
COMPL	17. FATHER'S NAME (First, Middle, Last)					NAME (First, Middle, Maider	Sumame)				
ш	John Wesley Jon	es			Ella M	ae Gibson					
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	IG ADDRESS (Street		al Route Number, City or Tox	vn, State, Zip Cod	(e)			
욘	Mabel Aguilla-L	arkins	2410	North L	ongwood	St. Baltin	nore, M	aryland 212			
	20a. METHOD OF DISPOSITION 1 Denies 2 Cremetton 3 Re		20b. PLACE AND DA of cemetary, cremato		N (Name	DATE 20c. LC	OCATION — City	or Town, State			
	4 Donation 5 Other (Specify)		Baltimore	Nation			Baltimo	re, Marylan			
	21, BIONATURE OF FUNERAL SERVICE LICENSEE  22, NAME AND ADDRESS OF FACILITY HOME  10 TO THE PROPERTY OF FUNERAL HOME										
- 0	Tout K	Tem 1		254	GWYNN	U FAILS F	KNY				
<b>LIFICATION</b>	Sequentially ilst conditions,	- b U	stage s A CONSEQUENCE , Y CM i CA								
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E COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions are suiting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR ALL OF INJURATION OF THE PROPERTY O	Dutpetient 3 DOA  RY 28b. T    URY — At home, farm  Specify)  DEATH (ITEM 22)	OF):  OF):  A New Market Marke	PLACE OF OEATH (I)  PLACE OF OEATH (I)  PLACE OF OEATH (I)  PER 2 NO  Residence  NJURY AT  VORK?  YES 2 NO  Residence  No death occurred at the series of the series occurred at the se	in Part I. 24a. WAS A PERFO 1 VES  Check only one)  a 6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State)  tus to the cause(a) and much time, date and place, a summer of the cause (a) and much time.	INJURY OCCURI and Number or P  anner se stated. and due to the ce	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1  YES 2 NO  ROUTE Number,  FURNITHE Number,  FURNITHE Number,  FURNITHE Number,  FURNITHE Number,  FURNITHE Number,  FURNITHE Number,			
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BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	If erry, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions are suiting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR A)  d. Sey  d. Sey  lone contributing to deeth  HOSPITAL: 1   X-Inpetient 2   ERVO  26s. DATE OF INJUR (Month, Dey, Yea  28s. PLACE OF INJUR building, atc. (S  YSICIAN: To the best of my kn INER: On the bests of examinates  FIER  WHO COMPLETED CAUSE OF	Dutpatient 3 DOA RY 28b. T Bry At home, farm RY 100 Authority  DEATH (ITEM 22)	OF):  OF):  A Nem'  g in the underlyi  g in the underlyi  26.  OTHER: 4   Nursing Hc  NJURY M 1  In, street, factory, off  irred at the time, de  atton, in my opinion,  Po. Print)  H CLO	PLACE OF OEATH (I)  PLACE OF OEATH (I)  PLACE OF OEATH (I)  PER 2 NO  Residence  Residence  NJURY AT  VORK?  YES 2 NO  Rece  Residence  A death occurred at the company of	in Part I. 24a. WAS A PERFO 1 VES  Check only one)  a 6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State)  tus to the cause(a) and much time, date and place, a summer of the cause (a) and much time.	INJURY OCCURI and Number or P  anner se stated. and due to the ce	ANALABLE PRIOR TC COMPLETION OF CAI OF DEATHY  1  YES 2 NC  NOTE TO SEED  RURAL ROUTE Number,  RURAL ROUTE Number,  RURAL ROUTE Number,  RURAL ROUTE Number,  RURAL ROUTE Number,  RURAL ROUTE Number,			

OHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020

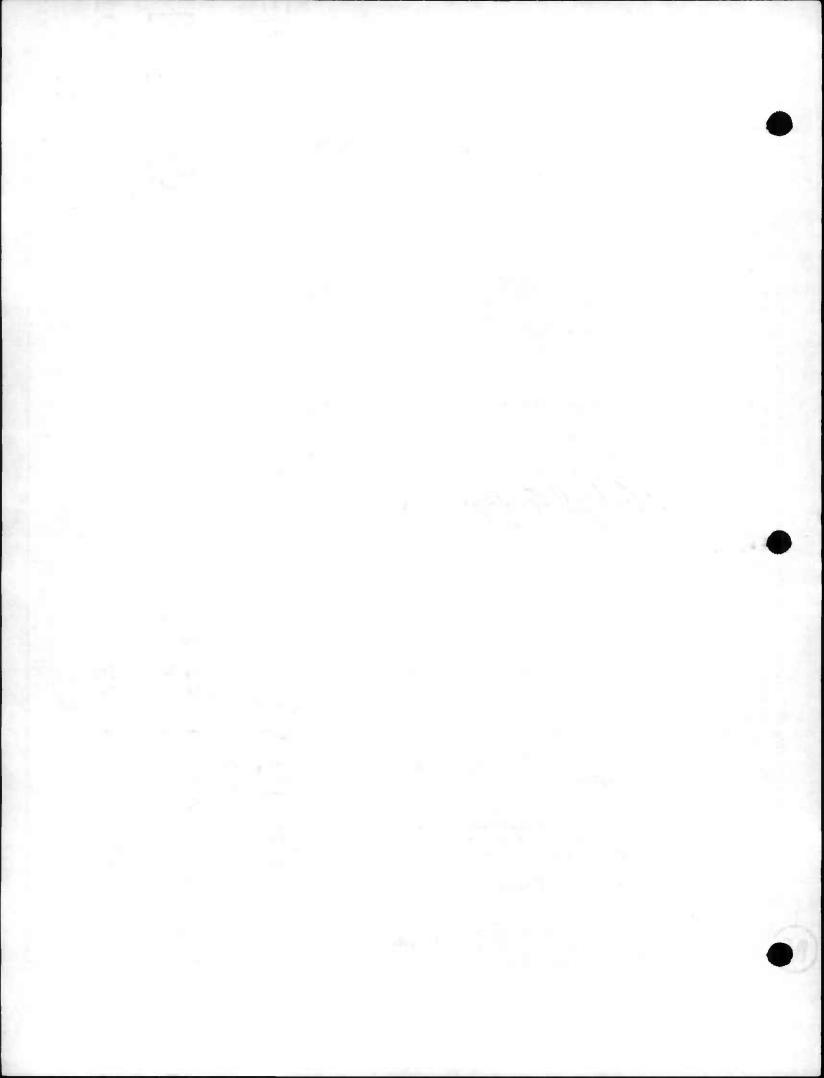
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 29-frours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA			OF HEALTH		ENTAL HYGIEN REG. NO.	E	0/311
	1. DECEDENT'S NAME (First, Middle, Last) TIMOTHY	JOSEPH		BEN	NETT	1	2. DATE OF DEATH DATE OF OS O	5 199	3. TIME OF DEATH 9:50 A.M
	4. SOCIAL SECURITY NUMBER 212-72-4665	5. SEX 8. AGE (#	n yrs. last birthday) 36 YRS.	IF UNDER 1 Y	YEAR IF UNDER		7. DATE OF BIRTH (Month, Day, Year) 9-28-19	5.5 N	BIRTHPLACE (State or Foreign Country) Iaryland
	9a. FACILITY NAME (If not institution, give		J 0 1110.	9b. CITY, TO	OWN OR LOCATI			9c. COUNTY	
FUNERAL DIRECTOR	2665 HUSK PLACE	#202		WAI	DORF			СНА	RLES
3EC	10e. STATE 10b. COUN			Y, TOWN OR					10d. INSIDE CITY LIMITS?
ā		Charles	7	Waldo					1 YES 2 NO
RAL	100. STREET AND NUMBER 2665 Husk Place	20 Apt #20/			10f. ZIP COD	20602	)		S. A.
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13, WA	S DECENDENT (	F HISPANIC	ORIGIN? (Specify Yes		. RACE — American Indian,
B	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES			res, specify Cubs		Puerto Rican, etc.)		Specify: White
TED	15. DECEDENT'S ED (Specify only highest grad		16e. DECEDENT'S	Work done dur	UPATION ring most of working	ng	16b. KIND OF BU	SINESS/INDUS	TRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Paint				Painti	ng Co	ntractors
MO	17. FATHER'S NAME (First, Middle, Last)		1 42110	6/-			E (First, Middle, Meiden		ALCE ACCOLD
BE C	Richard Benn	ett			Lı	icil:	le Simmo	ns	
10	190. INFORMANT'S NAME (Type/Print)  Loretta Benno	ett					ute Number, City or Tow 04. Wald		Md. 20602
	20e. METHOD OF DISPOSITION  1- Burlel 2 Cremation 3 Red 4 Donation 5 Other (Specify)	moval from State 20b	PLACE AND OAT cemetary, cremator	E OF DISPOS	SITION (Name		10 20c. LO	CATION City	
	21. SIGNATURE OF FUNERAL SERVICE L		IIIOy I	22. NA	ME AND ADDRE	SS OF FACI	eral Hom	To	, maryrand
- 3	Michael	O. Kam	nord				eral Hom aryland		
	23. PART I. Enter the diseases, or ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused List only one cause on as	ach lina.				as cardiac or reap	iratory arres	t, Approximate Interval Between Onset and Daath
Z		DUE TO (OR AS A	CONSEQUENCE C	OF):					
ATIO	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE	OF):					
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE	OF):					
	PART II. Other algorificant condition	one contributing to death h	ut not resulting	In the und	arlylna causa	alven in D	art I. 24a, WAS AN	VPROTILLA	24b. WERE AUTOPSY FINDINGS
BY PHYSICIAN: MEDICAL							PEDFOI 1 / TES	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	(4-1)	OTHER:	28. PLACE OF I	DEATH (Chec	k only one)		
HYS	1 X YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Outp	atient 3 DOA	-	ng Home 5X R	_	Other (Specify)  28d. DESCRIBE HOW	INJURY OCCU	RED
YP	1 Netural 5 Pending 2 Accident Investigation	FOUND: 3/5/	0.1 7 IN	)()am	WORK?		a	ABUSED	ALCOHOL
	3 Suicide Could not be determined	28. PLACE OF IN HIDY	— At home, farm,	street, factor	y, office		261. LOCATION (Street City or Town, State VALDORF,		Rural Route Number, HUSK PLACE#202
COMPLETED	cost only	SICIAN: To the best of my knowl							
	294 SIGNATURE AND TITLE OF CERTIF					ENSE NUM			SIGNED (Month, Day, Year)
TO BE	mayor M	Mull				OCME		▶ 03	/06/1991
-	HARDONKA D.	VHO COMPLETED CAUSE OF DE	44		IN STRE	ET B	ALTIMORE,	MARYL	AND 21201
	31. DATE FILED (Month), Day Young 19	91 32/REGISTRAN'S SIGN	ATUP and SE						





BALTIMORE, MARYLAND 21215-0020

(	/	7	
•	7	5	

	91-1437-510							
1 -	FOR STATE REGISTRAR	STATE OF MARY			T OF HEALTH AND E OF DEATH		GIENE 9	1 07312
1.	DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA	NTH DAY	3. TIME OF DEATH
	Gladys	- T	rry			_03		916:08 A
	SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthd	MONTHS	T YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRT (Month, Day, Y	bar)	BIRTHPLACE (State or Foreign Country)
	213-34-8507	Δ	53 YR		Y, TOWN OR LOCATION OF I			outh Carolina
					imore City			
	2601 E. Oliver							
	a. STATE 10b. COUNTY				OR LOCATION			10d. INSIDE CITY LIMITS?  1 VES 2 NO
	laryland			Baltin	10f. ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?
	2601 East Oliver	Street			21213		U.S.	Α.
N 11	. MARITAL STATUS  Never Married 2 Married  Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 (1) NO		WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Speci	can, Puarto Rican, e	ify Yes or No- 1	4. RACE — American Indian, Black, White, etc. Specify:
	15. DECEDENT'S EDUC		16a. DECEDEN	T'S USUAL C	OCCUPATION	16b. KIND	OF BUSINESS/INDU	Black
17.	(Specify only highest grade   Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NO	OT use retired.)	during most of working			
		ollege	Nu	rse				sing Center
	FATHER'S NAME (First, Middle, Last)				7 2 3 10 2 3 5 3 5 5 5 5 5 5	IAME (First, Middle, I	falden Surname)	
1 19	s. INFORMANT'S NAME (Type/Print)		19b. MAIL	JNG ADDRES	S (Street and Number or Rura	y Berry	or Town. State. Zlo C	Code)
	Rodney Burrell				n Marlyn Ave			
20	e. METHOD OF DISPOSITION  Disposition 3 - Remo		20b. PLACE AND D	DATE OF DIS	POSITION (Name		0c. LOCATION — CI	
4	□ Donation 5 □ Other (Specify)	E	ol cemetary, crema Baltimor	e Ceme	eterv	3/20 E	Baltimore	, Maryland
21	SIGNATURE OF FUNERAL SERVICE LIC	R B	alle	14.	NAME AND ADDRESS OF 15 501 Gwynns I altimore, Ma	falls Par	kway	1 Homes, Inc.
in d	3. PART I. Enter the diseases, or canock, or heert failure. If the disease or condition assulting in death)	List only one couse or MULTIPLE STA	aach line.	AND STA		uch ae cerdiec or	respiratory erre	st, Approximate interval Betwee Onset and Das
S	equentielly list conditions, any, leading to immediate	DUE TO (OR A	S A CONSEQUENC	E OF):				
ti n	ause. Enter UNDERLYING AUSE (Disease or injury hat initiated events esulting in death) LAST	DUE TO (OR A	S A CONSEQUENC	E OF):				
P P P P P P P P P P P P P P P P P P P	ART II. Other significent condition	a contributing to deati	h but not reaulti	ing in the u	ndarlying cause given	F	WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25	S. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНЕ	26. PLACE OF DEATH	Check only one)		
2	13E YES 2 NO	1 Inpetient 2 ER/C		DA 4 INL	rsing Home 5 💢 Residenc		••	
	7. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJUI (Month, Day, Yea	ir)	TIME OF INJURY	28c. INJURY AT WORK?  1 YES 2, NO		HOW INJURY OCCU	
	2 Accident investigation 3 Suicide 8 Could not be	28s. PLACE OF INJU	JRY — At home, fa	K	X	28f. LOCATION		r Rural Route Number,
	4 Homicide 8 Could not be determined	At home	Specify)			2601 E.	Oliver	Street
20 PE	one)				time, data and place, and d	lus to the cause(s) s	nd manner as state	
	b. SIGNATURE AND TITLE OF CERTIFIER		- INVESTI	gallon, in my				
# "	Alonald & War	ht M.D.			29c. LICENSE N			SIGNED (Month, Day, Year)
2 ⊩_	NAME AND ADDRESS OF PERSON WH	***	DEATH (ITEM 27)	(Time Print)	O.C.M.	E.	03	14 1991

111 Penn Street, Baltimore Maryland 21201

32. REGISTRAR'S SIGNATURE dion-Mandelle

DOME

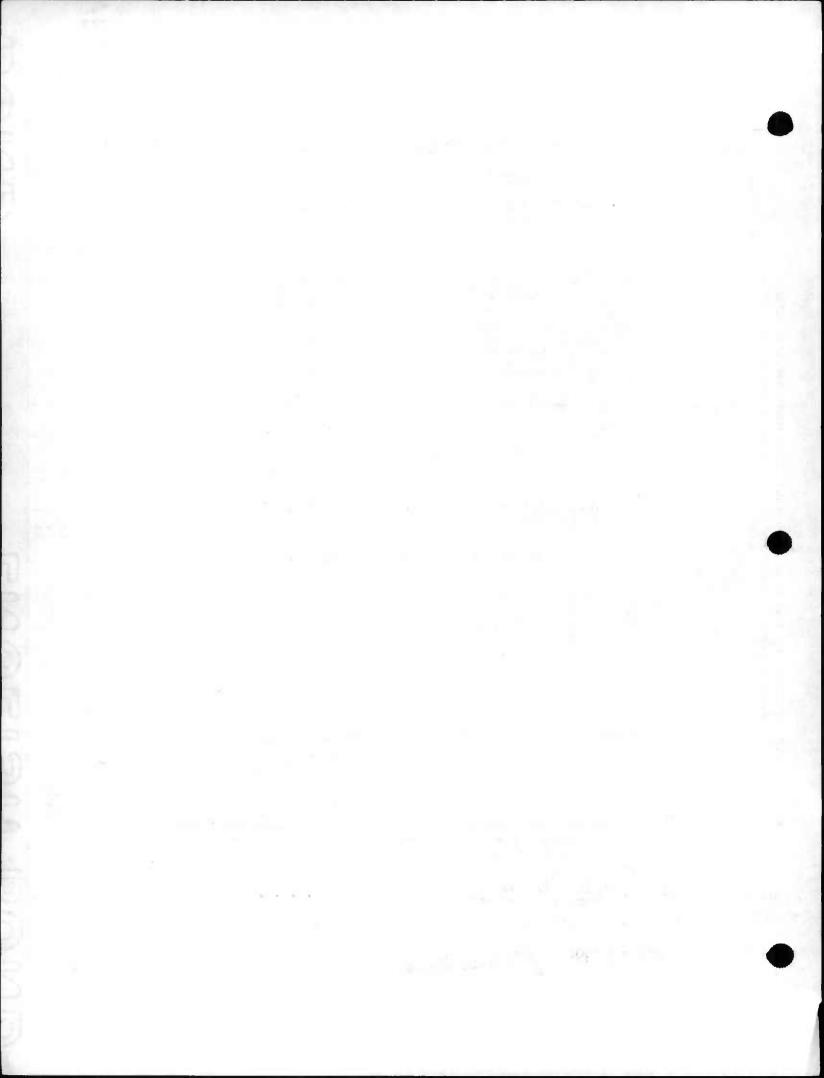
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MD

WRIGHT

1991

DONALD G. WR. 31. DATE FILED (MONTH), Day, Year)
MAR 2 0 19



	4-	
	Pages	
	permit.	
MIDHIN 24 HOURS after death. Page 6 may be retained by the hospital or attending physician.	pletely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages remarkon, or removal.	
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY FUNERAL DIRECTOR

2, 3 should

AULA M	AE	BA	TTLE	2. DATE	OF DEATH	YEAR	TIME OF DEATH
1	□ M 2 X F 32	YRS.	DAYS HOURS	MIN. (Mont	OF BIRTH 1, Day, Year) 1-8-1958	Country)	CE (State or Foreign
FACILITY NAME (If not institution, give stree BON SECOUR HOST	PITAL	9	BALTIMORE		9c. COL	INTY OF DEAT	н
. STATE 106. COUNTY		10c. CITY,	Baltimore				1. INSIDE CITY LIMITS? X YES 2 \( \) NO
Street and number 3108 Leeds Str	eet		101. ZIP COE 212	229		S A	T COUNTRY?
MARITAL STATUS    Never Married   2   Married     Wildowed   4   Divorced	R. WAS DECEDENT EVER IN U FORCES? 1 TYPES IF YES, GIVE WAR OR DATE	2 📉 NO	13. WAS DECENDENT If you, specify Cub 1  YES 2  NO	en, Mexican, Puerto	i? (Specify Yee or No— Rican, etc.)	14. RACE — Black, W Specify:	American Indian, hite, atc. Black
15. DECEDENT'S EDUCAT (Specify only highest grade cortice (Specify only highest grade cortice (O-12)	ION   1inpleted)   College (1-4 or 5+)	8a. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during most of work	ing 16b	KIND OF BUSINESS/IN	DUSTRY	
FATHER'S NAME (First, Middle, Last) Clemmie Battle			E	Bertha L.			
Bertha L. Battle			poress (Street and Number eeds Street			,,	
METHOD OF DISPOSITION Burlel 2 Cremetlon 3 Remove Donetton 5 Other (Specify)  SIGNATURE OF TIMERAL SERVICE LICEN	t from State of cer	melary, crematory of Western	Star Cemete  22. NAME AND ADDRI March F/	ESS OF FACILITY	(A) Catons	sville	
PART I. Enter the diseases, or conshock, or heart feiture. Lis MEDIATE CAUSE (Finel seese or condition suiting in deeth)	nplications that caused to the property of the	b line.  DRUG IN	t enter the mode of d			rreat,	Approximate Interval Betwee Onset and Dear
equentielly list conditions, any, leading to immediate use. Enter UNDERLYING USE (Disease or injury at initiated events suiting in death) LAST	DUE TO (OR AS A C						
ART II. Other eignificent conditione	contributing to deeth but	not resulting in	the underlying cause	given in Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	CC OF	RE AUTOPSY FINDING ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? TYPES 2 NO
	IOSPITAL:		26. PLACE OF OTHER:	DEATH (Check only o			
1X YES 2 NO		28b. TIME	OF 28c. INJURY AT WORK?	28d. DE	SCRIBE HOW INJURY OF	CCURED	
EXAMINER?	28a. DATE OF INJURY (Month, Day, Year) 3/4/91 28a. PLACE OF INJURY – building, stc. (Specify	UNKNO - At home, farm, str	M 1 □ YES 2	28f. LOC	CATION (Street and Number or Yown, State) 1917	er or Rumi Rout	RUGS Number ZETTE STR

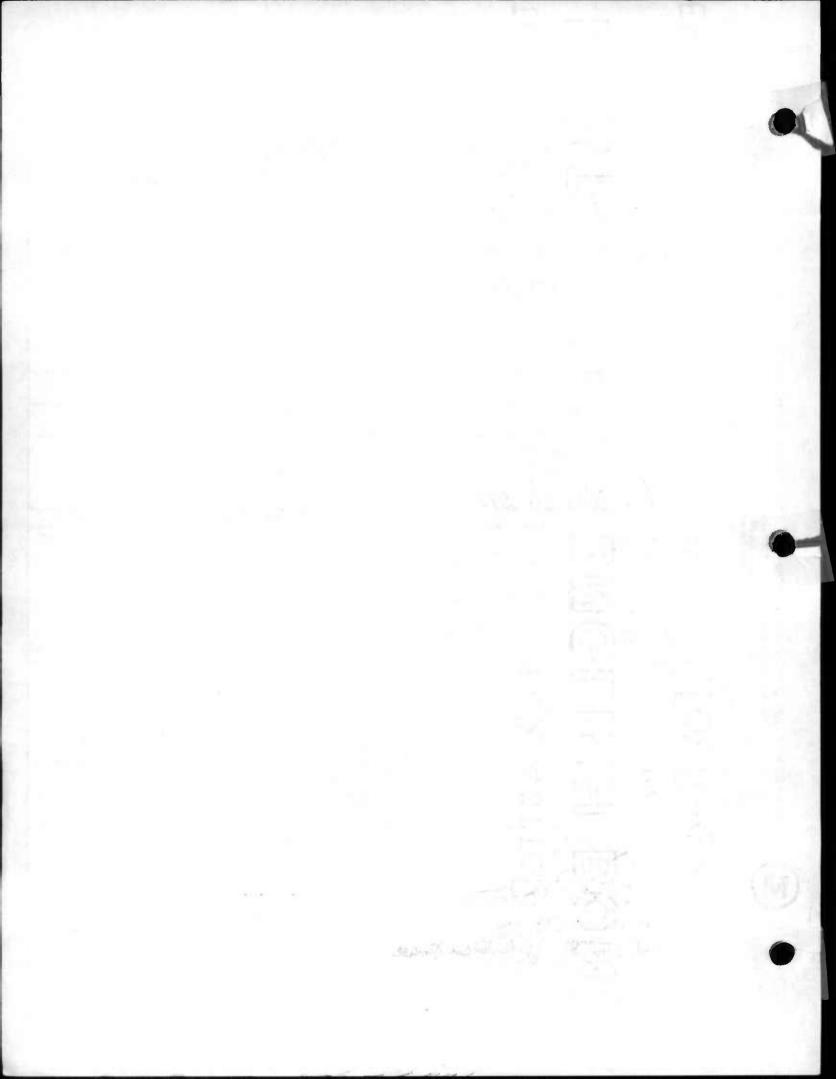
32 MEGISTRAP'S SIGNATURE
Julia Davidson-Randell

111 PENN STREET, BALTIMORE, MARYLAND 21201

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed w TO THE FLINEPAL DIRECTOR: After this certificate has been signed by the attending physician and comp be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, o TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION 31. DATE FILED (Month, Day, MAR 2 0

1991

DHMH-18 Rev 1/89



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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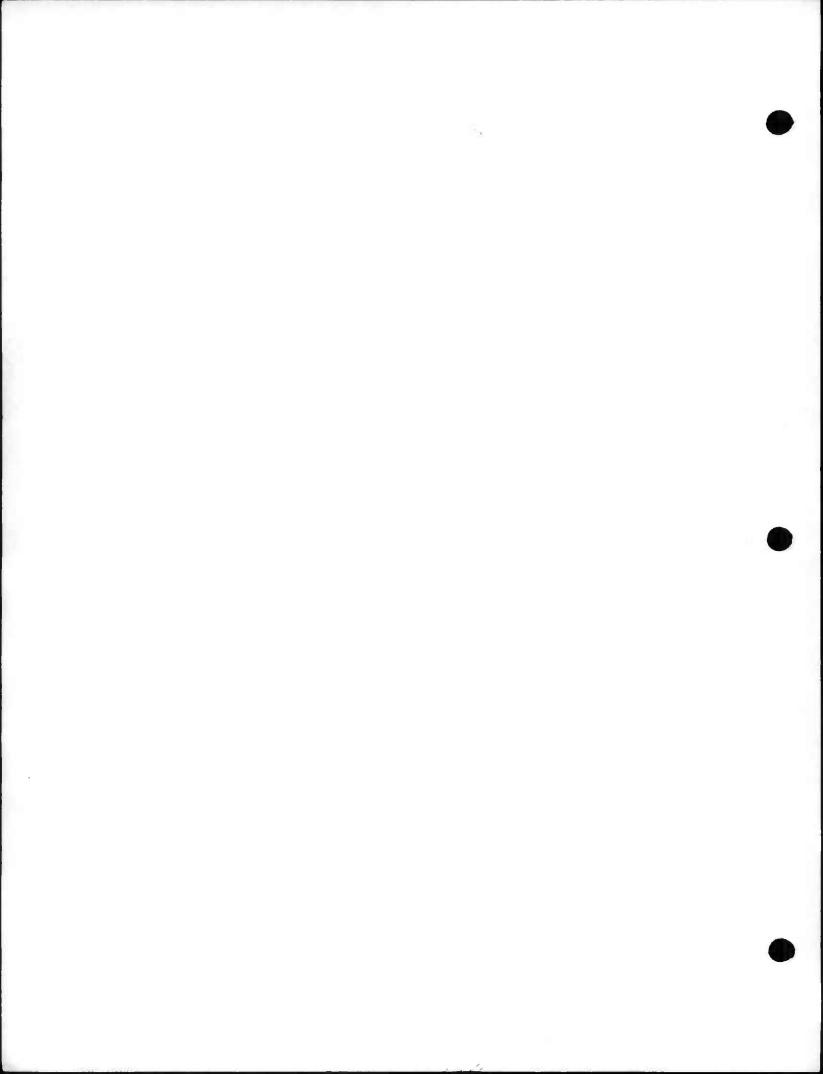
TO BE COMPLETED BY FUNERAL DIRECTOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

07314

REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO	).		
1. DECEDENT'S NAME (First, Middle, Last)	P - 10				and the second	DAY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX R. AGE		BROGDON		3 /	·	9/	1924 M
ancies south interest	The same of the sa	M	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country,	PLACE (State or Foreign
9a. FACILITY NAME (If not institution, give stre	A	5	A CITY TOWN (	R LOCATION OF D	July 2.	1935	Viro	ginia
Shady Grove Adv	entist Hos	4 3		ville	EAIN .		tgame	
10e. STATE 10b. COUNTY		10c, CITY,	TOWN OR LOCAT	ION				10d. INSIDE CITY
Maryland Princ	e George's	Ri	verdale	<b>A</b>				LIMITS?
10e. STREET AND NUMBER	0002900	1		. ZIP CODE		10g. CITIZ	ZEN OF W	HAT COUNTRY?
6821 Truman Parkw	av			20737			USA	
11. MARITAL STATUS	12 WAS DECEDENT EVER I	N U.S. ARMED		ENDENT OF HISPAI	NIC ORIGIN? (Specify Ye	e or No—	14. BACE	- American Indian, White, etc.
1 Never Merried 2 Derried 3 Wildowed 4 Divorced	FORCES? 1 YES	ATES		NO Specif	en, Puerto Rican, etc.) /y:		Specify	
15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ompleted)	18e. DECEDENT'S US (Give kind of wo life. Do NOT use	rk done during mo		18b. KIND OF BU	JSINESS/IND	USTRY	
10th	College (1-4 or 5+)	Labor	er		D.	rivate	2	
17. FATHER'S NAME (First, Middle, Last)			<u> </u>	18. MOTHER'S NA	ME (First, Middle, Meidel			
Thomas Brogdon				Louise	Carringto	on		
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a		Route Number, City or To		Code)	
Evelyn Brogdon (	Wife)	6 Mad	ison St	reet: Mt	. Vernon,	New Y	ork	10550
20e. METHOD OF DISPOSITION	201	other place)				OCATION —		
1 X Buriel 2 Cremetion 3 Remove 4 Sometion 5 Other (Specify)	al from State		ny Memo	rial Par	k La	ndove	c. Ma	arvland
SIGNATURE OF FUNERAL SERVICE LICE	NSEE	0		D ADDRESS OF FA	ACILITY			
Summe 6	March	1-/			ins Funera			MD 20785
Sequantielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF)		ALL				
PART II. Other algnificant opnditions	contribution to death i	hut not recuting in	aho madadula	a sausa ahusa la	Boot I as uno s	N AUTOPSY	1 000	WERE AUTOPSY FINDINGS
alcoholesan	0	wall.	Ong	exwe		PRMED?	240.	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
0								
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. P OTHER:	LACE OF DEATH (C	heck only one)			
1 TYES 2 NO	1 Inpatient 2 ER/Out	patient 3 DOA	← □ Nursing Hor		8 Other (Specify)			
27. MANNER OF DEATH  1 No Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY W	JURY AT DRK? YES 2 \( \sqrt{NO}\)	28d. DEŞCRIBE HOW	INJURY OC	CURED	
3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, ferm, st	reet, factory, offic	:•	28f. LOCATION (Stree City or Town, Stell		or Rural R	loute Number,
anal .	IAN: To the best of my know							
1 4	On the beele of examination	on singler investigation	, at my opinion,			_		
296. SIGNATURE AND TITLE OF CERTIFIES	anoth			29c, LICENSE NU 294	JMBER J	29d. DAT	E SIGNED	(Mogth, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	taraisi	15WG	CHAM	4 6RO	UE RO	Roc	ROS	illemo
MAR 2 0 1991	32 MEGISTRAP'S SIG	nature fandere	4					

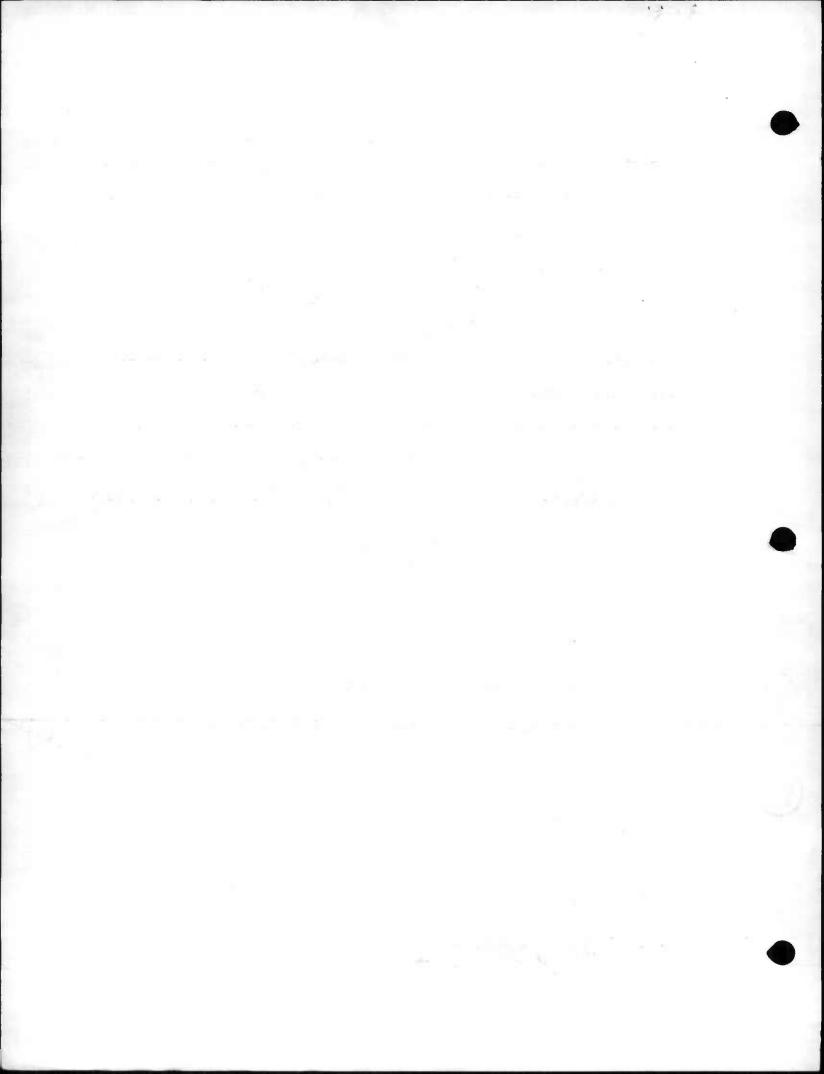




	ermit. Pages 1, 2, 3 should	
oftal or attending physician.	Figure the pertificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should result with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
MINICIAN: The law requires that the death certificate be executed within 4.4 hours after death. Page 6 may be retained by the hospital or a	or, page 5 should be detache	TANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
- nours after death. Page b	filed in by the funeral directs in, or removal.	e medical examiner mo
theate be executed within a	FUNERAL DIRECTOR After the sertificate has been signed by the attending physician and completely filled in by the fu within 72 hours after earth with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	her traumatic event, th
requires that the death cert	en signed by the attending of Health and Mental Hygis	shows any injury, or of
NG BASICIAN: The law	were the certificate has be	marked, or item 23 :
HOSPITAL DR AFFERT	FUNERAL DIRECTOR vithin 72 hours after of	ANT: If item 28 is

	FOR STATE REGISTRAR	TATE OF MARYLAND /	DEPARTMENT ERTIFICAT	T OF HEALTH AND E OF DEATH	MENTAL HYGIEN	91	07315
	1. DECEDENT'S NAME (First, Middle, Lest)				2. DATE OF DEATH		3. TIME OF DEATH
1	Robert	W.	BEICHL	FR	March 18	1991	11:05 P M
1		SEX 6. AGE (In yrs. las		R 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
		D#2□F 57	YRS. MONTHS	DAYS HOURS MIN.	(Mogeth, Play Year) 4	Î	waryland
20	9a. FACILITY NAME (If not institution, give street Franklin Square Ho			y, town on Location of D altimore	EATH	9c. COUNTY Balt	of death Simore
2	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY		10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY
2	Maryland Balt	timore	IOC. CITY, TOWN	Rosedale			LIMITS?
ENAL	8213 Sagramore Rd.			101. ZIP CODE 21237		10g. CITIZEN US	OF WHAT COUNTRY?
	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	WAS DECEDENT EVER IN U.S. AR FORCES? XX YES 2 1 IF YES, GIVE WAR OR DATES Koreal		WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 NO Speci	en, Puarto Ricen, atc.)		RACE — American Indian, Black, Whita, atc. Specify: White
1	15. DECEDENT'S EDUCATION	DN 16s, DE	CEDENT'S USUAL (	OCCUPATION	16b. KIND OF BUS	SINESS/INDUST	'RY
	(Specify only highest grade com Elementary/Secondary (0-12) Co		ive kind of work done . Do NOT use retired.)	during most of working			
	12th grade		Package :	Designist	J. 3	B. Cher	rco
5	17. FATHER'S NAME (First, Middle, Last)			18, MOTHER'S N	AME (First, Middle, Maiden	Surname)	
5	Wesley Redford Bei	chler		Marv	O'Joy		
5	19a. INFORMANT'S NAME (Type/Print)		b. MAILING ADDRES	SS (Street and Number or Rural		n State Zin Coc	(a)
2	Mrs. Janice U. Bej			ramore Rd. B		2123	
	20a. METHOD OF DISPOSITION			lame of cemetery, crematory or		CATION — City	
-	1 Donation 6 Other (Specify)	from State Other Di	ece)	Cemetery			e, Maryland
	21. SIGNATURE OF UNERAL SERVICE LIGENS		4 22	NAME AND ADDRESS OF F	ACILITY		-, <u>-</u>
	tene Come	new tess	of	assahn Fune: 401 Belair	ral H <sub>o</sub> me Rd. Balto.,		
	23. PART I. Enter the diseases, or com	plications that coused the de only one cause on each line	eath. Do not ente	r the mode of dying, su	ch as cerdiac or reapi	ratory errest	Approximate interval Between
	IMMEDIATE CALISE /Float	0		dial Du	Lanation		Onset and Death
	resulting in death) a	DUE TO (OR AS A CONSE	OUENCE OF):	(	0000		
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	OUENCE OF):				
3	CAUSE (Disease or Injury C. —	DUE TO (OR AS A CONSE	OHENCE OF				
	that initiated events resulting in death) LAST	DUE TO (ON AS A CONSE	GUENCE OF):				i i
	d						
	PART II. Other algnificant conditions of	ontributing to death but not	resulting in the u	inderlying cause given in			24b. WERE AUTOPSY FINDINGS
MEDICA	Hyperteusion	2 Mystercl	rollsten	olema	PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE
3	0.1	1/1			- 10,123		OF DEATH?
- 1					_		1 NES 2 NO
	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	had ank and		
SICIAN	EXAMINER?	OSPITAL:	ОТНЕ	R:			
	1 YES 2 NO 1 (	☐ Inpatient 2 ☐ ER/Outpatient 3  28a. DATE OF INJURY	28b. TIME OF	ursing Home 5 - Residence 28c. INJURY AT	28d, DESCRIBE HOW	IN ILIEN OCCID	ED.
	1 Natural 6 Pending	(Month, Day, Year)	INJURY M	WORK?	Led, DESCRIBE NOW	MUUNT OCCUR	EU
	2 Accident Investigation	28e. PLACE OF INJURY — At he			28f. LOCATION (Street	and Mumber or I	Print Pouts Number
E	3 Suicide 6 Could not be 4 Homicide detarmined	building, etc. (Specify)			City or Town, State)		
MITTE	29a. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the best of my knowledge, de	eath occurred at the	time, data and place, and du	e to the cause(s) and ma	nner ss stated.	
5	Correct City C	In the besis of axamination and/or					
3	29b. SIGNATURE AND TITLE OF CERTIFIER			29c, LICENSE N	JMBER	29d, DATE N	HOMED (Mynth, Day, Year)
	Soluml.	M-A.			5082	<b>&gt;</b> 3	119/91
2	1000000	1,05		) )	000		11111

31. DATE FILED (Month, Day, MAR 20 1991



IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND C	DEPAR	TMENT	OF H	EALTH DEA	AND I	MENTA	L HYGIENI REG. NO.	9		073	16
	1. DECEDENT'S NAME (First, Middle, Lest)	Bo	SS = RT						2. DATE MONTI			XEAR I	3. TIME OF	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In vrs. la	`	IF UNDER	1 VEAR	IF UNDER	R 24 HRS		OF BIRTH	0	8. BIRTH	PLACE (State	<u> </u>
- 1	100-10-4611	1 M 2 🗆 F	90	YRS.	MONTHS	DAYS	HOURS	MIN.	(Monti	h, Day, Year)	ا ممما	Country	()	
	9a. FACILITY NAME (If not institution, give st	/\	90		9h CITY	9b. CITY, TOWN OR LOCATION OF DEA				uly 26,1900 New !				
œ			Harmin	t a P										
유	Baltimore County	<u>i Generai</u>	. nospec	ac	L K	.anu.	idallstown Baltimo					none		
DIRECTOR	10a. STATE 10b. COUNTY				Y, TOWN O	R LOCAT	ION			·			10d, INSIDE	CITY
۵	Maryland				Balti	more	2						1 X YES 2	□ NO
FUNERAL	10e. STREET AND NUMBER		10f. ZIP CODE					E			10g. CITI		HAT COUNTE	177
剪	Villa St. Micha		2121					L,	<u>us</u>					
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN	RMED NO	13. WAS DECENDENT OF HISPANIC O					or No-	14, RACE Black	<ul> <li>American</li> <li>White, etc.</li> </ul>	Indian,		
BY	3 Wildowed 4 Divorced	IF YES, GIVE Y		1	☐ YES	2 X NO	Specify	<b>/</b> :			Speci	whi	to	
ED I	15. DECEDENT'S EDUC	16a, D	ECEDENT'S	USUAL OC	CUPATIO	N .		186	, KIND OF BUS	INESS/IND	DUSTRY	WILL	LE	
	(Specify only highest grade		- iii	Give kind of e. Do NOT u		luring mo	st of worki	ing						
PL	Elementary/Secondary (0-12) College (1-4 or 5+)  12  Plumber  Plumbing													
Elementary/Secondary (0-12) College (1-4 or 5+)  12  Plumber  17. FATNER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surmame,									100					
	Philip Bossert							Tere	sa A	brams				
BE	19a. INFORMANT'S NAME (Type/Print)		.1	9b. MAILING	ADDRESS	(Street a	nd Numbe	or or Rural i	Route Num	ber, City or Town	n, State, Zip	Code)		
2	Marion Feustel			27 T	entmi	ill	Lane	., Pi	kesu	ille,	MD	2120	8	
- 1	20a. METNOD OF OISPOSITION 1 □ Burial 2 □ Cremation 3 X Ramo	oval from State	other i	E OF DISPO				,			CATION			
	4 Donation 5 Other (Specify)		Knol	lwood	Park	c Ce	m.	3	124	Bro	okly	n, N	У	
	21. SIGNATURE OF PUNERAL SERVICE LIC	ENSEE	1		R(	NAME AN	D ADDRE	A I T	CILITY FNRH	RG FUN	FRAI	ном	F TNC	
	1 K. Herry	Ottis	~		60	009	Hark	ord	Rd	Balti	more.	. MD	2121	
	23. PARTI. Enter the diseases, or o												Appro	ximste
	ahock, or heert failure.	List only one ce	ise jon eech iir	10.		*								al Between and Death
	disease or condition resulting in deeth)	CARDIO	DULM	ANO	21	F	+ RRI	ST					14.	midules
	readiting in death)	DUE TO	(OR AS A CONS			-	1							
z		5EP	515										11	DAY
5	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONS	EOUENCE C	F):		L						16-	0.4.
2	CAUSE (Disease or Injury	Bowe				list	4						11.7	0475
Ē	thet initieted events	DUE TO	OR AS A CONS	A IN	f): これの(	AD	Sin	ome	2				i	
CERTIFICATION		ه	V1C	1106		- /10			1				-	
7	PART II. Other significant condition	a contributing to	death but not	reculting	In the un	derlyln	ceuse	given in	Part I.	24a. WAS AN PERFOR		246	WERE AUTOF	
SC										1 TYES 2			OF DEATN?	
ME													1 TYES 2	□ NO
PHYSICIAN: MEDIC														
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:			OTHER		ACE OF	DEATH (Ch	eck only o	ne)				
YSI	1 TYES 2 NO	1 Inpatient 2	ER/Outpatient	_	4 🗆 Nun	sing Nom		Residence	Ψ	er (Specify)				
PH	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE O (Month,	F INJURY Day, Year)	28b. TII	JURY		PIK?		28d. DE	SCRIBE HOW I	NJURY OC	CURED		
BY	2 Accident Investigation				М		YES 2	∐ NO						
ED	3 Suicide 8 Could not be determined	building	OF INJURY — At I , atc. (Specify)	nome, remin,	mtreet, ract	ory, onic	•			CATION (Street in or Town, State)		r or nurer i	nouse reasses,	
ET	29e. CERTIFIER					-								
COMPLETED	(Check only one) 2 MEDICAL EXAMINE												a) and manne	as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIES				- 411									
BE	A 1-k oure	m					D	CENSE NU	\$20	17	DAI	O3/	(Month, Day,	rodr)
2	20 NAME AND ADDRESS OF DEDSON WA	O COMPLETED CAL	ISE OF SEATH (IT	EM 270 (Em	n Deleti			60				-1	10/	1

WNO COMPLETED CAUSE OF OEATN (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATURE Julia Savidson-Rondale

TIMORE

COUNTY

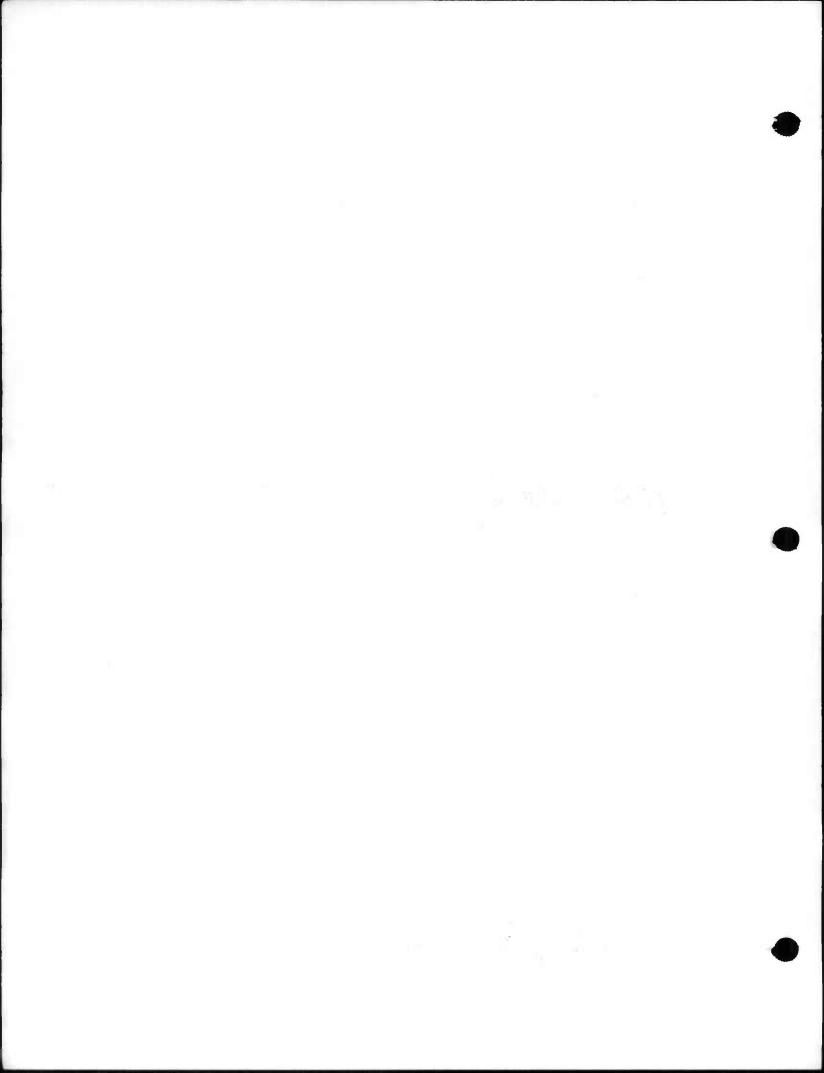
GEN. HOSPITAL

2

TOKAMER

31. DATE FILED (Month, Day, Year)

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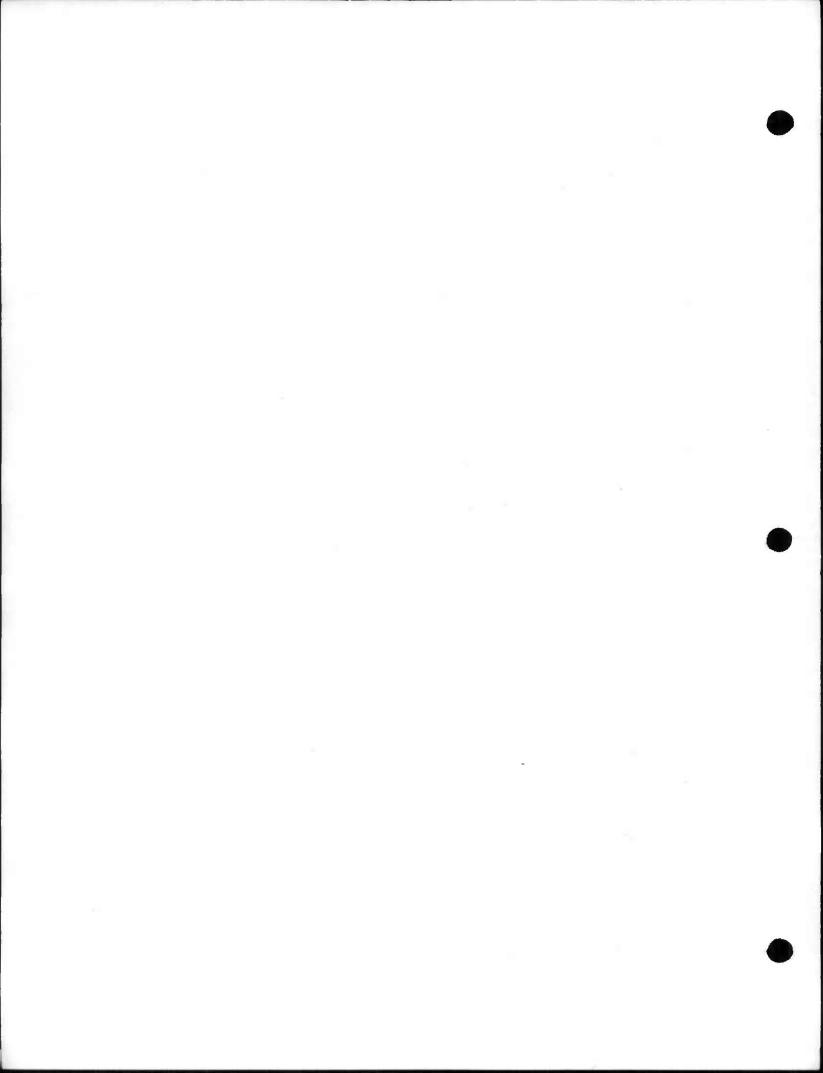
1	-	ST		TE IST	R	A
1	. D	ECE	DE	NT	'S	N
			m.	15	- 1	br.

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

91 07317	91	()	7	3		7
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	HEGISTHAH		CENTIFICA	ALE OF DEATH	HEG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	CoLL	1N5		2. DATE OF DEATH DO	1/9/ YEA	3. TIME OF OEATH
		6. AGE		UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. B	RTHPLACE (State or Foreign ountry)
1	9a. FACILITY NAME (If not institution, give stree	et end number)	9b.	CITY, TOWN OR LOCATION OF C	EATH	9c. COUNTY C	F DEATN
חברוסם	1454 N.	LUZETA	E AT	BALTO	Md.		
3	10a. STATE , 10b. COUNTY		10c, CITY, TO	WN OR LOCATION			10d. INSIDE CITY
5	Md		5	ALID			LIMITS? 1 YES 2 NO
LONEHAL	100. STREET AND NUMBER	ZCTNE	AVE	212 /	3	10g. CITIZEN	OF WHAT COUNTRY?
5	11. MARITAL STATUS 1	2. WAS DECEDENT EVER		13. WAS DECENDENT OF HISPA		or No- 14, F	IACE - American Indien, Black, White, etc.
	Never Merried 2 Merried 3 Widowed 4 Olvorced	FORCES? 1 YES	2 NO ATES	If yes, specify Cuban, Mexic 1 TYES 2 NO Spec			Specify: Black
3	15. DECEDENT'S EDUCAT		18e. DECEDENT'S USU	AL OCCUPATION	16b, KIND OF BU	SINESS/INDUSTR	iY
רבובה	(Specify only highest grade co	mpleted) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during most of working ired.)			
COMPL	17. FATHER'S NAME (First, Middle, Last)		1 they	40 HOTHER'S N	AME (First, Middle, Maiden	C	
3	17. FATHER'S NAME (FIRST, MIGHIS, CAST)	6.20 V		III. MOTHER'S	AME (First, Middle, Malderi	Surrieme)	
N N	model of	College		Cla	ra Oly	MINE	
2	Clara Hamle	ett	196. MAILING AD	DRESS (Street and Number or Rura	Ay Ball	p. Stete, Zip Code	7,21212
	20a, METHOD OF DISPOSITION  Burial 2 Cremetion 3 Remove  4 Donation 5 Other (Specify)	al from Stata	other place)	N (Name of cemetery, cremetory or	20c. LO	CATION - City	y Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICEN	NSFF	777671	22. NAME AND ADDRESS OF F	ACH ITY	1 paras	7 1110
	Joseph B.	Locks - S	4	Lisk June	viel Home 1	304	1. Contral a
	23. PART I. Enter the diseases, or cor			enter the mode of dying, su	ch se cardlec or rasp	iratory srrest,	Approximate
	shock, or heert fellure. Lie	et only one ceuse on	ech line.				Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	0	,	1 1-1			1
	reculting in deeth) e.		_ , met	astatie			1 ym.
		DUE TO (ON AS	A CONSEQUENCE OF):				' '
5	Sequentially list conditions, b.						
	If any, leeding to immediate	DUE TO (OR AS	A CONSEQUENCE OF):				
HIFICALION	CAUSE (Discess or Injury						
-	thet initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE OF):				i
ב	d.						
2	PART II. Other algnificent conditions	contribution to death	hut not moulding in a	ho undorlular pouco alues l	n Part I. 24a, WAS AF	· ALETTODOY	24b. WERE AUTOPSY FINDINGS
CAL	PART II. Other alignificent conditions	contributing to death	out not resulting in t	ne underlying ceuse given i	PERFO		AVAILABLE PRIOR TO
ב					1 _ YES	2 🗆 NO	COMPLETION OF CAUSE OF DEATH?
							1 YES 2 NO
Σ					_		
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATN (	Check only one)		
2		HOSPITAL:	0	THER:			
D _	27. MANNER OF DEATH	1   Inpetient 2   ER/Out		Nursing Home 5 Residence	·		
F	27, MANNER OF DEATH  1 Return 5 Pending	(Month, Day, Year)	28b. TIME O	WORK?	28d. DEŞCRIBE NOW	INJURY OCCURE	:0
2	2 Accident investigation			M 1 YES 2 NO			
	3 Suicide 8 Could not be	28e. PLACE OF INJUR building, etc. (Sp	Y — At home, farm, atre	et, factory, office	28t. LOCATION (Street City or Town, State	end Number or R	ural Route Number,
=	4 Homicide determined	9, 5 (6)			, 5, 51010		
E	29a. CERTIFIER	AN. 7- 45- 54-4					
COMPLETED	(Check only			nt the time, date end place, and d n my opinion, death occured at ti			use(e) end menner ee stated.
	29b. SIGNATURE AND TITLE OF CERPIFIED	. /		29c. LICENSE N	UMBER	29d. DATE SI	GNED (Month, Day, Year)
20	150 Ma	note An	10				- 30 - 9/
5	100/00	us 101	//	0399	157	3	(0-1)
			EATH STEEL OF CE D-	int)			
=	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF O	EATN (HEW 27) (Type, PT.	· · · /			
	30. NAME AND ADDRESS OF PERSON WHO						
	31. OATE FILED (Month, Day, Year)  MAR 2 0 193	Les accordants are	MATURE WY SON-Randa				





	afte
_	SUC
	24.
60,	within
( 687	executed
6	20
.O. B(	certificate
S, D	death
Ö	the the
OR	that
REC	requires
_	MB
A	The state of
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 2. Jours after
ISION	TTENDING
≥	RA
	07
	HOSPITA
A	岩
	2

Nada Kiwan, M.D.

31. DATE FILED (Month, Day, Year)
MAR 2 0 1991

9000

Franklin Square Drive

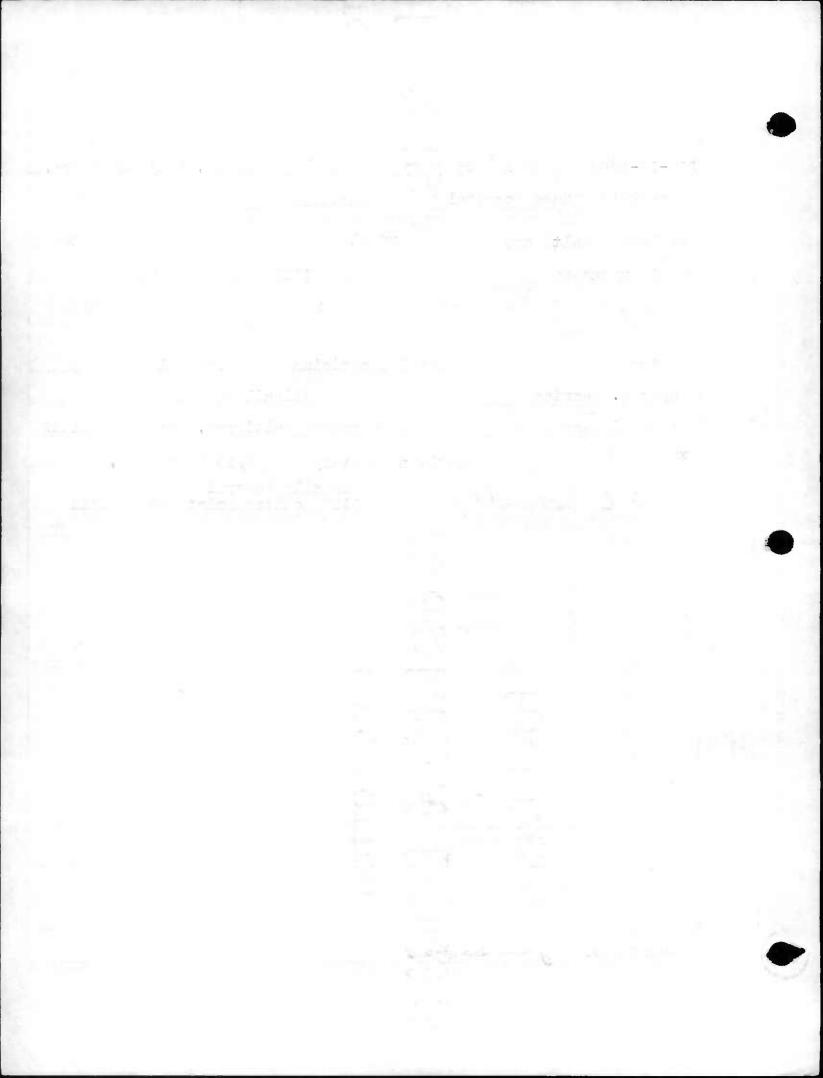
32. REGISTRAR'S SIGNATURE une Davidson-Randale Baltimore, Maryland

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TIT : 1 11 M		7 17	11					2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH
E.I.I.Zanarn "-	CREW	IS							rch_15			8·45 n
		B. AGE (In yrs. last i	birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	R 24 HRS.	7. DATE (Mont	OF BIRTH	,	8. BIRTI	HPLACE (State or Foreign
219-10-2049	1 M 2 XF	65	YRS.	MONTHS	DATE	HOUNS	mur.	May		192		whing ton,
9e. FACILITY NAME (If not institution, give size		- 11		9b. CITY,	TOWN C	R LOCATI	ON OF DE	EATH		9c. COU	NTY OF	
Franklin Squa	re Hosp	ital		Ro	SSV	ill	е			R	altir	mro
RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY			40. 007	Y, TOWN C						- 12		
						ION						10d. INSIDE CITY LIMITS?
Maryland Balt	imore		וע	unda	_							1 YES 2 NO
					101	ZIP COD				1.5		WHAT COUNTRY?
7001 Dunmanway							222				USA	
11. MARITAL STATUS 1 Never Married 2 Married		YES 2 NO		- 1	f yes, sp	cify Cubi	nn, Mexica	in, Puerto	N? (Specify Ye Rican, atc.)	a or No	Blec	E — American Indian, ik, White, atc.
3 Wildowed 4 Divorced	IF YES, GIVE WA	R OR DATES		1	YES	2 <b>1</b> NO	Specifi	y:			Spec	White
15. DECEDENT'S EDUCA	ATION	16a, DEC	EDENT'S	USUAL O	CCUPATIO	ON		186	b. KIND OF BU	SINESS/IN	DUSTRY	
(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give	e kind of v	vork done ( ne retired.)	during mo	sl of worki	ng					
12th	College (I-4 of 5+)	Fisc	cal	Tec	hni	cia	n	4	City	Hal	1	
17. FATHER'S NAME (First, Middle, Lest)		12.20	002	100	*****		•	ME (First,	Middle, Maider			
James T. Mannie	on					A	higa	ail	Gambi	rill		
19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS	S (Street a				aber, City or Tov		p Code)	
Anne Zinkand		70	001	Dun	man	wav	Ba	ltin	nore,	Mar	vlai	nd 21222
20a. METHOD OF DISPOSITION		20b. PLACE A	ND DATI	E OF DISP	OSITION			DA		CATION -		
1 to Buriet 2 Cremation 3 Removed 4 Donation 8 Other (Specify)	val from State	of cemetary, of Oakla	rematory	or other p	lace)	2037		13/	20 B	7+1	mom	e. Maryla
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	1 0 000000	- T				SS OF FA	CILITY				Med I visit
COD+ CO		10.			Con	nel	ly I	Fune	ral I	Home		
Coll Co	nnel	Xy							Poin			21222
23. PART I. Enter the diseases, or co shock, or heart failure. L	omplications that	caused the dea	th. Do r	not enter	the mo	de of dy	ing, auc	h aa cei	diec or reap	olratory a	rreat,	Approximata Interval Between
IMMEDIATE CAUSE (Final												Onset and De
disease or condition resulting in death)	Matast	etic Rr	aset	Can	cor							
	DUE TO (	or as a consequ	JENCE O	F):	<del></del>							1
Sequentially list conditions b.		OR AS A CONSEQU										
Sequentially list conditions, if any, leading to immediate	DUE 10 (	DII AS A CONSEQU	JENCE O	F):			_					
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	•						_					
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	•	OR AS A CONSECU					_					
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	•											
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO (	OR AS A CONSECU	UENCE O	F):	nderlyln	g ceuse	given in	Part i.	24s. WAS AI		24	b. WERE AUTOPSY FINDIN
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (	OR AS A CONSECU	UENCE O	F):	nderlyln	g ceuse	given in	Part i.	PERFO	RMED?	24	MAJLABLE PRIOR TO COMPLETION OF CAUS
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (	OR AS A CONSECU	UENCE O	F):	nderlyln	g ceuse	given in	Part i.		RMED?	24	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (	OR AS A CONSECU	UENCE O	F):	nderlyln	g ceuse	given in	Part i.	PERFO	RMED?	24	MAJLABLE PRIOR TO COMPLETION OF CAUS
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other aignificant conditions	OUE TO (	OR AS A CONSECU	UENCE O	F):	0			_	PERFO	RMED?	24	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other aignificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OUE TO (	OR AS A CONSEON	Suiting	in the ur	26. Pi	LACE OF	DEATH (C)	heck only c	PERFO 1 VES	RMED?	24	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	OUE TO (	OR AS A CONSEON  Seath but not re	uence of suiting	in the ur	26. Pi R: sing Hon	LACE OF 1	DEATH (C)	heck only o	PERFO 1 VES	PRMED?		AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other aignificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OUE TO (	OR AS A CONSEOU	suiting	in the ur	26. Pi R: sing Hon 28c. IN.	LACE OF 1	DEATH (C/	heck only o	PERFO 1 VES	PRMED?		AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other aignificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Natural 6 Pending Investigation	OUE TO (	Geath but not re	Buiting	OTHE	26. PR: sing Hon 28c. IN. W(	LACE OF 1	DEATH (C/	8 Oth	PERFO  1  YES  one)  or (Specify)  ESCRIBE HOW	RMED? 2 10 NO INJURY O	CCURED	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Natural 8 Pending	HOSPITAL:  1 Minpatient 2 2  28e. DATE OF (Month, Da 28e. PLACE OF 28e.	OR AS A CONSEOU	Buiting	OTHE	26. PR: sing Hon 28c. IN. W(	LACE OF 1	DEATH (C/	8 Oth	PERFO  1  YES  one)  or (Specify)  ESCRIBE HOW	INJURY O	CCURED	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 8 Pending Investigation  3 Suicide 8 Could not be determined	HOSPITAL:  1 1 in inpatient 2  28e. DATE OF (Month, Date Of building, of the control of the cont	Seath but not re  ER/Outpatient 3    NJURY    (NJURY — At honite. (Specify)	DOA 28b. Tilk.	OTHE	26. Pi R: Sing Hon 28c. IN. W( 1 [	LACE OF 1	DEATH (C/	8 Oth 28d. DE	PERFO  1 YES  Ner (Specify) ESCRIBE HOW  CATION (Street y or Town, State	RMED? 2 M NO INJURY Or and Number)	CCURED or or Rural	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 6 Pending Investigation  3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only)	HOSPITAL: 1 10 inpatient 2 28e. DATE OF Month, Da 28e. PLACE Of building, of CIAN: To the best of the control o	Seath but not re  ER/Outpatient 3    NJURY    NJURY — At honic. (Specify)	DOA 28b. Till IN.	OTHEL  OTHEL  OTHEL  OTHEL  OF  JURY  M  street, fac	26. Pi R: sing Hon 28c. IN. W( 1  tory, office	LACE OF 1 He 8 F F F F F F F F F F F F F F F F F F	DEATH (C/	8 Oth 28d. DE 28f. LO	PERFO  1 YES  Ner (Specify)  ESCRIBE HOW  CATION (Street y or Town, State	RMED? 2 M NO INJURY Of and Number)	CCURED or or Rural ated.	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO  Route Number,
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other aignificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 6 Pending Investigation  3 Suicide 6 Could not be determined	HOSPITAL: 1 10 inpatient 2 28e. DATE OF Month, Da 28e. PLACE Of building, of CIAN: To the best of the control o	Seath but not re  ER/Outpatient 3    NJURY    NJURY — At honic. (Specify)	DOA 28b. Till IN.	OTHEL  OTHEL  OTHEL  OTHEL  OF  JURY  M  street, fac	26. Pi R: sing Hon 28c. IN. W( 1  tory, office	LACE OF 1 He 8 F F F F F F F F F F F F F F F F F F	DEATH (C/	8 Oth 28d. DE 28f. LO	PERFO  1 YES  Ner (Specify)  ESCRIBE HOW  CATION (Street y or Town, State	RMED? 2 M NO INJURY Of and Number)	CCURED or or Rural ated.	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO  Route Number,

21237



TO BE COMPLETED BY FUNERAL DIRECTOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CEI	RTIF	ICATE	OF	DEATH		REG. NO	).		
1. DECEDENT'S NAME (First, Middle	, Last)									E OF DEATH			3. TIME OF DEATH
Tillie D. Co	СО								"	- 18	YAY	91	6301
4. SOCIAL SECURITY NUMBER 215-05-4749		5. SEX	6. AGE (fi	n yrs. lasi t	oirthday) YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH	917	6. BIRT	
9a. FACILITY NAME (If not institution	chie stree	et and number)	13			9h CITY	TOWH (	OR LOCATION OF DI			~	UNTY OF I	
Francis Scott	Key		nte.					imore	LAIN		\$0.00	ONT OF	JEAN THE STATE OF
	COUNTY					y, TOWN O		TION					10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER					Da	TTTI	_	, ZIP CODE			T 40- 0	717511.05	1 N YES 2 NO
6210 Eastbour	ne A	venue					10	21224			100	USA.	WRAI COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES						н	yes, sp	ecify Cuban, Mexica 2 NO Specif	en, Puerto		e or No-		E — American Indian, ck, White, atc.
15. DECEDENT (Specify only highe Elementary/Secondary (0-12)			+)	(Give	EDENT'S kind of the NOT the		CUPATION INC.	ON pel of working		ь кию оғы Chesap			e Co.
17. FATHER'S NAME (First, Middle, L Stephen Hunch								16. MOTHER'S NA	, ,	Middle, Maide	n Surname	)	la la la
19e. INFORMANT'S NAME (Type/Pri		_ []	usb.					and Number or Rural					a 21226
20a. METHOD OF DISPOSITION 1 DABurial 2 Cremation 3			20b	PLACE A	NO OAT	E OF DISPO	SITION ace)	(Name	OA	TE 20c. L	OCATION -	— City or T	fown, State
4 Donation 5 Other (Speci			- S	acre	d He	eart (				19 B	alti	more	Md.
21. SIGNATURE OF FUNERAL SER			ن			1	Wal	ter Dabro Dundall	owsk				el re,Md. 2122
23. PART I. Enter the disease shock, or heart filmMEDIATE CAUSE (Final disease or condition resulting in desth)		at only one cau	use on ea	ch line.	Se	epsis							Approximate Interval Between Onset and Dea
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	{ b. c. d.	DUE TO	(OR AS A	CONSECU	Pe JENCE O	s fore	te	l introp	er'ta	ment V	/iscu	18	6 clays
Brainster		contributing to	death b	ut not re	suiting	in the un	derlyir	g cause given in	Part I.	24a. WAS A PERFO	DRMED?	SY 24	Ib. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEC EXAMINER?		HOSFITAL:				OTHER		LACE OF OEATH (C	heck only	one)			
1 TYES 2 NO		1 / Inpatient 2		atient 3 [		4 🗆 Nun	lng Hor	na 5 🗆 Realdence	T				
27. MANNER OF DEATH  1 Natural 5 Pendi 2 Accident Invest	ng Igation	28a. DATE Of (Month, L	F INJURY Day, Ybar)		28b. TII	ME OF IJURY M	W	JURY AT ORK? YES 2 NO	28d. D	EȘCRIBE HOW	INJURY (	OCCUREO	
3 Suicide 8 Could 4 Homicide determ		28e. PLACE ( building	OF INJURY , atc. (Spec	— At hom	ie, farm,	street, fact	ory, offi	CO		CATION (Streety or Town, State		ber or Rura	l Route Number,
condon only								a and place, and du dasth occursd at th					(a) and manner as stated.
296. SIGNATURE AND TITLE OF C		Re	sident	Su	nger	n		29c. LICENSE NU	JMBER			3 - /C	ED (Month, Day, Year)
30. NAME AND ADDRESS OF PER	SON WHO	COMPLETED CAL	JSE OF DE	ATH (ITEM	27) (Typ	e, Print)							
31. DATE FILED (Month, Day, Year)		32. REGISTR	AR'S SIGN	ATURE					_				·

Lina Davidson Bandalle

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

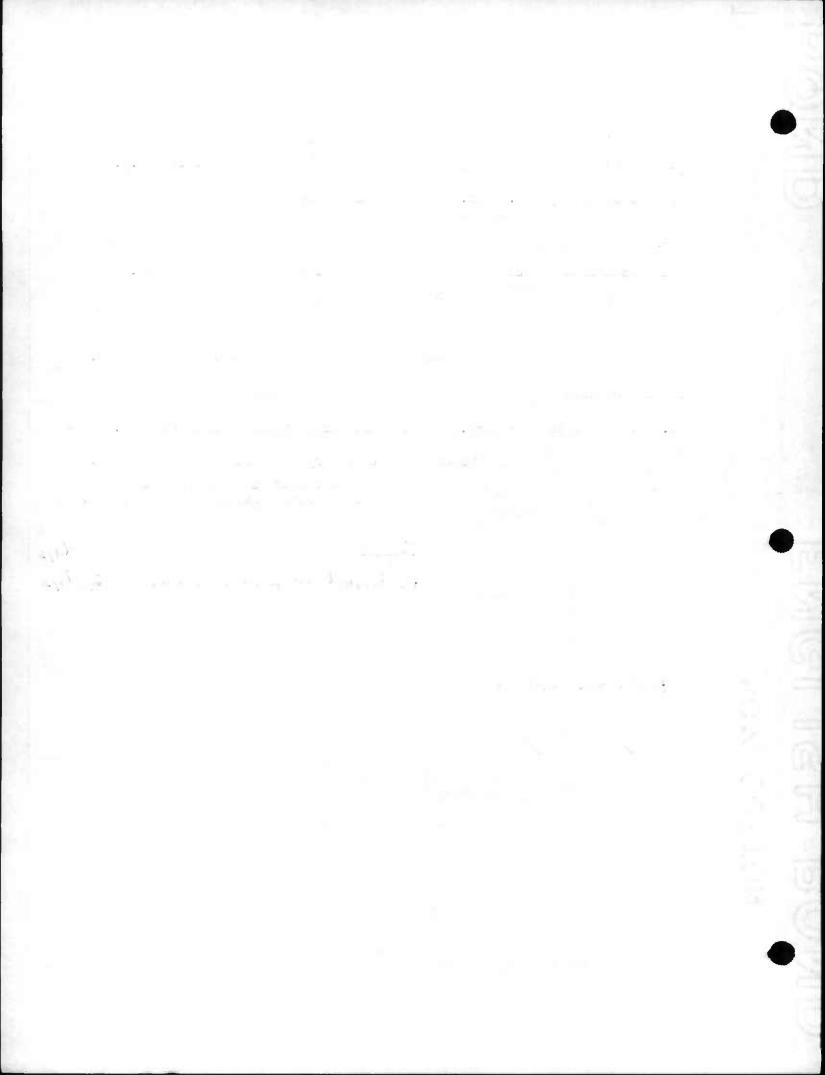
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

MAR 20

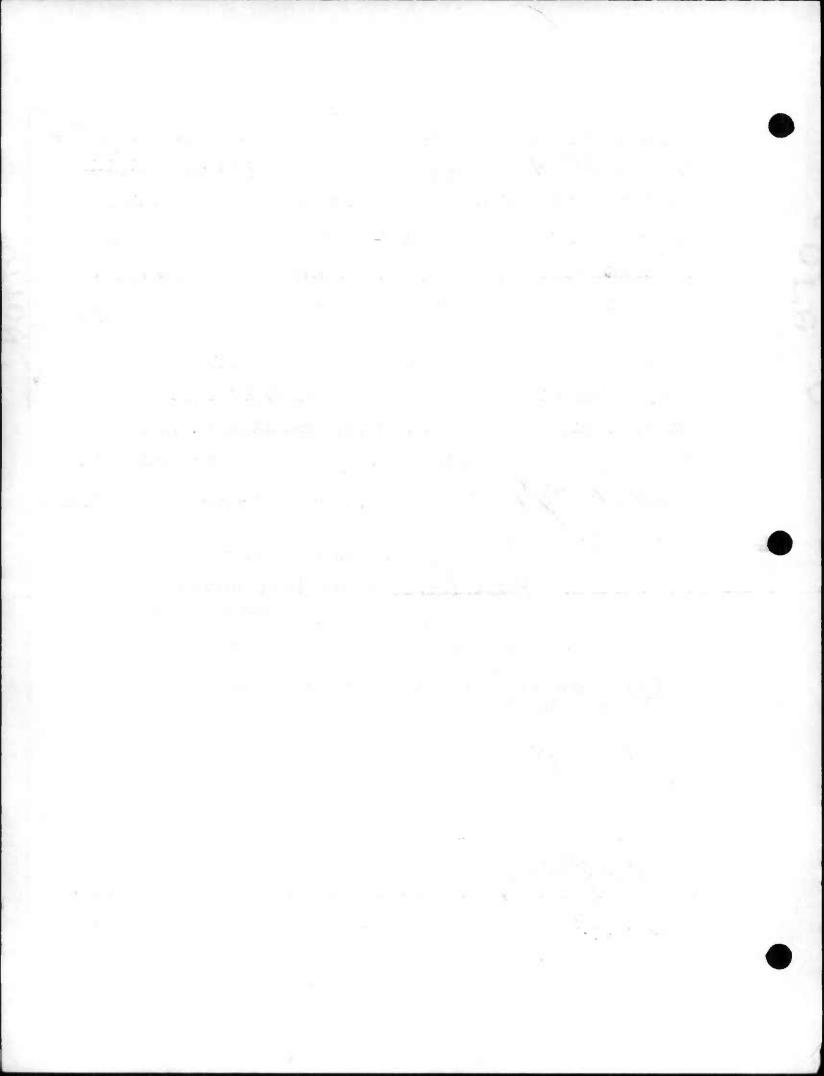
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	with contribution has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should			
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20 0111 10	by the a	and Men	y Injury	
DICKIT. HIG BAT INCHING THE TOTAL THE COURT OF THE COURT	n signed	Mealth Mealth	arked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
110 1044	e has bee	e Dept. c	m 23 s	
מיייום	certificat	the Star	f, or Ite	
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D Property	RECTO	Urs. affire	im 28 is	
STIME OF	VERAL DI	hin 72 ho	VT: If the	
THE PER	THE FUR	filed with	PORTA	
2	2	8	E	

	FOR STATE REGISTRAR	TE OF MARYLAND / I	DEPARTMENT RTIFICATE	OF H	EALTH AND M	ENTAL HYGIENI REG. NO.	E	0,020		
1	1. DECEDENT'S NAME (First, Middle, Lest)	Raymond How	seholder			2. DATE OF DEATH DA	ž ČE	3. TIME OF DEATH		
ı	DEYMOND +	+ CHINA				3	2	II (5) A M		
	4. SOCIAL SECURITY NUMBER  5. SEX  77 - (2-3537 1 V/M	8. AGE (In yrs. last	birthday) IF UNDER MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	C	INTHPLACE (State or Foreign ountry)		
	9a. FACILITY NAME (If not institution, give street and i			. TOWN O	R LOCATION OF DEA	6/26/0	9c. COUNTY	irginia.		
E I	Washington County Ho			gers				ington		
5	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY	1	10c. CITY, TOWN				WOOSTO			
E I	Maryland Washingt	on.	Willi-m					10d, INSIDE CITY LIMITS?  1XXYES 2 NO		
1	104. STREET AND NUMBER		Wicooc III		ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL DIRECTOR	24 Virginia Avenue				21795		u.s.	06 A.		
S		S DECEDENT EVER IN U.S. ARA	MED 13.		ENDENT OF HISPANIC	C ORIGIN? (Specify Year, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc.		
ВУ		YES, GIVE WAR OR DATES			2 NO Specify:			specily: aucasian		
	15. DECEDENT'S EDUCATION	16a. DEC	EDENT'S USUAL O	CCUPATIO	IN .	16b. KIND OF BUS				
E		(Gh life.	re kind of work done Do NOT use retired.)	during mos	st or working	- 40				
COMPLETED	8	Cavi	nan			Railro				
8	17. FATHER'S NAME (First, Middle, Last)  Kenny Chambers Chinn				The state of the s	E (First, Middle, Meiden Lainia Sou				
BE	19a, INFORMANT'S NAME (Type/Print)		MAILING ADDRES	S (Street a		oute Number, City or Tow		le)		
2	William R. Chinn	P.	.O. Box	194,	Purcelly	ille, Va.	22132			
	1 N Burial 2 Cremation 3 Removal from State other place)							FION — City or Town, State		
- 3	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LINENSEE.	Union	<u>Cemeter</u>		ID ADDRESS OF FAC		ettsvi	lle. Va.		
	MAN	11/2	B.	rown	Funeral	Home				
_	7 / 7 / 7	Constitution of the de						irginia 22080		
	shock, or heart fallure. List only one cause on each line.									
	I IMMEDIATE CAUSE (FIDAL									
	Sequentially list conditions  a. Heure Humonary ED on A  OUE TO FOR All A CONTROLLED OF):  Sequentially list conditions  b. Heure Hymo LD TAZ MYO CAND INT.									
N	Sequentially list conditions, b. Heure Sequence OF:									
Ĭ.	if any, leading to immediate cause. Enter UNDERLYING									
JEI.	CAUSE (Disease or injury that initiated events	o or injury put to (or as a consequence of):								
CERTIFICATION	resulting in death) LAST	HSE								
	PART ii. Other aignificant conditions contr	ributing to death but not r	esulting in the u	ındariyin	g cause given in I	Part i. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS		
MEDICA	CANCION WAS OF PROPERTY WITH METASTAGE 1 YES XXNO COMPLETENCE TO GENTLE OF DEATH?									
ME	TO ALC BONGE.									
AN.	25. WAS CASE REFERRED TO MEDICAL			20 8	LACE OF DEATH (Che	at only one)				
SICI	EXAMINER? / HOS	PITAL:	DOA 4 N	R:	te 5 - Residence	- Western				
PHYSICIAN:		8a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. IN.	JURY AT DRK?	28d. DESCRIBE HOW	INJURY OCCUR	ED		
BY F	1 Natural 5 Pending 2 Accident Investigation		М	1 🗆	YES 2 NO					
	3 Suicide 6 Could not be 4 Homicide determined	8s. PLACE OF INJURY — At he building, etc. (Specify)	me, farm, street, fa	ctory, offic		28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29a. CERTIFIER	a the best of my branched a de-	and an area of an above	Alexa de		4- 40				
MP	CONSCR GIRLY	o the best of my knowledge, de he basis of examination and/or						suse(a) and manner as stated.		
	290. gladyfug Cord/tyful of Centrinen	- 0			29c. LICENSE NUM	IBER	29d. DATE S	IGNED (Month, Day, Year)		
) BE	Atteque )	TAMILY P	4451CIA	~	Dr	706	<b>&gt;</b> <	116191		
10	30. MANEJAND ADDRESS OF PERSON WHO COME	RLETED CAUSE OF DEATH OTE	M 27) (None Print)		41	Hue .		140		
	21. DATE HALES (Mount) One Way	2/REGISTRAT'S SIGNATURE	Ticun	M	16	t He Car	won,	wil)		

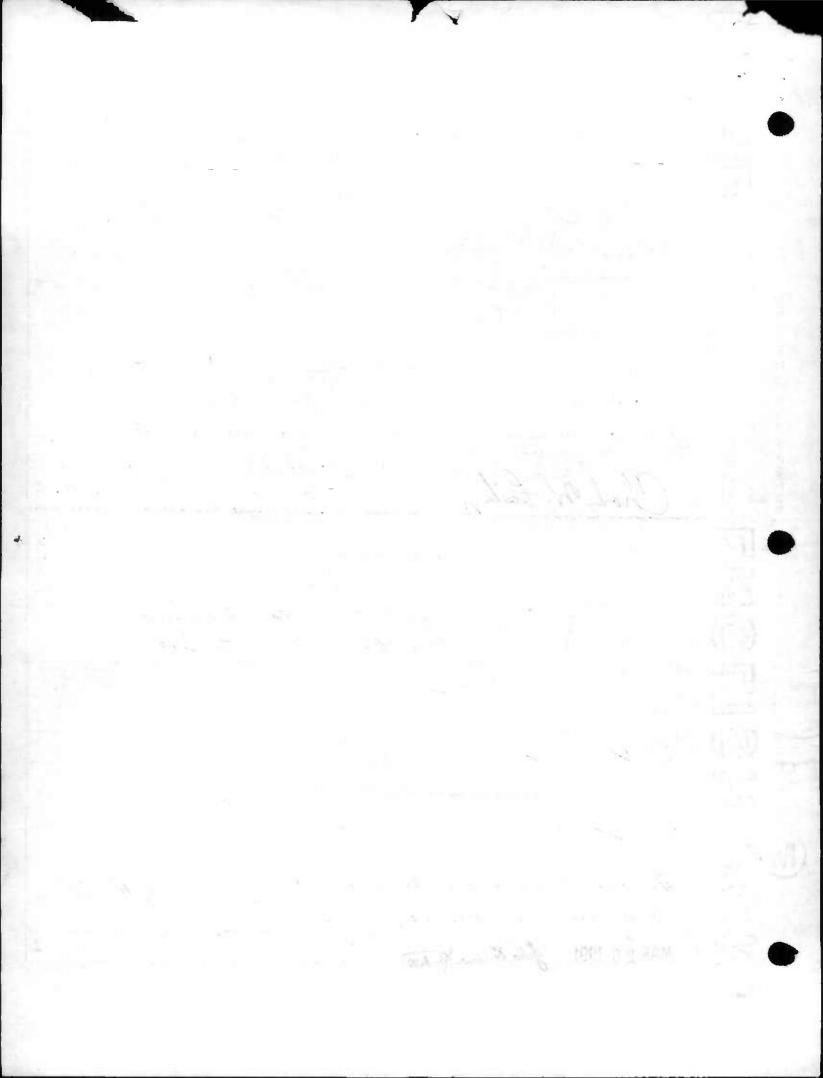


BALTIMORE, MARYLAND 21215-0020
TO THE PROCESS OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burfal, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DI	EPARTMENT OF RTIFICATE OI		MENTAL HYGIEN		07021			
1. DECEDENT'S NAME (First, Middle, Last)  JOHN WILLIA	M DeVAUX SR.	•		2. DATE OF DEATH DO		3. TIME OF OEATH			
	8. AGE (In yrs. last bit	YRS. MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 03-24-19	14	BIRTHPLACE (State or Foreign Country) Maryland			
96. FACILITY NAME (If not institution, give stre Fallston General f		96. CITY, TOWN	or location of de ton	EATH	9c. COUNTY Har	of OEATH ford			
10e. STATE 10b. COUNTY Maryland Baltin		Middle R				10d, INSIDE CITY LIMITS? 1 YES 2 NO			
100. STREET AND NUMBER 5935 Ebenezer Road	l .		21220		10g. CITIZEN	OF WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Divorced	12. WAS DECEDENT EVER IN U.S. ARME FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES WILL AVMY	If yes,		HC ORIGIN? (Specify Yeo in, Puerto Rican, etc.) y:	a or No— 14.	RACE — American Indian, Black, White, etc. Specify: White			
1s. DECEDENT'S EQUCA (Specify only highest grade of Elementary/Secondary (0-12) 6th Grade	(Give life, Do	DENT'S USUAL OCCUPA kind of work done during in NOT use retired.)	nost of working	186. KINO OF BU					
17. FATHER'S NAME (First, Middle, Last)  JOHN L. DeVaux	17. FATHER'S NAME (First, Middle, Lest)  16. MOTHER'S NAME (First, Middle, Melden Surname)  Ruth Wallace								
190. INFORMANT'S NAME (Type/Print)  190. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code)  Valerie C. Vance  2513 Welsh Avenue, Baltimore, MD 21219									
4 Donation 8 Other (Specify) Holy Redeemer Cem. 3/21/91 Baltimore, Maryland  22. NAME AND ADDRESS OF FACILITY  Puda—Ruck Funeral Home of Dundalk, Inc.  7922 Wise Avenue, Baltimore, MD 21222  23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such es cerdiec or respiratory arrest, interval Between									
iMMEDIATE CAUSE (Finel disease or condition resulting in death)			Onset and Dea						
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. OUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  d. OUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other algnificent conditions	Part i. 24s. WAS AI PERFO	N AUTOPSY RMED? 2 NO	24b. WERE AUTOPSY FINDINGS MARILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO						
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO 1 Piritient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)									
27. MANNER OF OEATH  1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	281, LOCATION (Street	DESCRIBE HOW INJURY OCCURED  DOCATION (Street and Number or Rural Route Number,							
3 Suicide 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 29e. CERTIFIER (Check only One) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.  29b. SIONATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)									

MD.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32-REGISTRAR'S SIGNATURE MAR 2 0 1991



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BALTIMORE, MARYLAND 21203-3146	ours after death. Page 6 may be retained by the hospital or attending physicia
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<b>VD</b> 2	hospital
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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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8	that
3ECC	requires
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OF VI	PHYSICIAN
IVISION OF VITAL RECORDS, P.O. BOX 13146,	ATTENDING PRYSICIAN: The law requires that the death certificate be executed within a
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20 p 10 A Datcher 3 Dora 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8, BIRTHPLACE (St. Country) Month, Day, 9 1 M 2 AF YRS. permit. Pages 1, 2, 3 should TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH more DIRECTOR RESIDENCE OF PECEDENT 10d. INSIDE CITY 10b. COUNTY more 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE WHAT COUNTRY? 121 burial-transit physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARME FORCES? 1 YES 2 NO 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 — YES 2 19-410 Specify: 1 Nover Married 2 M IF YES, GIVE WAR OR DATES Neg RO BY 3 D Widowed 4 Divorced attending p 8 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY USB (Specify only high COMPLET Þ ntary/Secondary (0-12) detached tomemaker once. 17. FATHER'S NAME (First, Middle / Last) notified at BE pinous 19b. MAILING ADDRESS /S 2 page 5 s examiner must be 20e. METHOD OF DISPOSITION 20b. PLACE OF D n 3 □ I director, 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE FUNERAL Home funeral ( 25 cuss m/21214 22 osepu filled in by the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such Approximate shock, or heart failure. List only one cause on each line. interval Between 6 Onset and Death **IMMEDIATE CAUSE (Finel** the cremation, disease or condition resulting in death) Asp Preumona completely other traumatic event, DUE TO (OR AS A CONSEQUENCE OF) burlal, CERTIFICATION physician and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): attending physician an if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events certificate DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 23 shows any injury, or death signed by the atter Health and Mental PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? that 1 | YES 2 NO 1 TYES 2 NO has been Dept. of H PHYSICIAN: THE HOSPITAL OR ATTENDING PHYSICIAN: The law I THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Detr. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) or Item HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 5 | Other (Specify) 1 YES 2 NO 1 Inpatient 2 - ER/Outpatient 3 - DOA DIRECTOR: After this certif hours after death with the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural
2 Accident 5 Pending 1 YES 2 ND BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281, LOCATION (Street and Number or Flural Route Number, City or Town, State) 3 Suicide 28 ls | COMPLETED 4 🗌 He SPITAL SPITAL SPITAL SPITAL OILS . T. II HOM 28 29e. CERTIFIER
(Check only

1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, dats and place, and due to the cause(a) and manner as stated. IMPORTANT: 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Physician D38485 C.KED 3/16 2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) mo

Choong Kim,

Liberty

12 REGISTRANTA

Medical Center,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

DAT

3. TIME OF DEATH

2. DATE OF DEATH

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Baltimore, mo 21215

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VG PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should	th the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ted, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other trau

	FOR 1 - STATE REGISTRAR	STATE OF MARY	/LAND / DEPAF CERTIF				MENTAI	HYGIENE REG. NO.	91	0 7	7323	
	1. DECEDENT'S NAME (First. Middle, Lest)	MAE	DEI	ne	250	4	MONTH	16	9	AR	ME OF DEATH	
	212-22-2559A	1 □ M 2 ☑ F 8	(In yrs. last birthday)  The state of the st	MONTHS		IF JINDER 24 HRS.	7. DATE (Month	0 - 25 - 0		Country	E (State or Foreign	
OR	9e. FACILITY NAME (If not institution, give LIBERTY MEDI	· ·				MORE,		90	. COUNTY	OF DEATH		
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUN	ry		.,		CITY				1 🖒	INSIDE CITY LIMITS? YES 2 NO	
ERAL	100. STREET AND NUMBER 2822 BOOKER	DRIVE			101. 2	21225		10	USA	OF WHAT	COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Olvorced	12. WAS OECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OF	ES 2 NO	13.	If yes, spec	IDENT OF HISPA Ify Cuban, Mexic NO Speci	an, Puerto I	merican Indian, le, etc. BLACK				
COMPLETED	15. OECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	CATION s completed)  Coflege (1-4 or 5 +)  16a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  UNEMPLOYED						KIND OF BUSINE	SS/INDUST	FRY		
BE COM	17. FATHER'S NAME (First, Middle, Lest) CHARLIE HUD	ME (First, Middle, Lest) 16. MOTHER'S NA						AE (First, Middle, Melden Sumeme) A. E. HUDSON				
10	19a. INFORMANT'S NAME (Type/Print)  LIZZIE M.										225	
	20s. METHOD OF DISPOSITION 1 © Burlet 2 © Cremation 3 © Removel from State 4 © Donation 5 © Other (Specify) — 20b. PLACE AND DATE OF DISPOSITION (Name of Company), Gregoritary of CEMETERY  20b. PLACE AND DATE OF DISPOSITION (Name of Company), Gregoritary of CEMETERY  ARBUTUS, MD.								teta			
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE Was an	)			ADDRESS OF F		н. 110	1 E.	NOR	RTH AVE	
	23. PART i. Enter the diseases, or shock, or heert fellure iMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Carele		lo	or the mod	of dying, su	ch es care	liec or respirato	ory arrest		Approximats interval Betwee Onset and De	
ERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	c	AS A CONSEQUENCE (									
PHYSICIAN: MEDICAL CE	PERFO							24e. WAS AN AUT PERFORMEI 1 YES 2	0?	COM OF D	E AUTOPSY FINDIN LABLE PRIOR TO PLETION OF CAUS JEATH?	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  26. PLACE OF DEATH (Check only one)  HOSPITAL: OTHER:											
	1  YES NO  27. MANNER OF DEATH  Natural 5 Pending	Inpetiant 2   ER/Outpatient 3   DOA 4						Other (Specify) 26d. DESCRIBE HOW INJURY OCCURED				
ETED BY	2 Accident Investigation 3 Suicide e Could not b 4 Homicide detarmined	28e, PLACE OF INJI	URY — At home, farm, Specify)	street, fa	ctory, office			ATION (Street and or Town, State)	Number or	Rural Route	Number,	
COMPLETED	conton only	SICIAN: To the best of my ki								ause(a) and	menner as stated	
TO BE C	30. NAME AND ADDRESS OF PERSON V	Stalling	MO			29° LICENSE N	SF7	21	d. DATE S	IGNED (Mon	th, Day, Year)	

296. SIGNATURE AND TITLE OF CERTIFIER

296. LICENSE NUMBER

296. LICENSE NUMBER

296. DATE SIGNED (Month, Day, Voar)

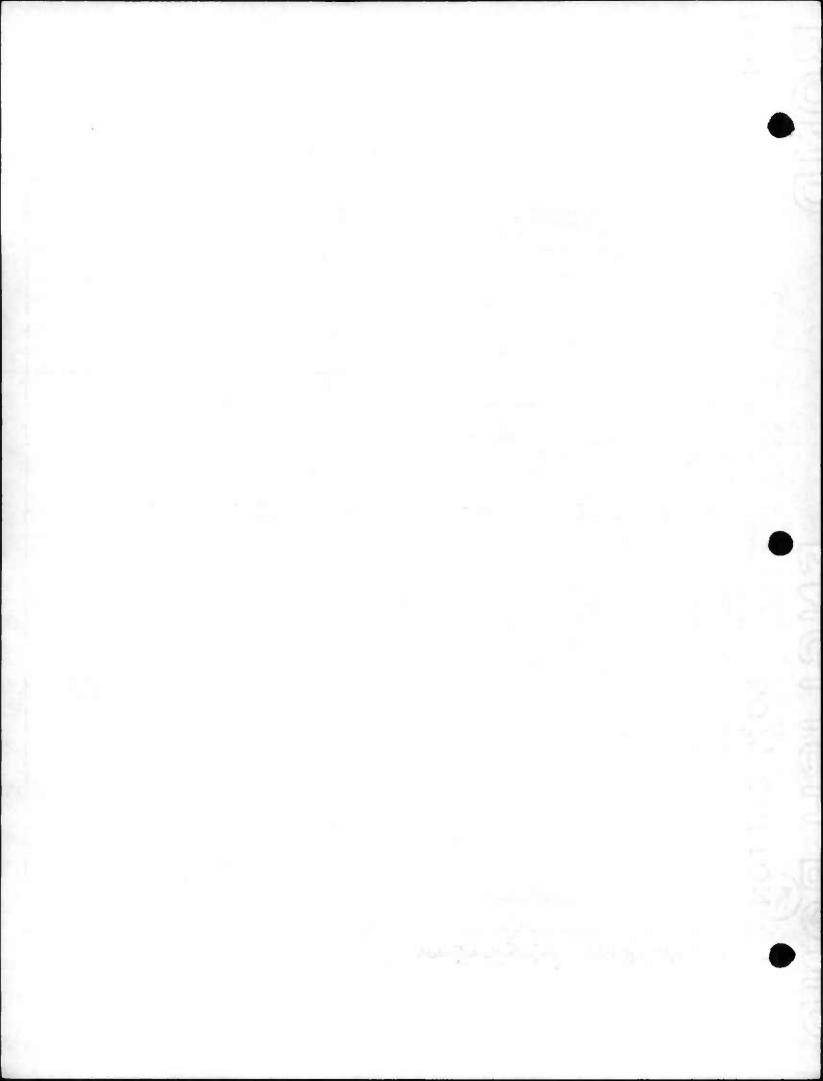
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typp) Print)

31. DATE FILED (Month, Day, Voar)

32. REGISTRAR'S BIGNATURE

MAR 2. 0 1991

44. David Advisor Day, Voar)



TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buntal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buntal, cremation, or removal.

IMPORTANT: If hem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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B	1 - FOR STATE REGISTRAR		STATE OF M	MARYLAND / DEPAR CERTIF	TMENT OF H		MENTAL HYGIENE REG. NO.
14	1	. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DAY
	1	GERTRUDE		DICKEY			03/13/91
	167	L SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In vrs. last birthday)	JE UNDER 1 YEAR	IF UNDER 24 HRS	7. DATE OF BIRTH

<u> </u>	REGISTRAR		CERTIF	ICATE	OF D	DEAT	H	F	REG. NO.						
1	1. DECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DEATH MONTH DAY YEAR  3. TIME OF DEAT									TH					
	GERTRUDE	ICKEY										50 F	M	М	
	4, SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7 DATE OF	DIDTH		a. BIRT	HPLACE /			$\neg$
	247 <del>8</del> 8 9713	1 🗆 M 2 😡 F	69 YRS.	MONTHS	DAYS +	HOURS	MIN.	May 1	9, 19	921	So	uth	Car	COL:	in
	9e. FACILITY NAME (If not institution, give stre	eet end number)		9b. CITY,	TOWN OR	LOCATIO					INTY OF I	DEATH			$\exists$
H.	CLADYS N SPELLMAN	M NIIDS CAD	F CTP	CHI	EVERI	V				PRI	ICE I	GEOR	CF		-1
DIRECTOR	GLADYS N. SPELLMAY	1 NOISS. CAR								LINI	VCL.				ᆿ
E	Maryland Prince		10c. CI	TY, TOWN OF	R LOCATIO	M						LII	SIDE CIT MITS?		-1
	rarytaid Prince	e George's	Lá	andove	er							LVV.	ES 2	NO NO	_
A	10e. STREET AND NUMBER				10f. Z	IP CODE				10g. CIT	IZEN OF	WHAT CO	UNTRY?		
FUNERAL	8118 Sheriff Roa	ad			2	2076	5				USA				_
يَّ ا	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED					IC ORIGIN? (S		or No-	Blac	E - Ame	etc.	ien,	П
ВУ	1 Never Merried 2 Merried Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		YES 2				.,,		Spe	BLa	ack		-1
		471014	The acceptance			•		T 401 W	10 OF 011	SINESS/IN			2032		⊣
E	15. DECEDENT'S EDUCA (Specify only highest grade of	completed)	18a. DECEDENT'S ('Give kind of life. Do NOT to	work done di	uring most	of working	g	166. KII	ND OF BU	SINESS/IN	DUSTRY				-1
٦	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Ho	usewi	fe					N/A					- 1
COMPLETED	17, FATHER'S NAME (First, Middle, Lest)					10 MOTH	ICD'O NAI	WE (First, Midd	dla Maidan					_	$\dashv$
	Herbert Lo	1.70YY						WE (FIRST, MICC		Surname)					- 1
BE	190. INFORMANT'S NAME (Type/Print)	wery	10h MAH IN	C ADDRESS	/Stead and	El		loute Number,	Chi or Tou	en Chata 7		wis			$\dashv$
2	Leatha M.	Benjamin								2078					-1
	111		QTTR	Sner1	II R	d/Ia	andor	ver, M	1d	CATION -		Town Stel			-
	2u METHOD OF DISPOSITION  1 Burial 2 Cremation 3 M Remo	val from State	other place of pispo	ndler	Cem	eter	TV								
	4 Donation 5 Other (Specify)												$\dashv$		
- 1	22. NAME AND ADDRESS OF FACILITY  J. B. Jenkins Funeral Home  7474 Landover Rd/Landover, Md 20785														
	Jemmy	G. Hea	(sor	74	74 L	ando	ver	Rd/La	ındov	er,	Md	2078	35		
	23. Part 1. Enter the diseases, or co	omplications that caus	ed the death. Do	not enter	the mod	e of dyl	ng, sucl	h ss cardia	c or reap	iratory s	rrest,		pproxir		
	shock, or heart fallure. List only one eduse on each line.  INTREDIATE CAUSE (First)														
- 1	disease or condition resulting in death) . Cardio respiratory faciline														
	Togething III County	DUE TO (OR AS A CONSEQUENCE OF):													
z	Lepsis														
CERTIFICATION													- 1		
CA	Cause. Enter UNDERLYING CAUSE (Disease or Injury  C. Darfrene Dork Gelf											4			
H	that initiated events resulting in death) LAST	AN HOLOT STATE	DUE TO CORRECUENCE OF):  BUT TO CORRECUENCE OF):  DOIS TO CORRECUENCE OF):  DOIS TO CORRECUENCE OF):  DOIS TO CORRECUENCE OF):  DOIS TO CORRECUENCE OF):  DOIS TO CORRECUENCE OF):  DOIS TO CORRECUENCE OF):								- 1				
EH	resulting in death, Exor	. rory	hural	10.30	we	W	co	- garan				-			-
	PART II. Other significant conditions	contributing to death	but not resulting	In the un	derlying	csuse (	given in	Part i. 2		AUTOPS1	/ 24	Ib. WERE			38
MEDICAL	PERFORMED?  AMAILABLE PRIOR TO COMPLETION OF CAUSE														
ED	Haltip.		ohes.					- ['	[] TES	2 DENO		OF DE	ATH? 'ES 2 [	1 NO	- 1
Σ								— I				. []	20 2	110	- 1
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. PLA	CE OF D	EATH /Ch	eck only one)							$\dashv$
2	EXAMINER?  1  YES 2 NO	HOSPITAL:	directions a D BOA	OTHER	R:										
4	27. MANNER OF DEATH	28a. DATE OF INJUR			28c. INJU		PSIGENCE	6 Other (S		INJURY O	CCUREO				$\dashv$
	Natural 5 Pending	(Month, Day, Year		NJURY	WOR		□ NO								- 1
ВУ	2 Accident Investigation	28e. PLACE OF INJU	HV — At home farm	street fact				281 LOCATI	ION (Street	and Numb	er or Aura	I Route No	imber		$\dashv$
ED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (S	pecify)	, anou, mo	ory, ormos			281. LOCATION (Street end Number or Rural Route Number, City or Town, State)					- 1		
COMPLETED	290. CERTIFIER							-	-						$\dashv$
AP.	(Check only	CIAN: To the best of my kn													- 1
Ö	2 MEDICAL EXAMINE	R: On the basie of examina											nanner e	stated	1.
ш	296. SIGNATURE AND TITLE OF CERTIFIER	March	The Me	0		29c. LICI	ENSE NUI	MBER	, 2	29d. D/	TE SIGNI	ED (Month	Day, Yes	sr)	
OB	Revoiling	3,0,44,0	Xel	-		עוו	11	62/	)	,	3//	4/	71		
7	296. SIGNATURE AND TITLE OF CERTIFIER  COUNTY  SO NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF	PEATH (ITEM 27) ON	De, Print)	011	FR	12	0, 1	AN	Dou	EP	JUL	2		
	JULI LALICA	1179 0	130 41	10/2		<u>_</u> /		/			0	207	183		
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SI	OALASTI LOUIS												

No. of the state o

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within control and a fact death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNEPALL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO	91
CERTIFICATE OF DEATH REG. NO.	
2. DATE OF DEATH	

	1 - STATE OF MARYLAND / CI	DEPARTM	ENT OF H	EALTH AND I	MENTAL HYGIEN		0/323
	1. DECEDENT'S NAME (First, Middle, Lest)  Joseph		Ford		2. DATE OF DEATH MONTH March	ľ2, 19 <sup>8</sup>	3. TIME OF DEATH 1:30pm M
	4. SOCIAL SECURITY NUMBER 220-14-6909  5. SEX 1 № 2 □ F  8. AGE (In yrs. Int. 87	YRS. MON		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dex, Year)	04	BIRTHPLACE (State or Foreign Country)
20	Maryland General Hespital Baltimore City						OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT  106. STATE  106. COUNTY  MD		WN OR LOCAT				10d. INSIDE CITY LIMITS? LAYES 2 NO
LONEDAL	10e. STREET AND NUMBER 2008 Madison Avenue			ZIP CODE 1217		10g. CITIZEN	OF WHAT COUNTRY?
NO. 10	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. AFFORCES? 1 YES 2 FORCES? 1 YES 2 FORCES?	RMSO	tf yes, spe		IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	e or No- 14.	RACE — American Indian, Black, White, etc. Specify: NEGRO
PLEIED	(Specify only highest grade completed) (0	ECEDENT'S USU Give kind of work on Do NOT use reti	done during mod		16b. KIND OF BU	SINESS/INDUST	RY
BE COMPL	17. FATHER'S NAME (First, Middle, Lest) JOSEPH B. FORD			PAUL	ME (First, Middle, Meider LINE FITZ	ERALD	
MRS. AGNES FORD  2008 Madison Avenue Balto							21217
20a, METHOD OF DISPOSITION  1 M Burlel 2 Cremetion 3 Removal from State  4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Signature of Company or Signature of Compa							
	Joseph L. Rusa		222	W. N		VI 7	1216
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finei disease or condition resulting in death)  Sepsis						
Sequentielly list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  Preumonia  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):							
MEDICAL CE	PART II. Other significant conditions contributing to death but not Congestive heart	resulting in the	re undariying		Part i. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
PHTSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:						
	1 Specifient 2 En/Outpatient  27. MANNER OF DEATH  1 No Natural 5 Pending  28. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJ WO	URY AT	6 Other (Specify)  28d. DESCRIBE HOW	INJURY OCCUR	ED
ובה פז	2 Accident Investigation 3 Suicide 6 Could not be determined 26e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, stree	M 1 YES 2 NO et, factory, office 28f. LOCATION (Street and Number or Ri		Rural Route Number,		
COMPLE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, d						euse(a) end manner ee stated.
IO BE CL	29b. SIGNATURE AND TITLE OF CERTIFIER  CHAT LA M. S.  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT)	EM 27) (Type, Prir	ot)	29c. LICENSE NU	mBER n/a	29d. DATE S	IGNED (Mogth, Day, Year)
	Wissam Chatila, M.D.  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  MID 2 0 1001	c/		land Gen	eral Hosp	ital	



James B. Rose Kid ZILIE

Joseph L. Pleaso

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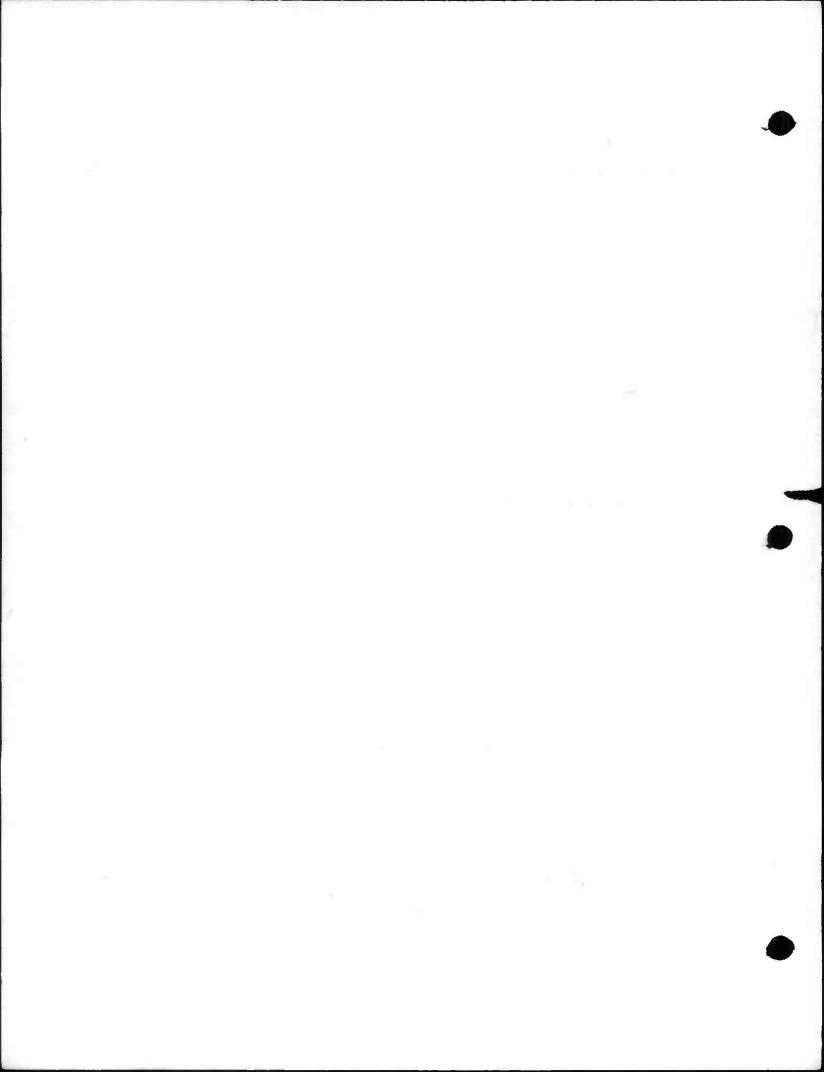
	REGISTRAR	CERTIFICA	ATE OF C	DEATH	REG. NO	D.	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH	DAY Y	3. TIME OF DEATH
	Mary L. Fenwick	_				4 - 9	EAR 901PMM
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE	(In yrs. last birthday) IF	INDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign
	218-14-6298 10 M2 8F	79 YRS.		HOURS MIN.	(Month, Day, Year) 4-21-	H	Country) Va.
E	9a. FACILITY NAME (If not institution, give street and number) HARBOR HOSPITAL			RE, MD		9c. COUNTY	OF DEATH
5	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		WH OR LOCATIO				
DIRECTOR	10d. INSIDE CITY LIMITS?						
ā	MD	BAL	IIMURE	E, CITY	<u> </u>		1 XYES 2 NO
A	10e. STREET AND NUMBER			IP CODE		10g. CITIZEI	OF WHAT COUNTRY?
NER	918 WILMONT CT.			21207			SA
E	11. MARITAL STATUS  12. WAS DECEDENT EVER FORCES? 1 YES	2 V NO			IC ORIGIN? (Specify Y	ea or No— 14	. RACE — American Indian, Black, White, etc.
IF YES, GIVE WAR OR DATES 1 ☐ YES 2 ☐ NO Specify:							specify: black
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USU (Give kind of work	AL OCCUPATION	of working	15b. KIND OF B	USINESS/INDUS	TRY
	Elamentary/Secondary (0-12) College (1-4 or 5+)	DOMESTIC	ired.)	or working			
COMPLETED	5 th  17. FATHER'S NAME (First, Middle, Last)	DOMESTIC		40 1407115010 144	WE (First, Middle, Maide	. 0	
8	TAYLOR				E MAE	in Surname)	
BE	19a. INFORMANT'S NAME (Type/Print)				loute Number, City or R		
5	FRANK PARKER JR.				ST./BALT		<u> </u>
	30e, METHOD OF DISPOSITION  X ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State  4 ☐ Donation 5 ☐ Other (Specify)	MARYLAND	NAT.	MEM. P	C.CEM LA	UREL,	y or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND	ADDRESS OF FA	CILITY		
	I Glades Wome	$\sim$	WM.C	. MARCH	H F.H. 1	101 E	.NORTH AVE
	23. PART i. Enter the disesses, or complications that cause		enter the mode	s of dying, eucl	n ee cerdlec or ree	piratory errea	
	shock, or heart failure. List only Dns causs on IMMEDIATE CAUSE (Final	ssch iine.					Interval Between Onset and Death
	The Country of the Co	· Bassa	1				->
	resulting in death)  DUE TO (OR AS	A CONSEQUENCE OF):	4				
-							
CERTIFICATION	Sequentisity list conditions, if any, leading to immediate	A CONSEQUENCE OF):	//				
ZAT	cause. Enter UNDERLYING						
F	CAUSE (Disesse or Injury that initiated events Due TO (OR AS	A CONSEQUENCE OF):					
F	resulting in death) LAST						
2	PART ii. Other algorificant conditions contributing to deeth	hut not requising in t		acusa aluan in	Book I are una	AN AUTOPSY	A AL WEDS ALMONON SHOWING
AL	PANT II. Other aigniticant conditions contributing to deeth	but not resulting in t	ne underlying	cause given in		ORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
ă		· · · · -			1 🗀 YES	2 🗌 NO	OF DEATH?
MEDICAL					_		1 TYES 2 NO
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			CE OF DEATH (Ch			
Sic	1 YES 2 NO 1 Inpetiant 2 (EF/Ou	rtpetient 3 DOA	Nursing Home	5 - Residence	8 Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)		F 28c. INJU WOR	RY AT	26d. DESCRIBE HOV	V INJURY OCCU	RED
BY F	1 Natural 5 Pending 2 Accident Investigation	,		S 2 NO			
	2 Decident	RY At home, farm, stree	it, factory, office		281. LOCATION (Stree City or Town, Sta		Rural Route Number,
TE	4 Homicide detarmined	, oo., y			City or John, ore	10)	
ĽE	29a. CERTIFIER  (Check only  1 CERTIFYING PHYSICIAN: To the best of my kno	owledge, death occurred a	t the time, data a	nd place, and due	to the cause(a) and r	nanner as stated	
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the best of examinat						
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	$\sim$		29c. LICENSE NUI	MBER	29d. DATE :	SJGNED (Month, Day, Year)
m	S. Kait in	7		1)127	53	<b>▶</b> 3/	18/91
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D			,,,,,	^		
	SALVATURE RAITI M9	HARR	in Hor	SPORT	emensen	cy Kova	٠,
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIG						
	MAR 20 1991 Gika Davidson	Bands 00					

TO THE COLUMN ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 12-mounts after death. Page 6 may be retained by the hospital or attending physician.

TO THE MENTAL PRECIDE After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be median with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

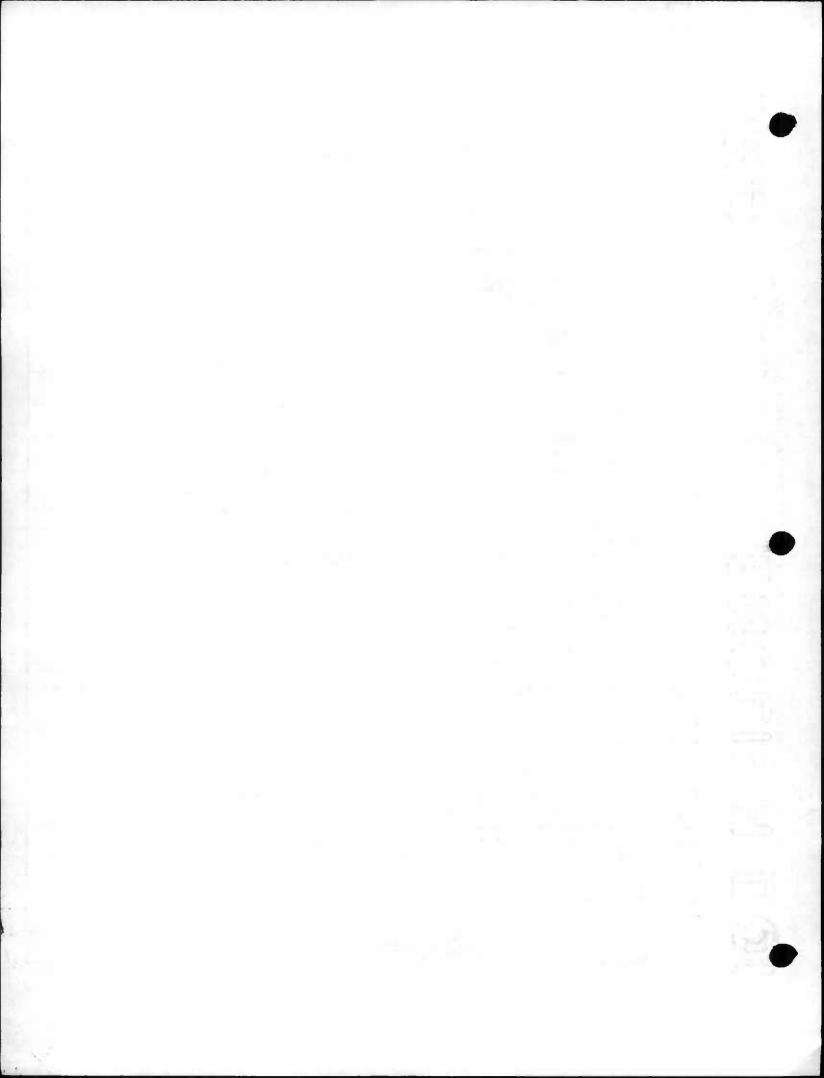
BALTIMORE, MARYLAND 21203-3146



permit. Pages 1, 2, 3 should

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ATTE	ECTO	s afte	1 28
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attendance.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for users	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
PITAL	ERAL	n 72	T: H
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포	포	filed	POR
2	2	8	Σ

1. DECEDENT'S NAME (First, Mid	ddie, Last)			VEITTI	- JANE O	F DEATH		REG. NO.			3. TIME OF	DEATH
CHARLES			HENR	<b>V</b>	मास	RST	03	16	AY .	L991	3:14	r
4. SOCIAL SECURITY NUMBER		5. SEX	7	y yrs. last birthday)	IF UNDER 1 YEAR		7. DATE (	OF BIRTH	,	6. BIRT	HPLACE (State	
219-42-0068 9a. FACILITY NAME (If not Institut		1 M 2 F	48	YRS.	9b. CITY. TOW	N OR LOCATION OF	DEC.	11,1	_	BA	LTIMOR	E
SAINT JOSEPH					TOWS					TIM		
	b. COUNTY			10c. CIT	TY, TOWN OR LO	CATION					10d. INSIDE	CITY
MARYLAND  10e. STREET AND NUMBER	BALT	IMORE			TOWS	ON 101. ZIP CODE			10g, CI	TIZEN OF	1 YES	NO 🔯
730 CAMBERLEY	CTRO	T.E. APT	. A-	5		21204				U.S	. A .	
11. MARITAL STATUS  1 Never Merried 2 Men		12. WAS DECEDE FORCES?	NT EVER IN	U.S. ARMED 2 NO	If yes,	OECENDENT OF HISP , specify Cuban, Maxi	ANIC ORIGIN		or No—	14. RAC Black	E — American	Indian,
3 Widowed 4 Divorced	4	IF YES, GIVE	WAR OH DA	IES	,,,	YES 2 💢 NO Spe	спу:			Spe	o#y: WHIT	E
15. OECEDE (Specify only high	gheat grade c	completed)		16a. DECEDENT'S (Give kind of life. Do NOT u	work done during	ATION most of working	16b.	KIND OF BU	SINESS/IN			
Elementary/Secondary (0-12)		College (1-4 or 5						C TP A TP 3	c			
17. FATHER'S NAME (First, Middle	a loot			ATTORNEY	L	40 4400010000	14415	STAT				
						16. MOTHER'S			surname)			
CHARLES FURS		L		400 24411 000	C ADDRESS IS	NORMA  set and Number or Run			on Charles T	The C		
NORMA FURST				713 I	ORCHES'	TER ROAD,	BALT	IMORE	, MD	. 21.		
20s. METHOD OF DISPOSITION  1 Cremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place)  DRUID RIDGE CEMETERY  3/20 PIKESVILLE												
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY							3/2	OLLI	KESV.	ILLE		
21. SIGNATURE OF FUNERAL SE	ERVICE LICE	INSEE		OID KIDO	22. NAME	E AND ADDRESS OF	FACILITY	1		ILLE		
23. PART I. Enter the disea	eses, or co	omplicatione th	Set exused	the/death, Do	22. NAME HUB: 410	E AND ADDRESS OF BARD FUNE 7 WILKENS	FACILITY ERAL H	OME II	NC.	MORE	Appro	oximate
Lee	eses, or co	omplications the	et caused iuse on ee	the/death. Do	22. NAME HUB 410 not enter the	E AND ADDRESS OF BARD FUNE 7 WILKENS	FACILITY ERAL H S AVEN	OME II	NC. ALTII	MORE rrest,	Appro interv Onse	
23. PART : Enter the dises shock, or heart iMMEDIATE CAUSE (Finel disease or condition	eses, or continue. L	omplicatione the lat only one ca	et ésused nuse on ée O (OR AS A O (OR AS A	the/death, Do	22. NAME HUB: 410 not enter the ORRE	E AND ADDRESS OF BARD FUNI 7 WILKENS mode of dying, se	FACILITY ERAL H S AVEN	OME II	NC. ALTII	MORE rrest,	Appro interv Onse	oximate ral Betwe
23. PART I. Enter the disees shock, or heart immediate CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	esses, or control to the conditions	DUE TO	o (or as a	CONSEQUENCE C	22. NAME HUB: 410 100 Pt.:	E AND ADDRESS OF BARD FUNI 7 WILKENS mode of dying, so	FACILITY ERAL H S AVEN uch se card	OME II	NC. ALTIN	MORE strest,	Appro interv Onse	oximate rai Betweet and De tan
23. PART I. Enter the dises shock, or heart immediate Cause (Finel disease or condition resulting in deeth)  Sequentially list conditions if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	esses, or control to fellure. L	DUE TO	o (or as a	CONSEQUENCE C	22. NAME HUB. 410 not enter the ORREDED:	E AND ADDRESS OF BARD FUNI 7 WILKENS mode of dying, so	FACILITY ERAL H S AVEN uch as card	OME II UE, B. Hec or resp C (Career)  24e. WAS APPERFO	NC. ALTIN	MORE strest,	Approintery Onsel	eximate rai Betweet and De tan
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23. PART : Enter the disease shock, or heart immediate Cause (Finel disease or condition resulting in deeth)  Sequentially list conditions if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other significant of EXAMINER?  25. WAS CASE REFERRED TO MEXAMINER?  1 Natural 5 Pen	eses, or cot t fellure. L	DUE TO  OUE TO  CONTRIBUTING to  HOSPITAL:  1   Inputient 2	O (OR AS A O (OR AS A O (OR AS A	CONSEQUENCE C  C  CONSEQUENCE C  C  C  C  C  C  C  C  C  C  C  C  C	22. NAME HUB. 410 not enter the  ORREDED:  OFF:  OFF:  OTHER: 4   Nursing    ME OF 28c.	E AND ADDRESS OF BARD FUNITY AT WILKENS Mode of dying, so the control of the cont	FACILITY ERAL H S AVEN uch ss card PAA	OME II UE, B. Hec or resp  C. Res  24a. WAS AN PERFO  1 — YES	NC. ALTINIFICATION AUTOPS'S RMEO7	MORE Treat,	Approintery Onsel	eximate ral Between Be
23. PART Enter the dises shock, or heart immediate Cause (Finel disease or condition resulting in deeth)  Sequentially list conditions if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other significant of the cause of	esses, or control to fellure. L	DUE TO  OUE TO  OUE TO  Contributing to  I partient 2  28s. DATE C (Month,	O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A	CONSEQUENCE C  CONSEQUENCE C  CONSEQUENCE C  CONSEQUENCE C  atlant 3 □ DOA  28b. Till	22, NAME HUB. 410 not enter the  ORRED  OF):  OF):  OF):  OTHER: 4   Nursing I	E AND ADDRESS OF BARD FUNITY WILKENS Mode of dying, so the following of th	In Part I.	OME II UE, B. Hec or resp  24e. WAS AN PERFO 1  YES:	NC. ALTI) Interest and Number of Num	MORE strest,	Approintery Onsel	oximate rai Betweet and Detail B
23. PART Enter the dises shock, or heart immediate cause (Finel disease or condition resulting in deeth)  Sequentially list conditions if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant of the cause of	eses, or cot t fellure. L  ss., tee  conditions  ding settgation uld not be armined	DUE TO  DUE TO  OUE TO  OUE TO  CONTRIBUTING to  CONTRIBU	O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A O (OR AS A	CONSEQUENCE C CONSEQUENCE C CONSEQUENCE C CONSEQUENCE C  CONSEQUENCE C  At not resulting	22, NAME HUB. 410 not enter the  ORREDED:  OF):	E AND ADDRESS OF BARD FUNITY WILKENS Mode of dying, so the following of th	In Part I.  Check only on 28d. DES 281. LOC City	OME II UE, B. Hec or resp  C. R.  24a. WAS AN PERFO  1 UES  CRIBE HOW  ATION (Street or Fown, State	NC. ALTINIFICTORY S  NAUTOPS' RMED? 2 NO INJURY O	MORE  Treat,  Y 24  CCURED  OF OF Aura	Approintery Onsel  Sb. WERE AUTO AMALABLE P COMPLETION OF DEATH?  1 □ YES :	eximate rai Betweet and Details and Details and Details and Details and Details and Details and Details and Details and Details and Details and Details and Details and Details and Details and Details and Details and Details



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	AL RECOR	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Melvin 03 1991 12:20 Goode 6. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year)
Jan 9, DAVE HOURS 1XXM 2 - F 32 1959 Virginia 224-78-2347 9a. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 145 Denison Street Baltimore City 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY 1 XXES 2 NO Maryland Baltimore FUNERAL 10e STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 145 North Denison Street 21229 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 11, MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE - American Indien, Black, White, etc. If yes, specify Cuben, Mexicon, Puerto Ricon, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 X Merried Specify: BY 3 Widowed 4 Divorced **Black** COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 18h KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5 +) Mt Olympus Restaurant Chef once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) F Bernice P. Goode 8 notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 145 N. Baltimore, MD 21229 Bernice P. Denison St. Davis Pe 20e METHOD OF DISPOSITION
1 Burlel 2 Cremation 3 Re
4 Donation 5 Other (Specify) DATE 20c. LOCATION - City or Town, State 20h PLACE AND DATE OF DISPOSITION (Name must 13/22 Lynchburg, Virginia Forest Hill Cemetery 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, examiner 21. SIGNATURE OF FUNERAL SHIWICE LICE 2501 Gwynns Baltimore, N Falls Parkway Marvland 21216 medical that caused the deeth. Do not enter the mode of dying, auch as cerdiac or reapiratory arreat, 23. PART I. Enter the diseases, or complications **Approximete** shock, or heert fellure. List only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Final the ANGING disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): or other traumatic event, CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST 23 shows any injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 XES 2 NO OF DEATH? YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 💢 YES 2 🗌 NO 26. PLACE OF DEATH (Check only one) Item HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 - Nursing Home 5 Residence 6 - Other (Specify) the o 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 5 Pending investigation 1 Natural 16 Unk 03 1991 1 YES 2 X NO Subject hanged self BY 2 Accident 3 Suicide
4 Homicide 28e. PLACE OF INJURY — At home, farm, street, factory, office 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 145 Denison Street . 6 Could not be determined COMPLETED Item 28 At home Baltimore Maryland 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated. (Check only one) MPORTANT: II MEDICAL EXAMINER: On the besie of exami tion end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and manner as stated. 298 SIGNATURE AND SETLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 4 03 O.C.M.E 1991 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ERE Penn Street, Baltimore Maryland 21201

32. REGISTRAR'S SIGNATURE

Lulia Davidson

Bandall

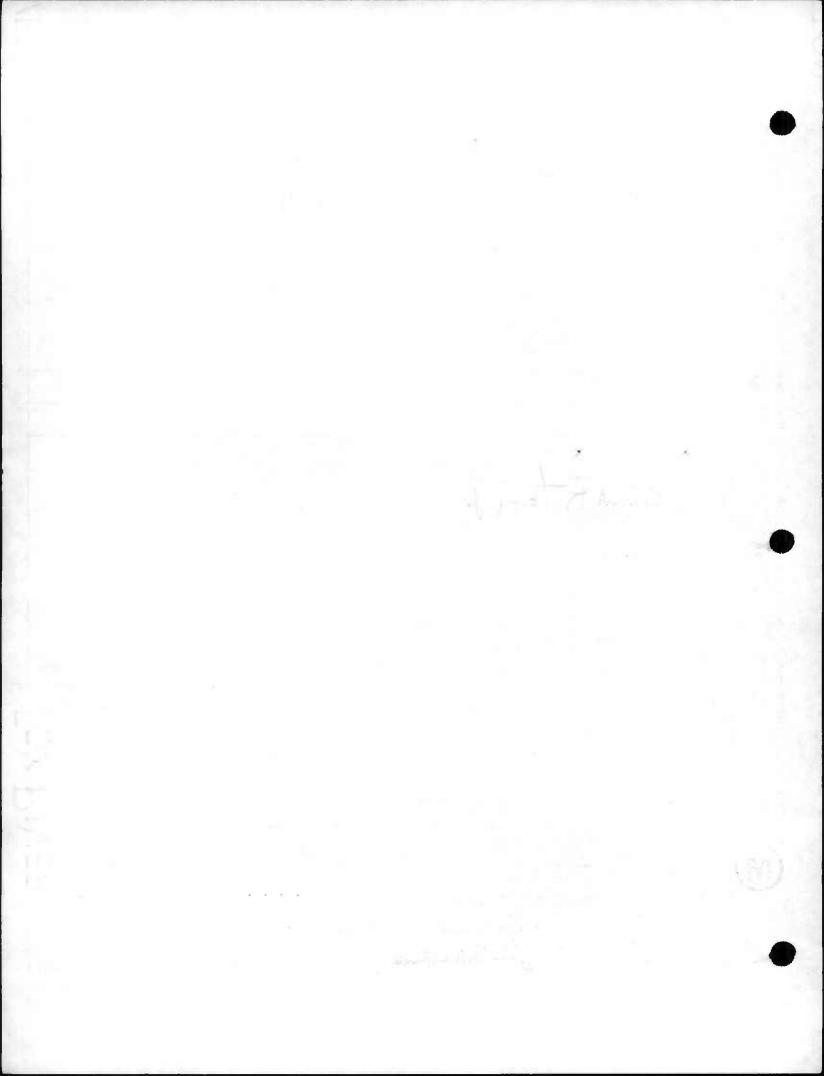
31. DATE FILED (Month, Day, MAR 20

State certificate

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DIRECTOR: /



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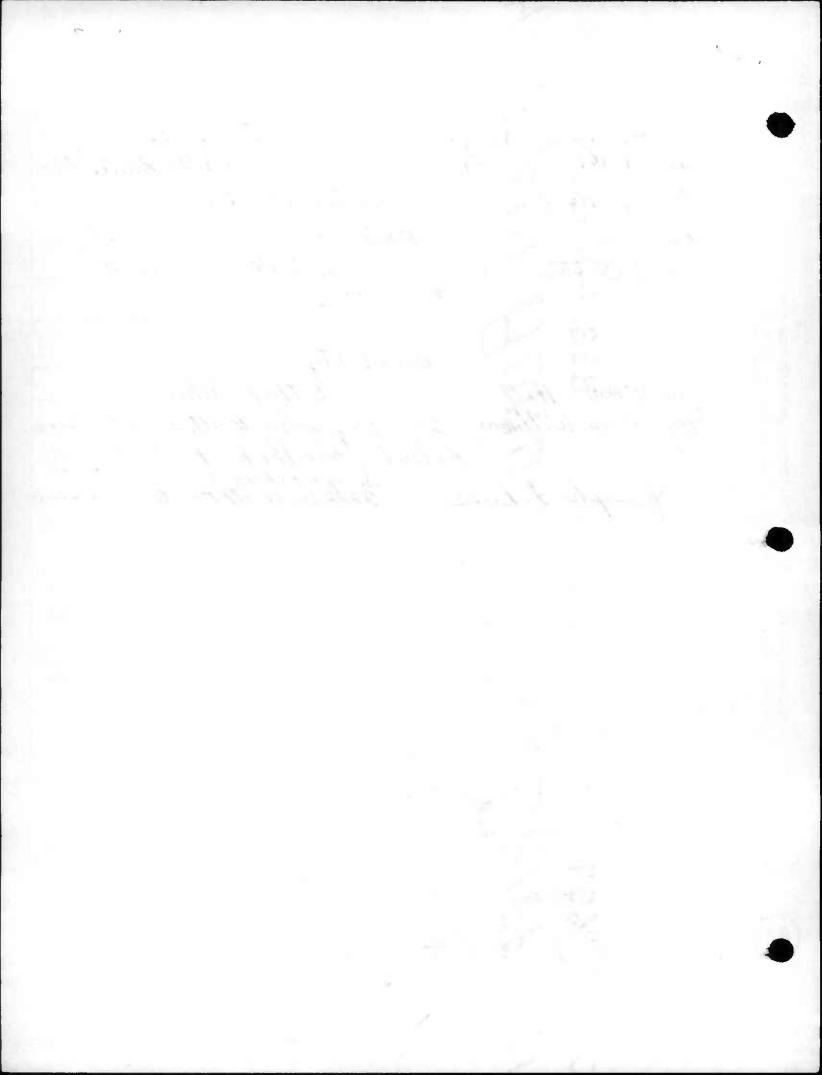
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a not of the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be alleged within 20 hours after death with the State David of Health and Mental Hydrida prior to burlat, community.	marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Is	TO THE FUNERAL DIRECTOR: After this certificate has	IMPORTANT: If Item 28 is marked, or Item 2

07329 91 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPART	MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.	91 07329
	1. DECEDENT'S NAME (First, Middle, Last)	n 4211		2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH
	216 01-1891	TEM 2 LF 3 / YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, 347) 40	a. BIRTHPLACE (State of Foreign Sountry) BAITO, Md
TOR	PERIODENCE OF DECEDENT	reet and number)	BAIT MOY	e City 80.00	OUNTY OF DEATH
DIRECTOR	MANU AM	10c, CITY	Allimore	9	10d. INSIDE CITY LIMITS? 1 PES 2 NO
BY FUNERAL	22/7 difts	n) avenue	212	16	TIZEN OF WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☐ HO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 12 110 Spec		14. RACE — American Indian, Black, White, etc. Specify:
COMPLETED	15, DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	Coffege (1-4 or 5+)  (Give kind of willing Do NOT uses	11.7	16b. KIND OF BUSINESS/I	NOUSTRY
	17. FATHER'S NAME (First, Middle, Last)	U: //	14-1/1-1	AME (First, Middle, Maiden Syrname	
TO BE	19a. INFORMANT'S NAME (Type/Print)  M. C.S. E. I.A. III	11/1/18ms 22/	ADDRESS (Street and Number or Run		2000 (md.21216
	20a. M57f0D OF DISPOSITION 1	ovel from State ARB U	TUS Mem of Memotory, cromatory of	PRK BAI	To, Co, Md
	21. SIGNAYURE OF FUNERAL SERVICE LIN	L. Perso	22, NAME AND ADDRESS OF F	Vorth Ave.	BALD And 21216
	shock, or heart failure.	complications that caused the death. Do no List only one cause on each line.	ot enter the mode of dying, au	ch as cardiac or respiratory	arrest, Approximate interval Between Onset and Death
	immediate cause (Final disease or condition resulting in death)	B. Gastomtestinal Due to (or as a consequence of	Blood		Onst and breat
NOIT	Sequentially list conditions, if any, leading to immediate	b DUE TO (OR AS A CONSEQUENCE OF	):		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF	):		
SAL CE		ne contributing to death but not resulting in	n the underlying cause given i	Part I. 24a. WAS AN AUTOPS PERFORMED?	MARABLE PRIOR TO
PHYSICIAN: MEDI		Snydrame		1	OF DEATH?  1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH (C	Check only one)	
IXSI	1 YES 2 NO 27. MANUER OF DEATH	1 npatient 2 ER/Outpatient 3 DOA	4 Nursing Home 5 Residence	6 Other (Specify) 28d. DESCRIBE HOW INJURY	OVVI(BED
BY PI	1√2 Natural 5 ☐ Pending	28a. DATE OF INJURY (Month, Day, Year) 28b, TIME INJU	M 1 YES 2 NO	200. DESCRIBE NOW WOOM	JOGGNES
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, term, sibuliding, etc. (Specify)	treet, factory, office	281. LOCATION (Street and Num City or Town, State)	ber or Rural Route Number,
COMPLETED	contain only	ICIAN: To the best of my knowledge, death occurre ER: On the basis of examination and/or investigation			Name and Address of the Party o
BE	296. SIGNATURE AND TITLE OF CERTIFIE	an, rebrold	29c. LICENSE N		SATE SIGNED (Month, Day, Year)
0	333 St. Paul	low, Suite 2A ba	DA )	rd 271/210 21217	
	MAR 2 0 1991	32. REGISTRAR'S SIGNATURE	,		





DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND	DEPARTMENT (	OF HEALTH AN	D MENTAL	HYGIEN
C	FRTIFICATE	OF DEATH		DEG NO

	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPART	MENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	07330						
	1. DECEDENT'S NAME (First, Middle, Last,	Hoard		2. DATE OF DEATH MONTH  3 - 17 - 91	3. TIME OF DEATH						
	4. SOCIAL SECURITY NUMBER 219-07-3671	1 M 2 MAP 8 Y YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. HOURS MIN.	MARCH 24, 1906	SHITHPLACE (State or Foreign						
TOR	98. FACILITY NAME (If not institution, give 28/5 / PC 455) PRESIDENCE OF DECEDENT	TMAN ST	BAltimore	City Sc. COUNTY	OF DEATH						
- DIRECTOR	MARY AM 106. COUN	TY 10c. CITY,	Allimore	<i>V</i>	10d. INSIDE CITY LIMITS? 1 YES 2 NO						
FUNERAL	28/5 PRESS		101. ZIP CODE 2/2/	6 4.	of what country?						
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES	13. WAS DECEMBENT OF HISPAI If yes, specify Cuben, Mexica 1 YES 2 10 Specifi	n, Puarto Rican, atc.)	RACE — American Indian, Black, White, atc.						
COMPLETED	15, DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		SUAL OCCUPATION ork done during most of working retired.)	16b. KIND OF BUSINESS/INDUST	RY						
BE COM	17. FATHER'S NAME (First, Middle, Last)	ARdu	16. MOTHER'S NA	ME (First, Middle Meiden Surname)	9)						
10 8	Mr. + Mrs. Le	eou HOARD 412	W. Rogers	AUC, BAllimer	e, m, 2125						
	20e. METHOD OF DISPOSITION  1  Buriel 2  Cremellon 3  Re 4  Donallon 5  Other (Specify)	moval from State of egnetary, crematory	or other place)  The National Appress of Face of the Plac	3/15 / 20c. LOCATION - City	or Jown, State						
	Joseph	J. Russ	Joseph Like	Th Ave. BALL	to. Md. 21216						
	23. PANT I. Enter the diseases, or shock, or heart fellure IMMEDIATE CAUSE (Finel	r complications that caused the deeth. Do not be be complications that cause on each line.			Approximate interval Between Onset and Death						
	immEDIATE CAUSE (Finel disease or condition resulting in deeth)  a. Due to (oA as a consequence oF):  Onset and Deeth  Onset and Deeth										
ATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST  d.										
A	PART II. Other significant condition	one contributing to deeth but not resulting in	n the underlying cause given in	PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE						
PHYSICIAN: MEDIC				1 U YES 2 NO	OF DEATH?  1  YES 2 NO						
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outpatient 3   DOA	26. PLACE OF DEATH (C								
ву рнуз	27. MANNER OF DEATH 15. Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year) 29b. TIME	OF 28c. INJURY AT	6 ☐ Other (Specify)  28d. DE\$CRIBE HOW INJURY OCCUR	ED						
	1 Accident investigation 3 Suicide 8 Could not b 4 Homicide detarmined	26a PLACE OF INJURY - At home form a	treet, factory, offica	281. LOCATION (Street and Number or I City or Town, State)	Ruret Route Number,						
COMPLETED	cool sim	SICIAN: To the best of my knowledge, death occurre NER: On the basis of examination and/or investigation			suse(s) and manner as stated.						
TO BE (	29b. SIGNATURE AND TITLE OF CERTIF	earney MD		MBER 29d. DATE SI ▶ 3	GNED (Marith, Day, Year)						
-	30. NAME AND ADDRESS OF PERSON I	NHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo,	rant)		, ,						
	31. DATE FILED (Month, Day, Year)  MAR 2 0 1001	32. REGISTRAR'S SIGNATURE									



Britage Life To secret the part of the secret the second of the second Escape L. Kinsa

TO BE COMPLETED BY FUNERAL DIRECTOR

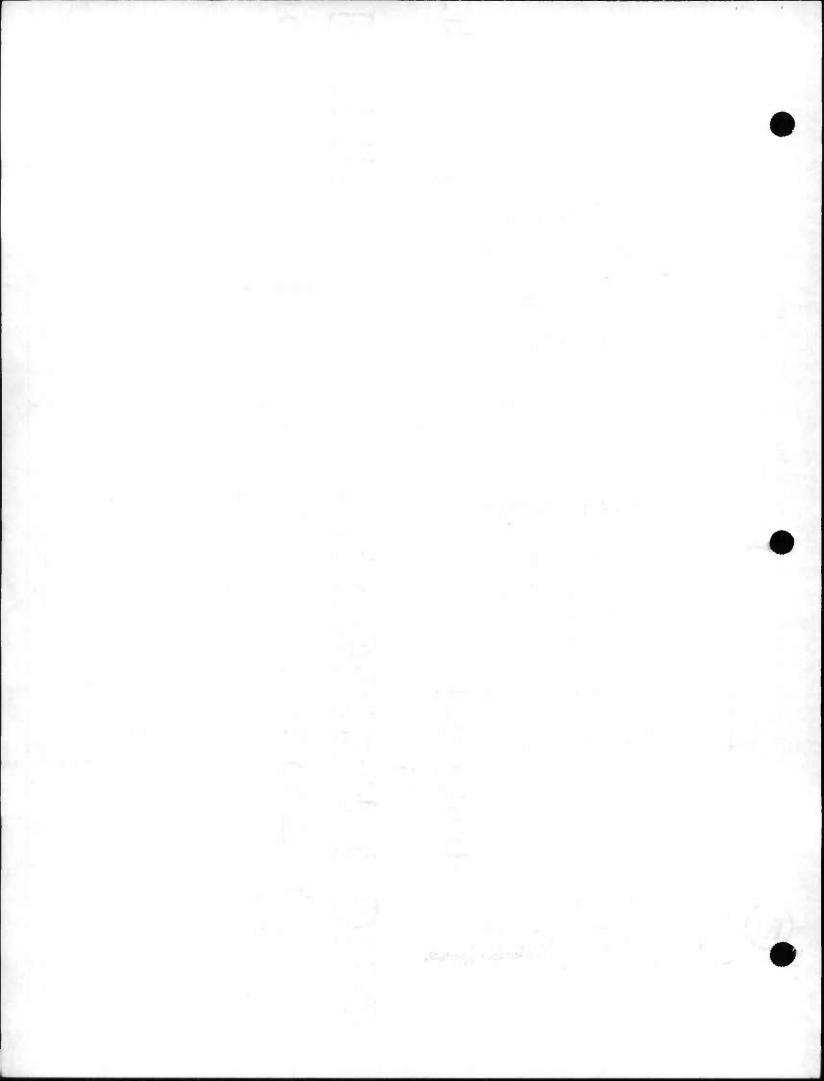
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

			ATE OF DEATH	MENTAL HYGIENE REG. NO					
JERRY V	N ISSAC			2. DATE OF DEATH MONTH 03-16-91	year 3. TIME OF DEATH				
4. SOCIAL SECURITY NUMBER 212-48-8157	1 √ × 2 □ F 4	2 YRS. MON	UNDER 1 YEAR IF UNDER 24 HRS ITHS DAYS HOURS MIN.	(Month, Day, Year) 05-10-48	BIRTHPLACE (State or Foreign Country)				
2839 W. RESIDENCE OF DECEDER	NORTH AVE.		BALTIMORE,	MD 9c. CO	PUNTY OF DEATH				
MD	COUNTY		IMORE, CI		10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
2839 W. NO	ORTH AVE.		10f. ZIP CODE 2.	21216 109. CITIZEN OF WHAT COUNTRY?					
11. MARITAL STATUS  X Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuban, Mer 1 YES 2 NO Spe		14. RACE — American Indian, Black, Whita, stc. Specify: BLACK				
15. DECEDENT (Specify only highes Elementary/Secondary (0-12)	'S EDUCATION at grade completed)  College (1-4 or 5+)	NDUSTRY							
17. FATHER'S NAME (First, Middle, LI	ISSAC		NAME (First, Middle, Maiden Surname RIS SENIOR	)					
19a. INFORMANT'S NAME (Type/Print DORIS ISS		196. MAILING ADI	rail Route Number, City or Town, State, E./BALTIMORE						
20s; METHOD OF DISPOSITION 1	Ramoval from Stata	D. PLACE AND DATE OF CERNELATY CREMATORY OF LING MEMO	PARK PARK	RANDAL	City or Town, State  LSTOWN, MD.				
21. SIGNATURE OF FUNERAL SERV	Ware-		WM.C. MAR		E. NORTH AVE				
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Approximate interval Betwee Onset and Deat Onset and Deat Onset and Deat Onset and Deat Oute To (or as a consequence of):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury but lettled exercise).  DUE TO (OR AS A CONSEQUENCE OF):									
cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF J.							
cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant con	d. DUE TO (OR AS A d	ut not regulting in t	he underlying cause given	In Part I. 24a. WAS AN AUTOPS PERFORMED?  1  YES 2 NO	AVAILABLE PRIOR TO				
cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d	nut not resulting in the	he underlying cause given  26. PLACE OF DEATH  THER:  Residen	PERFORMED? 1 YES 2 NO  (Check only one)	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant con Previous Captain  25. WAS CASE REFERRED TO MED EXAMINER?	d	Detient 3 DOA 4 DOA INJURY	26. PLACE OF DEATH THER: Nursing Home 5 Residen F 26c. INJUSY AT WORK? M 1 YES 2 NO	(Check only one)  (Check only one)  (Check only one)  28d. DESCRIBE HOW INJURY (	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
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cause, Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant cou  Preum Crysto  25. WAS CASE REFERRED TO MEDI EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 8 Pendin 2 Accident 3 Suicide 6 Could detarm  29a. CERTIFIER (Check only one) 2 MEDICAL E	d.  Inditions contributing to death by Carril PweVY  ICAL HOSPITAL:  1   Inpetient 2   ER/Outp  Inditions   28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, atc. (Specially Specially S	patient 3 DOA 4 DOA 1 DO	26. PLACE OF DEATH THER: Nursing Home 5   Residen F 28c. INJURY AT WORK? M 1 YES 2 NO et, fectory, office	(Check only one)  (Check only one)  (Check only one)  28d, DESCRIBE HOW INJURY ( 28d, DESCRIBE HOW INJURY ( 28d, LOCATION (Street and Num City or Town, State)  due to the cause(a) and manner as	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  DOCCURED  Decrease Route Number,				
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THE AREA OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after beam. Page 6 has be retained by the resulted that the control of the resulted by the resulted b	THE THE CONFICTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained by the funeral director, page 5 should be detained by the funeral director, page 5 should be detained by the funeral director, page 5 should be detained by the funeral director, page 5 should be detained by the funeral director, page 5 should be detained by the funeral director and the funeral director, page 5 should be detained by the funeral director, page 5 should be detained by the funeral director, page 5 should be detained by the funeral director and	INPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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	REGISTRAR	CERTIFIC	ATE O	F DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE C	OF DEATH		3. TIME OF DEATH	
1	Jerry James Rupert	Jefferson			03	1.7	1991	2.55	
H			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O			1 2:55 A HPLACE (State or Foreign	
		400	THS DAY		(Month,	Day, Year)	Coun	(ry)	
		)4			July		56 Geo		
- 1	9a. FACILITY NAME (If not institution, give street and number)	9b	CITY, TOW	N OR LOCATION OF DE	EATH	9c.	COUNTY OF	DEATH	
DINECTOR	Shock Trauma Center		Balti	more City					
5	RESIDENCE OF DECEDENT		DULCI	more orey					
	10a. STATE 10b. COUNTY	10c. CITY, TO	OWN OR LO	CATION				10d. INSIDE CITY LIMITS?	
5	Maryland	Balti	more					1 YES 2 NO	
	10e. STREET AND NUMBER	IDUICI	HOLC	10f. ZIP CODE		104	. CITIZEN DF	WHAT COUNTRY?	
	/F00 011 T 1 1 1 D1 4			01.000					
	4509 Old Frederick Rd Apt.			21229			USA		
LONEDAL	11. MARITAL STATUS  1 Never Married 2 Married 12. WAS DECEDENT EVER FDRCES? 1 YE	R IN U.S. ARMED		ECENDENT OF HISPAN specify Cuban, Maxica			lo 14. RAC Blac	E — American Indian, ck, White, etc.	
5	3 Wildowed 4 Divorced IF YES, GIVE WAR DR	DATES		ES 2 NO Specify			Spe	Black	
							- 1	DAICK	
3	15. OECEOENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USU			16b.	KIND OF BUSINES	SS/INDUSTRY		
COMPLE	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use re	tired.)						
	2 Yrs				Co	ntinent	al Air	lines	
5	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA					
	John Q. Jefferson, Jr.			Tvorv	Glori	a Willi	ams		
4	19a. INFORMANT'S NAME (Type/Print)		DOCCO (Own	et and Number or Rural				-	
2	Ivory G. Jefferson							01000	
				derick Rd	• Apt				
	29e. METHOD OF DISPOSITION 2 Burlel 2 Cremation 3 Removal from State	20b. PLACE AND OATE DE	DISPOSITI	DN (Name	OATE	20c. LOCATH	ON — City or 1	own, State	
	4 Donation 5 Other (Specify)	King Memori	al Pa	ırk	i	Randa	allsto	vn, MD	
i	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME	AND ADDRESS OF FA	ÇILITY	7 17	-		
	Man / leda L	M		shall W					
	23. PART I. Enter the diseeses, or complications that your	46						, MD 212229	
ALIFICALION .	disease or condition resulting in death)  Sequentially list conditions, If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (DR AS A CONSEQUENCE OF):  DUE TO (DR AS A CONSEQUENCE OF):								
	d								
١	PART ii. Other significent conditions contributing to death	h but not resulting in t	he underly	ring ceuse given in	Part I.	24e. WAS AN AUT		b. WERE AUTOPSY FINDINGS	
5						PERFORMED		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
3					_	1 YES 2 [	NO	OF DEATH?	
					- 1			1 VES 2 NO	
								A 75-	
This ician.	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	1.5	26 THER:	PLACE DF DEATH (C)	neck only one	)			
2	1 X YES 2 □ NO 1X Inpatient 2 □ ER/C			iome 5 🗆 Residence	6 🗆 Other	(Specify)			
	27. MANNER OF DEATH 28s. DATE DF INJUS (Month, Day, Yes			INJURY AT WORK?	26d. DE\$	CRIBE HOW INJUI	RY OCCUREO		
	1 Natural 5 Pending 03 17	1991 1:00	44	YES 2 NO	Sub	ject Sta	abbed		
	3 Sulfida 28e. PLACE DF INJU	JRY — At home, farm, stre-	et, factory, o	ffice				Route Number,	
3	4 Promicide  6 Could not be building, etc. (8 Dwelling	Specify)						Montford Av	
	200 CERTIFIER					altimore		viand	
	(Check only								
COMPLEIED	one) 2 MEDICAL EXAMINER: On the basis of examina	ation and/or investigation, i	n my opinio	n, death occured at the	time, data	and place, and du	a to the cause	(s) and manner as stated.	
- 11	2916 SIGNATURE AND TITLE OF CENTIFIER			29c. LICENSE NU	MBER	29	d. DATE SIGNE	D (Month, Day, Year)	
4	Mounte (me Un le	W(1)							
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH STEEL OF CO.	- di	O.C.M.	E	′	03	17 1991	
	MARGARIA N. KORET		Penr	Street.	Balt	imore. N	farvla	nd 21201	
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S S	TOTAL OTTE							
	20 1991 Julia Davidson	~ gandelle							
	MAR 2 0 1831 0	1						DHMH-16 Bey 1	

Bere adam Jone

Pages 1, 2, 3 should

DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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After t death

FUNERAL DIRECTOR; J within 72 hours after of

TO THE HOSPITAL

TO THE FUNERAL

De filed within 72 h

IMPORTANT: If i

FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First Middle Last 2. DATE OF DEATH 3. TIME OF DEATH 0.5 1 991 (MABELINE) MABLE JOLLY 03 5:12 A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign fonth, Day (bar) 1 M 2 X F 33 YRS. 1958 286-56-1330 Ohio Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MERCY MEDICAL CENTER BALTIMORE CITY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Ohio Cleveland 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 101, ZIP CODE 44104 5707 Grand Avenue USA 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuban, Maxican, Puerto Rican, etc.)
1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE - American Indian, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married Spor BLACK BY 3 Widowed 4 Divorced 日 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during life. Do NOT use retired.) COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) Unemployed 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Mason .Iolly

19e, INFORMANT'S NAME (Type/Print) BE Leanna Murry 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Emma Jolly 5707 Grand Avenue, Cleveland, Ohio 44104 20c. LOCATION — City or Town, State 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name DATE 1 Donation 5 Other (Specify) Evergreen Memorial Park Bedford, Ohio Varshall W. Jones, Jr Funeral Home PA 21. SIGNATURE OF JUNERAL SERVICE LICENSEE Morion 4101 Edmondson Avenue, Baltimore, MD 21229 23. PART I. Enter the diseases, or complications that outsed the death. Do not enter the mode of dying, such as cerdiac or respiretory arrest, shock, or heart fellure. List only one cause on each line. **Approximate** Interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition\_ UNDETERMINED resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 244. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) XX YES 2 NO \*Xinpatient 2 □ ER/Outpatient 3 □ DOA 27. MANNER OF DEATH 28b. TIME OF INJURY UNKNOWN 28s. DATE OF INJURY 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED UNKNOWN (bar) 1 Natural UNKNOWN 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 🔀 Could not be 4 Homicide MERCY HOSPI BALTIMORE 29a, CERTIFIER 1 \_\_\_CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. on and/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(s) and manner as stated. 296\_SHOWATURE AND 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE ant OCME 05 1991 2 SS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) FRHOX 111 PENN STREET BALTIMORE, MARYLAND 21201

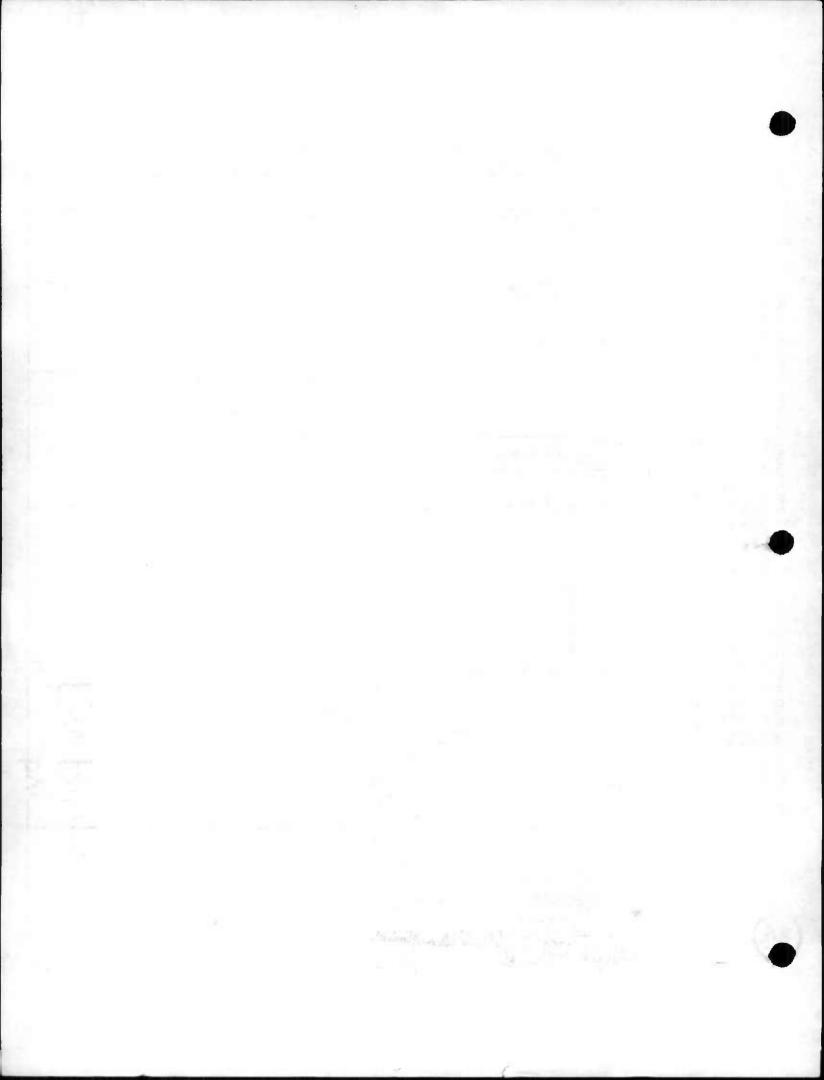
32. REGISTRAR'S AGNATURE A CONCLETE

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



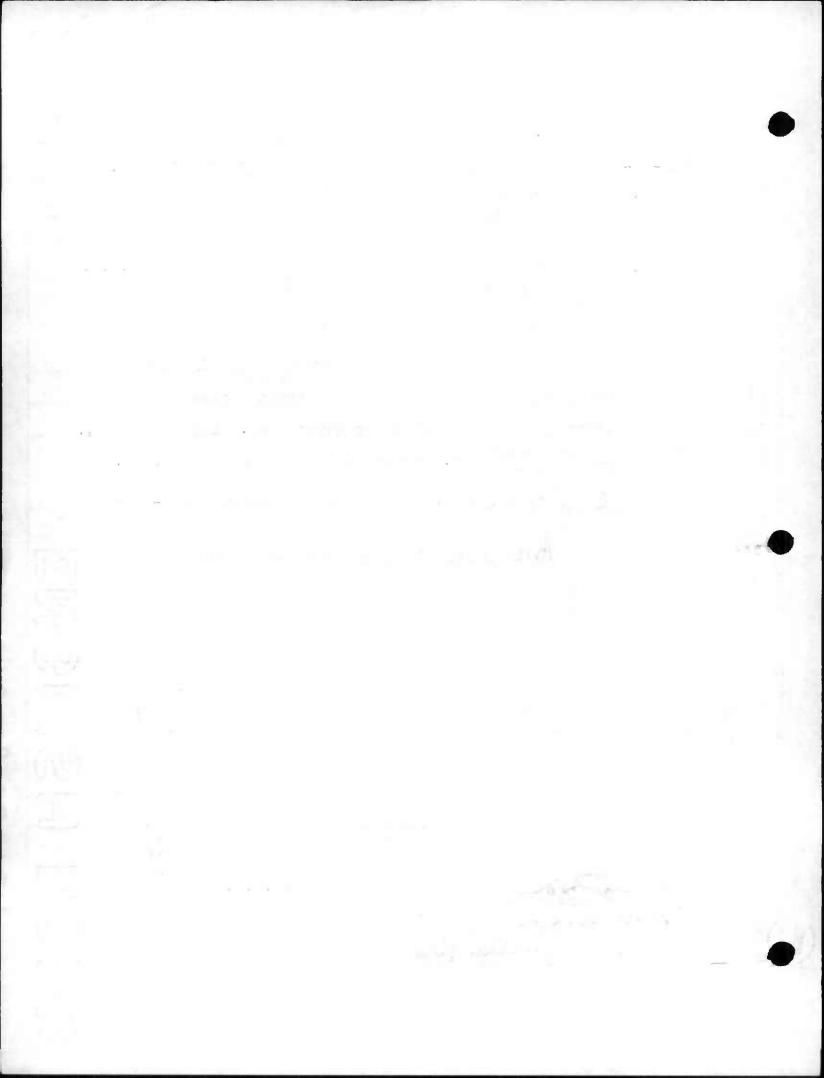


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DEPOTENT NAME (PINA AND LAND)  SOUTH STATES THAT IS A MAY 17 FOR A MAY 18 FOR A MAY		1 - STATE REGISTRAR	OMIL OF	MARYLAND / DI CER	TIF	ICATE	OF	DEAT	H		EG. NO.			
A SOCIAL SECURITY MARKER  1 SET 2 1	B					Ionk	in			2. DATE OF D	EATH DAY		YEAR	3. TIME OF DEATH
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PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   248. Was An Autropy Penerometor   1   YES 2   YHO   250. WERE AUTOPS TRINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH   1   YES 2   YHO   250. WAS CASE REFERRED TO MEDICAL   EXAMINER?   1   Inpatiant 2   ER/Outpetient 3   DOA   4   Nursing Home 5   Residence 6   Other (Specify)   250. INJURY AT   1   YES 2   NO   250. INJURY AT   260.	н	reauting in death)	DUE TO	O (OR AS A CONSEQUE	ENCE O	F):		word		2 10 2		, <u>C</u> s		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   248. Was An Autropy Penerometor   1   YES 2   YHO   250. WERE AUTOPS TRINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH   1   YES 2   YHO   250. WAS CASE REFERRED TO MEDICAL   EXAMINER?   1   Inpatiant 2   ER/Outpetient 3   DOA   4   Nursing Home 5   Residence 6   Other (Specify)   250. INJURY AT   1   YES 2   NO   250. INJURY AT   260.	ON													
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24. WAS AN AUTOPSY PERFORMED?  1 YES 2 WAS CASE REFERRED TO MEDICAL EXAMINER?  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   Inpatiant 2   ER/Outpetient 3   DOA   4   Nursing Home 5   Residence 6   Other (Specify)  27. MANNER OF DEATH   Nursing Home 5   Residence 6   Other (Specify)  28. DATE OF BAUTHY   1   YES 2   NO  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF NULLY (Morth, Dey, Neer)  29. CENTIFIER (Check only one)  29. CENTIFIER (Check only one)  29. CENTIFIER (Check only one)  29. CENTIFIER (Check only one)  29. CENTIFIER (Check only one)  29. CENTIFIER (Check only one)  29. CENTIFIER (Check only one)  29. DEATH (The unit of the Death of Examiner)  29. CENTIFIER (Check only one)  29. CENTIFIER (Check only one)  29. CENTIFIER (Check only one)  29. CENTIFIER (Check only one)  29. CENTIFIER (Check only one)  29. CENTIFIER (Check only one)  29. CENTIFIER (Check only one)  29. CENTIFIER (Check only one)  29. CENTIFIER (Check only one)  29. CENTIFIER (Check only one)  29. CENTIFIER (Check only one)  29. CENTIFIER (Check only one)  29. CENTIFIER (Check only one)  29. CENTIFIER (Check only one)  29. CENTIFIER (Check only one)  29. CENTIFIER (Check only one)  29. CENTIFIER (Check only one)  29. CENTIFIER (Check only one)  29. CENTIFIER (Check only one)  29. CENTIFIER (Check one)  29. CENTIFIER (Check one)  29	CAT	if any, leading to immediate cause. Enter UNDERLYING												
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   248. Was An Autropy Penerometor   1   YES 2   YHO   250. WERE AUTOPS TRINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH   1   YES 2   YHO   250. WAS CASE REFERRED TO MEDICAL   EXAMINER?   1   Inpatiant 2   ER/Outpetient 3   DOA   4   Nursing Home 5   Residence 6   Other (Specify)   250. INJURY AT   1   YES 2   NO   250. INJURY AT   260.	Ě	that initiated events DUE TO (OR AS A CONSEQUENCE OF):												
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   248. Was An Autropy Penerometor   1   YES 2   YHO   250. WERE AUTOPS TRINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH   1   YES 2   YHO   250. WAS CASE REFERRED TO MEDICAL   EXAMINER?   1   Inpatiant 2   ER/Outpetient 3   DOA   4   Nursing Home 5   Residence 6   Other (Specify)   250. INJURY AT   1   YES 2   NO   250. INJURY AT   260.	ER	resulting in death) LAST												
3   Suicide 6   Could not be detarmined   296. PLACE OF INJURY — At home, larm, street, factory, office   296. LOCATION (Street and Number or Flural Route Number, City or Yourn, State)   296. CERTIFIER (Check only one)   2   MEDICAL EXAMINER: On the best of my knowledge, death occurred at the lime, data and place, and due to the cause(a) and menner as stated.   296. SIBNATURE AND TITLE OF CERTIFIER   296. DATE SIGNED (Month, Day, Veer)   30. AAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)   31. DATE FILED (Month, Day, Veer)   32. REGISTRAR'S SIGNATURE		PART ii. Other significant condition	ons contributing t	o death but not res	uiting	in the u	ndariyin	g cause g	iven in	Part I. 24				
3   Suicide 6   Could not be detarmined   296. PLACE OF INJURY — At home, larm, street, factory, office   296. LOCATION (Street and Number or Flural Route Number, City or Yourn, State)   296. CERTIFIER (Check only one)   2   MEDICAL EXAMINER: On the best of my knowledge, death occurred at the lime, data and place, and due to the cause(a) and menner as stated.   296. SIBNATURE AND TITLE OF CERTIFIER   296. DATE SIGNED (Month, Day, Veer)   30. AAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)   31. DATE FILED (Month, Day, Veer)   32. REGISTRAR'S SIGNATURE	DIC									1[				COMPLETION OF CAUSE
3   Suicide 6   Could not be detarmined   296. PLACE OF INJURY — At home, larm, street, factory, office   296. LOCATION (Street and Number or Flural Route Number, City or Yourn, State)   296. CERTIFIER (Check only one)   2   MEDICAL EXAMINER: On the best of my knowledge, death occurred at the lime, data and place, and due to the cause(a) and menner as stated.   296. SIBNATURE AND TITLE OF CERTIFIER   296. DATE SIGNED (Month, Day, Veer)   30. AAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)   31. DATE FILED (Month, Day, Veer)   32. REGISTRAR'S SIGNATURE	ME										,		1	1 - YES 2 - NO
3   Suicide 6   Could not be detarmined   296. PLACE OF INJURY — At home, larm, street, factory, office   296. LOCATION (Street and Number or Flural Route Number, City or Yourn, State)   296. CERTIFIER (Check only one)   2   MEDICAL EXAMINER: On the best of my knowledge, death occurred at the lime, data and place, and due to the cause(a) and menner as stated.   296. SIBNATURE AND TITLE OF CERTIFIER   296. DATE SIGNED (Month, Day, Veer)   30. AAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)   31. DATE FILED (Month, Day, Veer)   32. REGISTRAR'S SIGNATURE	N.	OF WHE CHES DESERBED TO MEDICAL											1	
3   Suicide 6   Could not be detarmined   296. PLACE OF INJURY — At home, larm, street, factory, office   296. LOCATION (Street and Number or Flural Route Number, City or Yourn, State)   296. CERTIFIER (Check only one)   2   MEDICAL EXAMINER: On the best of my knowledge, death occurred at the lime, data and place, and due to the cause(a) and menner as stated.   296. SIBNATURE AND TITLE OF CERTIFIER   296. DATE SIGNED (Month, Day, Veer)   30. AAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)   31. DATE FILED (Month, Day, Veer)   32. REGISTRAR'S SIGNATURE	SICL	EXAMINER?		□ EB/Outpetlant 2 □	DOA		R:	111						
3   Suicide 6   Could not be detarmined   296. PLACE OF INJURY — At home, larm, street, factory, office   296. LOCATION (Street and Number or Flural Route Number, City or Yourn, State)   296. CERTIFIER (Check only one)   2   MEDICAL EXAMINER: On the best of my knowledge, death occurred at the lime, data and place, and due to the cause(a) and menner as stated.   296. SIBNATURE AND TITLE OF CERTIFIER   296. DATE SIGNED (Month, Day, Veer)   30. AAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)   31. DATE FILED (Month, Day, Veer)   32. REGISTRAR'S SIGNATURE	HYS		26a. DATE C	F INJURY	26b. TIR	ME OF	28c. IN.	URY AT	siderice			JURY OCC	URED	- (177)
3   Suicide 6   Could not be detarmined   296. PLACE OF INJURY — At home, larm, street, factory, office   296. LOCATION (Street and Number or Flural Route Number, City or Yourn, State)   296. CERTIFIER (Check only one)   2   MEDICAL EXAMINER: On the best of my knowledge, death occurred at the lime, data and place, and due to the cause(a) and menner as stated.   296. SIBNATURE AND TITLE OF CERTIFIER   296. DATE SIGNED (Month, Day, Veer)   30. AAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)   31. DATE FILED (Month, Day, Veer)   32. REGISTRAR'S SIGNATURE	YP	The second secon		Day, Year)	IN				NO.					
296. LICENSE NUMBER  296. LICENSE NUMBER  0. C. M. E.  3-19-1991  30. AMMF AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  111 Penn Street Baltimore, Maryland 21201  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE		3 Suicide 6 Could not b	28e. PLACE		, lerm,	street, fac	tory, offic					d Number	or Aural A	oute Number,
296. LICENSE NUMBER  296. LICENSE NUMBER  0. C. M. E.  3-19-1991  30. AMMF AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  111 Penn Street Baltimore, Maryland 21201  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE	ETE	4 Homicide determined												
296. LICENSE NUMBER  296. LICENSE NUMBER  0. C. M. E.  3-19-1991  30. AMMF AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  111 Penn Street Baltimore, Maryland 21201  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE	OMPLI	(Check only												and manner as stated.
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  111 Penn Street Baltimore, Maryland 21201  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE		29b. SIGNATURE AND TITLE OF CERTIF	IER								T			
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE		Munday	2					0	.C.	M.E.		•	3-1	9-1991
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	F	A 0					Str	eet	Bal	timor	e,Ma	ary1	and	21201
WAR 2 1 1331 JANG WANDAMAN AND AND										1 57				



urs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

Intercept After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should have been with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF M	ARYLAND /	DEPART	MENT	OF H	EALTH	AND I	MENTAL	HYGIENE REG. NO.		0,000
1. DECEDENT'S NAME (First, Middle, Last) Frank Conrad Kr	aft							2. DATE	OF DEATH DAY	91 YEAF	3. TIME OF DEATH 4:30 AMM
4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. las	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.		OF BIRTH	a. Bif	TTHPLACE (State or Foreign
216-10-7388	1X M 2 - F	88	YRS.	MONTHS	DAYS	NOURS	MIN.	(Month	28-02	M	aryland
9a. FACILITY NAME (If not institution, give s 12431 Belair Rd						R LOCATI		EATH		Balt	imore
RESIDENCE OF DECEDENT											
10e. STATE 10b. COUNTY			10c. CITY,	, TOWN (	OR LOCAT	ION					10d. INSIDE CITY LIMITS?
Maryland Bal	timore		<u> </u>	J		svil					1 ☐ YES 2 ☐ NO
12431 Belair Re	đ.				101	ZIP COD	210	07			F WNAT COUNTRY?
11. MARITAL STATUS				Lan						US	
1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2   I	NO 1		It yes, sp		n, Mexica	n, Puerto I	i? (Specify Yes o Rican, etc.)		ACE — American Indien, lack, White, etc. pecify: White
15. DECEDENT'S EOU (Specify only highest grade	completed)	(G	ECEDENT'S L	ork done			ng	18b.	KIND OF BUSIN	IESS/INDUSTR	Y
Elamentary/Secondery (0-12)	College (1-4 or 5+	)		,	70	T Cons			T le	T	1-
8th grade			Lumb	er.	laru	7		ME (First )	Lium D Middle, Melden St	er Jac	K.
Conrad Kraft									elia Do	,	
19a. INFORMANT'S NAME (Type/Print)		40	b. MAII INC	ADDRES	S (Stroat =				ber, City or Town,		
Mary Lou Dietz		"							n, Md.		
20e. METHOD OF DISPOSITION		20h BLACE	OF DISPOSI					1000		TION — City of	Your State
1 X Buriel 2 Cremetion 3 Rem 4 Donation 6 Other (Specify)	oval from State	other p	manue	l L	ıthe:	ran	Ceme		Bal		, Maryland
21. SIGNATURE OF FUNERAL SERVICE LIN		5,		22	NAME A	ADDRE	SS OF FA	ciuty ral H	Ome		
* Laureto 3	Lune	e Hom	8						Balto.,	Md.	21236
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Oi	ION AS A CONSE	QUENCE OF	):	21	7 1	2)	/	Y C		15 7 11.
PART II. Other significant condition	d	death but not	resulting l	n the u	nderlyln	g ceuse	given in	Part I.	24a. WAS AN A PERFORM 1 YES 2	E0?	24b. WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL						LACE OF	DEATH (C)	neck only or	ne)		
EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE		ne 6 🗆 R	lesidence	6 🗆 Othe	or (Specify)		
27. MANNER OF OEATH	28e. DATE OF (Month, D		28b. TIMI	E OF	26c. IN.	JURY AT			SCRIBE NOW IN.	JURY OCCURE	0
1 Natural 5 Pending 2 Accident Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ay, roary		M		YES 2	□ NO				
3 Suicide 6 Could not be determined	28e. PLACE O building,	F INJURY — At h atc. (Specify)	ome, farm, a	treet, to	tory, offic			28t. LOC City	ATION (Street en or Town, State)	d Number or Ru	ral Route Number,
one)	ICIAN: To the best of ER: On the besie of e										se(e) end menner ee stated,
	1 - 40, -7, 40, 54, 5			,,							Control of the contro
296. SIGNATURE AND TITLE OF CERTIFIE	n /		LA	a 1/	2	29c. LIC	ENSE NU	MBER		Z9d. DATE SIG	NED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WI	O COMPI TO	SE OF REAL ST	/I	01/1		1/	11.	56		7	10/1
WILLS OF PERSON WI	O COMPLIFIED OF	SE OF DEATN (IT)		Print)	15	8	41-	512	1/2	2108	7 md.
31. DATE FILED (Month, Day, Year)	Sure David	AR'S SIGNATURE	M.								

Mary mandaly the United

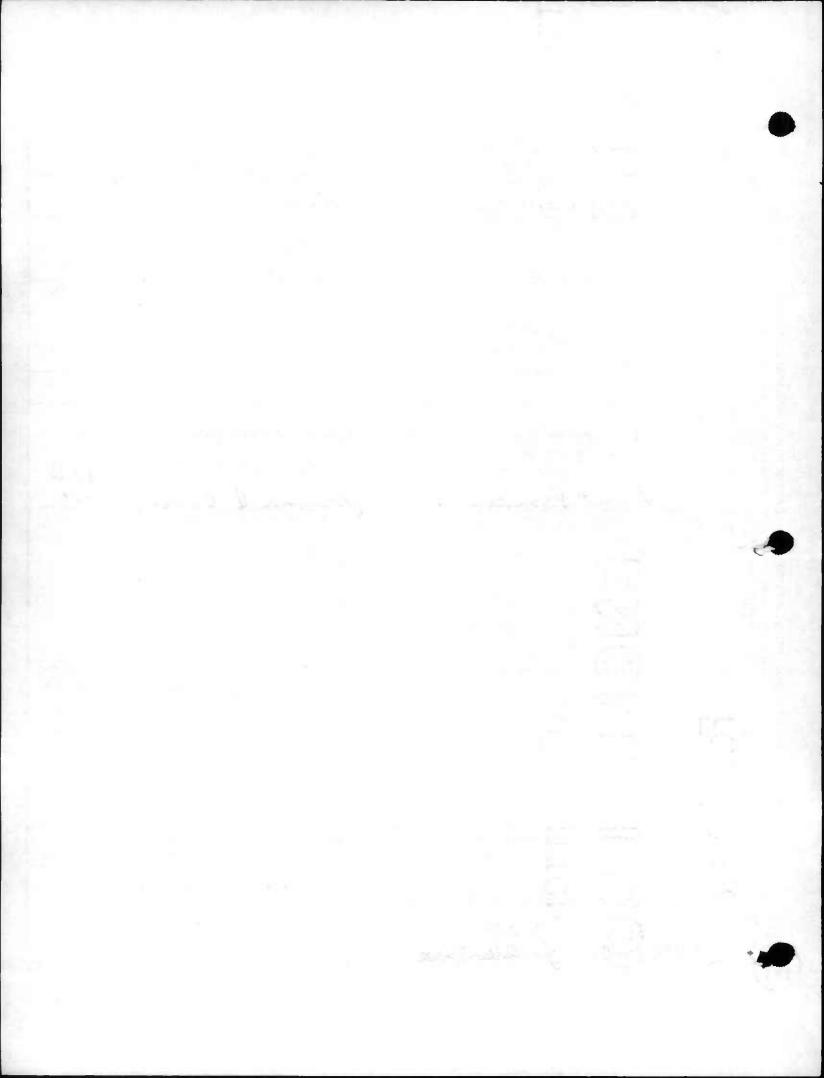
nours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely and on the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	ion, or removal.	the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Prours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

AR_	STATE OF I	91-1335- Maryland / Depa Certif					GIENE G. NO.	91	073
NAME (First, Middle, Last)	VIVIAN		Lee	9		2. DATE OF DEATH DAY 3 10		YEAR 1991	3. TIME OF DEATH
RITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)	() IF UNDER 1 YEAR IF UNDER 24 HRS.			7. DATE OF BIS		8. BIRTHPLACE (State or	
1 -	1 🗆 M 2 🔀 F	59 YRS.	MONTHS DA	YS HOURS	MIN.	12-10	-1941	Count	Md.
ME (If not institution, give a	9b. CITY, TO	WN OR LOCAT	ION OF D	EATH	9c. 0	COUNTY OF I	DEATH		

FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI	MENT OF HEALI		AL HYGIENE REG. NO.	91	07336		
1. DECEDENT'S NAME (First, Middle, Las	0				E OF DEATH		3. TIME OF DEATH		
<b>EXAMPLE STATE</b>	VIVIAN		Lee	3	10	1991	3:34 P		
4. SOCIAL SECURITY NUMBER				DER 24 HRS. 7. DAT	E OF BIRTH rith, Day, Year)		HPLACE (State or Foreign		
9a. FACILITY NAME (If not institution, given a second of the second of t	Hill Ave.		Baltin	ATION OF DEATH	9c.	COUNTY OF I	10d. INSIDE CITY		
	Hill Ave	e	101. ZIP C	1217	10g	CITIZEN OF	1 ☑ YES 2 ☐ NO WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO		uben, Mexican, Puert	GN7 (Specify Yes or No o Rican, etc.)	5 14. RAC Blac Spec	E - American Indian, ck, Whita, etc.		
15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12)	OUCATION de completed)  College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during most of wi		6b. KINO OF BUSINES	S/INDUSTRY			
17. FATHER'S NAME (First, Middle, Last)		,	16. M	OTHER'S NAME (Firs	t, Middle, Maiden Surna	rme)			
19a. INFORMANT'S NAME (Type/Print)  DIEDRIS LE	(*)	19b. MAILING A	ODRESS (Street and Num		a Ave. t	Sulfa	Md. 2121'		
20e. METHOD OF DISPOSITION 1		20b. PLACE AND DATE Of cemetary, crematory of		1	ATE 200. LOCATION	CH — City or 1	aryland		
21. SIGNATURE OF FUNERAL SERVICE	Honse	~ 4	22. NAME AND ADD	PRESS OF FACILITY	1 Brown	Q	1913 W. Balto		
23. PART I. Enter the diseases, or complications that caused the desth. Do not anter the mode of dying, such as cardiac or reepiratory arrest, shock, or heart fellure. List only one cause Dn each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  Approximate fine mode of dying, such as cardiac or reepiratory arrest, interval Bett Onset and D O									
PART II. Other significant condit	24a. WAS AN AUTO PERFORMED 1 YES 2 14	? /	Ib. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 Î NO						
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE O	OF DEATH (Check only	one)				
1 YES 2 NO  27. MANNER OF CEATH  1 Netural 5 Pending Investigation	1 Inpatient 2 ER/O 28a. DATE OF INJUR (Month, Day, Yea	Autpatient 3 DOA 4	OF 28c, INJURY A	T 28d, [	ther (Specify) DESCRIBE HOW INJUR	Y OCCURED			
2 Accident investigant 3 Suicide 8 Could not 4 Homicide detarmined	28e. PLACE OF INJU	JRY — At home, farm, str Specify)	eet, factory, offica		OCATION (Street and A lity or Town, State)	lumber or Rumi	l Route Number,		
Control only	YSICIAN: To the best of my kr						(a) and manner as stated		
296. SIGNATURE AND TITLE OF CERTIFICATION OF CERTIFICATIO	elfrele			O.C.M.E			ED (Month, Day, Year) 11–1991		
30. NAME AND ADDRESS OF PERSON  MARGO NATIO  31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	u 11	l Penn St	reet Balt	imore,Mar	yland	21201		
MAR 2 0 1991	Giglia Davidson								

DHMH-16 Rev 1/89



permit. Pages 1, 2, 3 should

늄 notified 9 must examiner medical the event. signed by the attending physician and con Health and Mental Hyglene prior to burial, traumatic other ! 6 injury, shows any has been s Dept. of H n 23 show After this certificate hadeath with the State Diameted, or item item this c After 1 28 Is FUNERAL DIRECTOR: within 72 hours after Item ?

FOR 5/10/91 reb STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH 03 20 Elbert Linen 07 991 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 216-78-2457 MONTHS DAYS HOURS 1 M 2 F YRS. 31 Md 7-21-1959 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 5002 Elmer Avenue Baltimore City RESIDENCE OF DECEDENT IBC. CITY, TOWN OR LOCATION 10a. STATE 10d, INSIDE CITY Md Baltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5002 Elmer Avenue 21215 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.SVARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Naver Married 2 Married If yee, specify Cuban, Mexican, Puarto Rican, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES **Black** Specify: BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. OECEOENT'S EOUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INCUSTRY Elementary/Secondary (0-12) 8th College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Henry Linen Sellers. Ernestine BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Ernestine Smith 5002 Elmer Street Baltimore, Md 21215 209, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION -- City or Town, State DATE 1 🔾 Burial 2 🗆 Cramation 3 🗆 Removal from State
4 🗆 Donation 5 🗀 Other (Specify) of cemetary, crematory or other piace)
Druid Ridge Cemetery Baltimore. Md 81191 22. NAME AND AODRESS OF FACILITY THAL SERVICE LICE 1arch F/H West 4300 Wabash Avenue 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximata** shock, or haert fallure. List only one cause on sech line. intarvai Batween IMMEDIATE CAUSE (Finel **Onset and Death** disease or condition Gunshot wound of head reaulting in desth) OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1X YES 2 □ NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Home 5 🖾 Residence 6 ☐ Other (Specify) 27. MANNER OF CEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCR/BE HOW INJURY OCCUREO 1 Natural 5 Pending 3:14AM 1 YES 2 NO 07 1991 Subject shot self BY Investigation 2 Accident 25f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide
4 Homicide 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 6 Could not be determined ETED 5002 Elmer Avenue Baltimore City Home COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE Noveld & Wight M.D.

30. NAME AND ADDRESS OF PERSON WHO COMPLÉTEO CAUSE OF DEATH (ITEM 27) (Type, Print) O.C.M.E. 03 07 1991 2



TO THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 M HOSPITAL

DONALD G. WRIGHT,

31. DATE FILED (Morth, Day, Year)
MAR 2. 0 1991

MAR 20

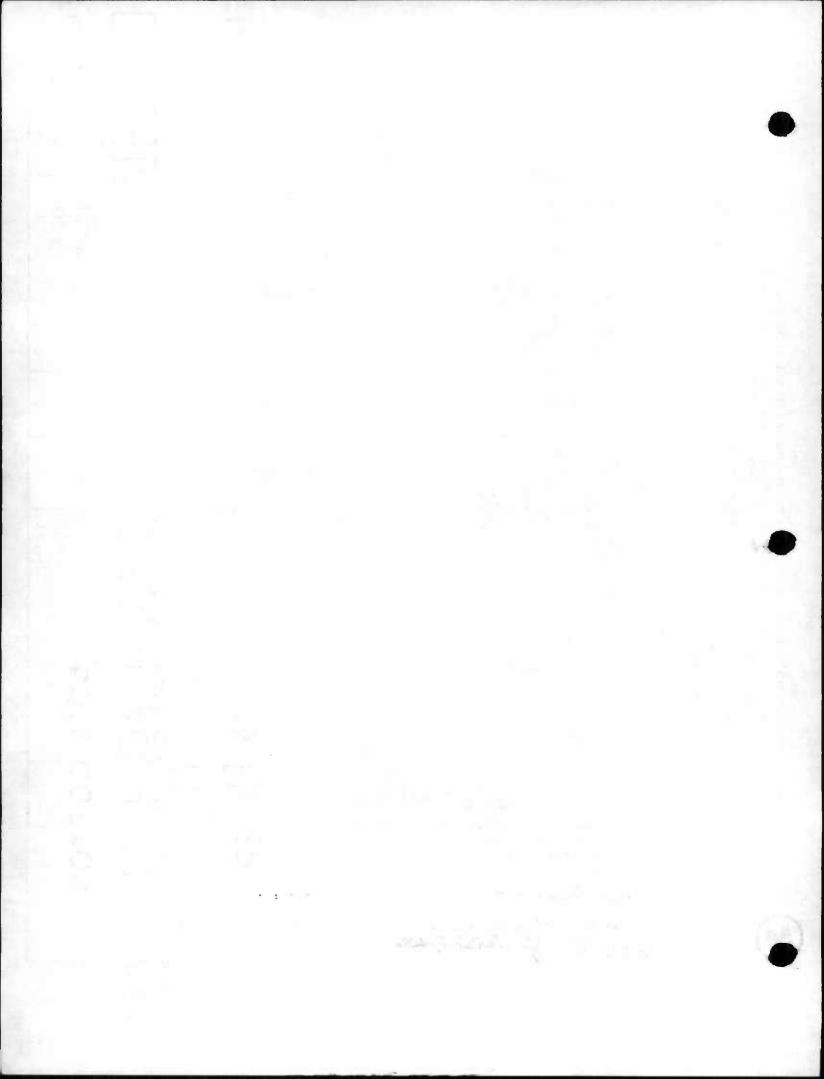
M.D.

DCME

32. MEGISTITAR'S SIGNATURE

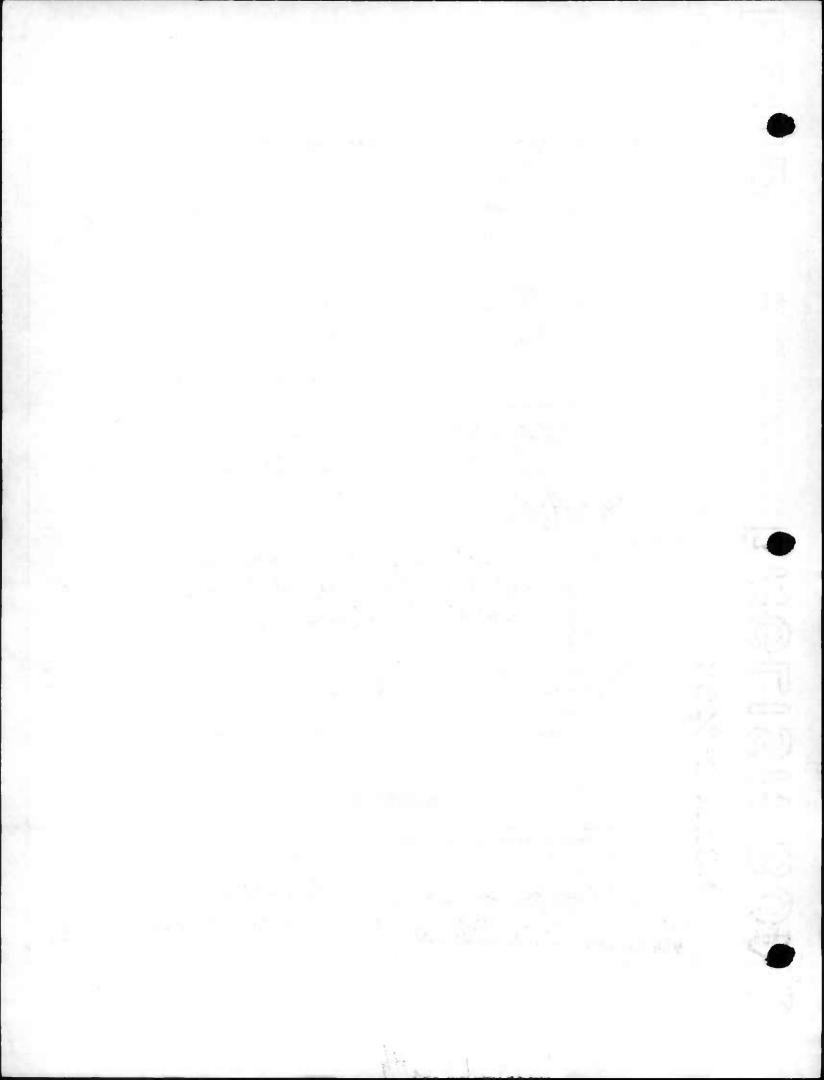
111

Penn Street, Baltimore, Maryland 21201



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mounts after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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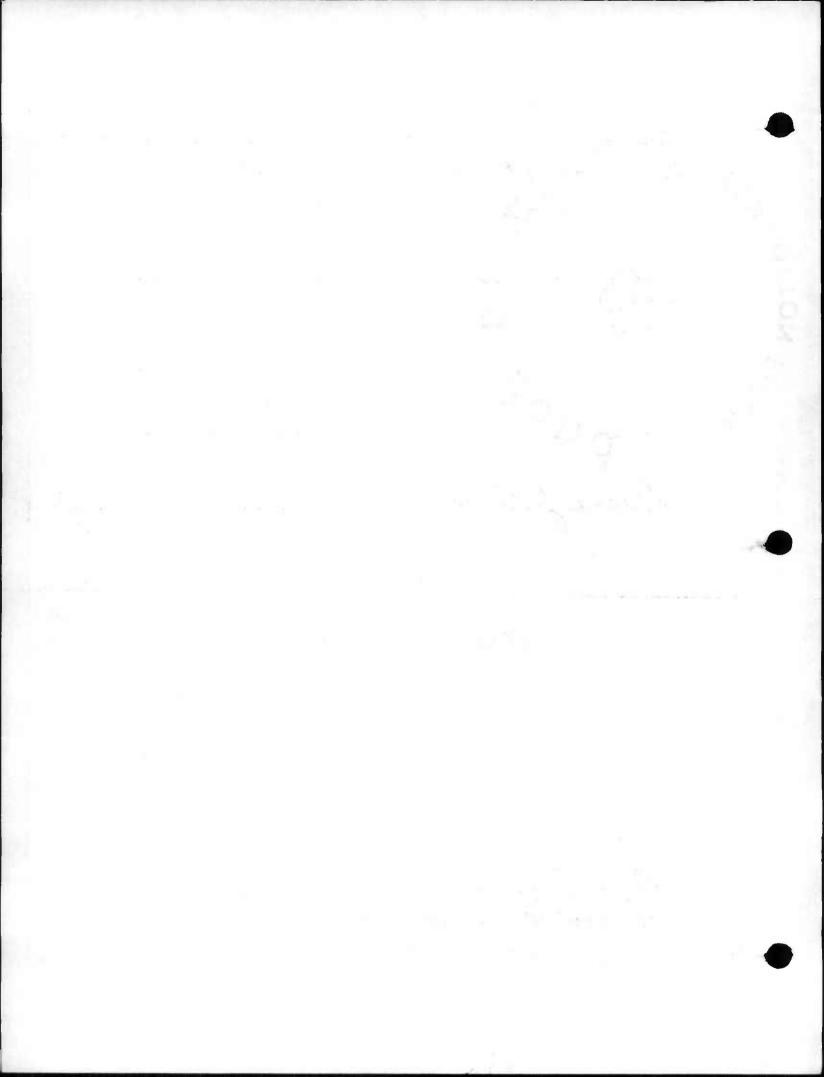
B	FOR STATE REGISTRAR	STATE OF MAR		MENT OF H		WENTAL HYGIENE REG. NO.	91 07338			
3	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH MONTH DAY	YEAR 3. TIME OF DEATH A			
	Lawra	nce	Loc	lan		3 . 15 . 97 / 50 %				
1	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURII MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)			
	422-30-9395	1. M 2 □ F	61 YRS.	DATS	HOURII WIN.	03 12 19	30 Alabama			
_	9e. FACILITY NAME (If not institution, give a	treet end number)		01	R LOCATION OF DE	ATH 9	c. COUNTY OF BEATH			
DIRECTOR	NA JA	ND HOSE			CLINTON P.G. Cou,					
DIRE	Maryland Princ	ce George's		TOWN OR LOCAT			10d. INSIDE CITY LIMITS?  1 X YES 2 NO			
FUNERAL	100. STREET AND NUMBER 5905 Cable Avenue	9		10f	ZIP CODE 2074	og. CITIZEN OF WHAT COUNTRY? USA				
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Olivorced	12. WAS DECEDENT EV FORCES? 1 [] IF YES, GIVE WAR	YES 2 THO	If yes, spe		NIC ORIGIN? (Specify Yes or n, Puerto Rican, etc.)	No 14. RACE — American Indian, Black, While, etc.  Specify: Black			
8	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S I (Give kind of w life. Do NOT use	ork done during mo		16b. KIND OF BUSINI				
COMPLET	Elementary/Secondary (0-12) 12th	Private								
0	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maiden Sur	meme)			
	Elijah Logan				Emma Lo	DW WC				
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street e	nd Number or Rural	Route Number, City or Town, S	State, Zip Code)			
임	Donna Logan Taylo	or (Daught	er) 5905	Cable Av	renue; Ca	amp Spring,	MD. 20746			
	20a. METHOD OF OISPOSITION 1 Burlar 2 Cremation 3 Rem	oval from State	20b. PLACE AND DATE of cemetary, crematory. Land N			DATE 20c. LOCAT	rion — city or Town, State  Laurel, Md.			
	Definition 5  Other (Specify)  21. BETHATUME OF FUNERAL SERVICE LIE	CENSEE	Marytand N		D ADDRESS OF FA		Jaurer, Fu.			
	Vumme C	1000		J.	B. Jenk	ins Funeral				
	23. PartT I. Enter the dieceses, or shoot, or heert failure.	complications that ca List only one cause	used the death. Do n	ot enter the mo	74 Landor de of dying, suc	ver Road: La h ea cerdiec or reepirat	andover, MD 20785 tory arrest, Approximate Intervel Between			
	IMMEDIATE CAUSE (Fine) disease or condition resulting in deeth)  a. Cardioreghivatory families									
_	,	DUE TO (OR	AS A CONSEQUENCE			1	2 22 2000			
ATIO	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	OUE TO (OR	AS A CONSEQUENCE OF	rater	7	3 Cyces	37.00			
CERTIFICATION	CAUSE (Disease or injury that initieted events resulting in death) LAST	C. DUE TO (C)	AS A CONSEQUENCE OF		A					
CER	resulting in death) Exci	d								
EDICAL	PART II. Other aignificent condition	ns contributing to de	th but not resulting i	the underlying	g cause given in	Part I. 24a. WAS AN AU PERFORME	ED? AVAILABLE PRIOR TO COMPLETION OF CAUSE			
Σ	) —						OF DEATH?			
AN	26. WAS CASE REFERRED TO MEDICAL			26 00	ACE OF DEATH (C)	nest entrane)				
PHYSICIAN:	EXAMINER?  1 YES 2 NO	HOSPITAL:	20.00	OTHER:						
1 4 5	27. MANNER OF DEATH	28a. DATE OF INJ		-	URY AT	8 ☐ Other (Specify)  26d. DE\$CRIBE HOW INJU	HBY OCCUPED			
	1 Natural 6 Pending	(Month, Day, )		JRY WO	PRK?	Loui Degonide How with	on occurs			
ED BY	2 Accident Investigation 3 Suicide 5 Could not be 4 Homicide datermined	26a. PLACE OF IN building, etc.	JURY Al home, farm, a (Specify)	Al home, farm, street, factory, office			26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
E	200 CERTIFIER						P-200400			
COMPLET	(Check only					to the cause(e) end menne illme, data end place, end o	er ee stated. due to the cause(s) end manner ee stated.			
EC	29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c, LICENSE NU	MBER 2	29d. DATE SIGNED (Month, Day, Year)			
0	mo	ha	70		D2	4020	1 3/15/91			
2	30. NAME AND ADDRESS OF PERSON WE		OF DEATH (ITEM 27) (Type,	Print) O.	()	1 -	11. 4 00			
	31. DATE FILED MOPPIN, TO COT	And 22 DESPRESSIVE	SINGHICLES	0 1/10	1-era	74. (Am	Md 2 87 48			
	MIMIN ~ 0 1331		().)				2.14			



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Symours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

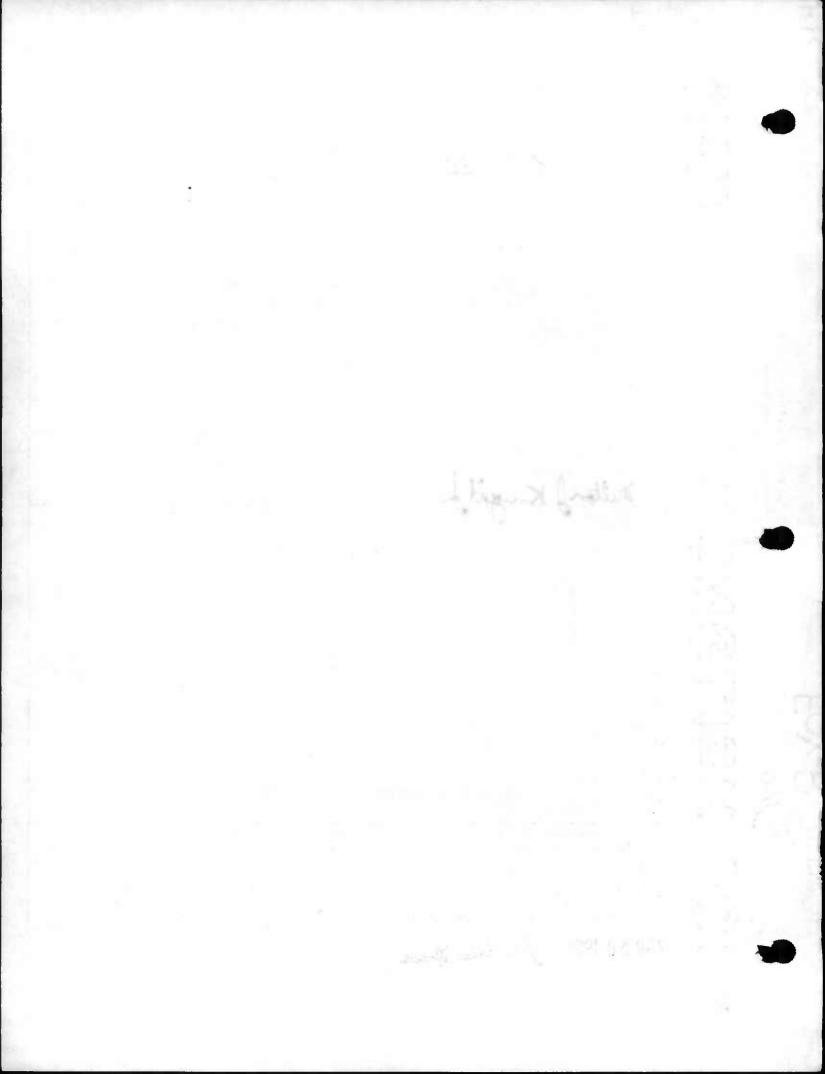
1	- STATE JELSOM	INE A. LUCKMAN	AND / DEPAR CERTIF	TMENT OF H	EALTH AND N	IENTAL HYGIENE REG. NO.	Í		
	1. DECEDENT'S NAME (First, Middle,	Lest)	. 1		I	2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH	
		MINE A.	Luck			3 19	91	620/A M	
	4. SOCIAL SECURITY NUMBER	3A 1 M 2 KF 8	in yrs. lest birthday)	MONTHS DAVE MONTHS AND (Month, Day, Year)				THPLACE (State or Foreign	
	9a. FACILITY NAME (If not institution,	177		9b. CITY, TOWN	9c. COUNTY OF	DEATH YORK			
<del>ا</del> 8	Joseph Rich	eu Hospice. In	ic.	Balti	nore.				
DIRECTOR	RESIDENCE OF DECEDEN	DUNTY		Y, TOWN OR LOCA				10d. INSIDE CITY	
E	New York B	roome		Maine			LIMITS? 1 YES 21 NO		
	10s. STREET AND NUMBER				ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	1384 E. Maine				13790	IC ORIGIN? (Specify Yee	U.S.A		
	1 Never Merried 2 Married	12. WAS DECEDENT EVER II FORCES? 1 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp	ecity Cuban, Mexicar 2 X NO Specify:	, Puerto Ricen, etc.)		CE — American Indian, ock, White, etc.	
BY	3 X Widowed 4 Divorced	TEG, GIVE WITH ON D	A150	1	- M un observ			White	
	15. DECEDENT'S (Specify only highest			USUAL OCCUPATI work done during me se retired.)		16b. KIND OF BUS	INESS/INDUSTRY		
P.E.	Elementary/Secondary (0-12)	Technic	,		Machin	10 MAO			
COMPLETED	17. FATHER'S NAME (First, Middle, La	st)	· CCITIVEC	- Court	18. MOTHER'S NAM	NE (First, Middle, Meiden S			
BE		mas Spadakora		rminia Ace					
9	180. INFORMANT'S NAME (Typo/Print Lee T. Luckman	)				loute Number, City or Town		01045	
	200. METHOD OF DISPOSITION	201	. PLACE OF DISPO			Columbia.	CATION — City or	21045 Town, State	
	1 Donation 6 Other (Specify	Removal from State	St. Agati	ha Cemet	ery	C	anastoto	a, NY	
	21. SIGNATURE OF FUNERAL SERV	ICE LICENSEE			ND ADDRESS OF FAC	tenburg Fun	actal Ha	Tuo.	
	Huane	n, of complications that cause	ne	6009	Harkord	Rd. Bali	timore.	me, Inc. MD 21214	
	23. PART I. Enter the disease ahock, or heart fe	n, o complications that cause lius. List pnly one cause on o	d the deeth. Do	not enter the m	ode of dying, suci	n as cerdiac or respi	ratory errest,	Interval Between	
	iMMEDIATE CAUSE (Finel disease or condition							Onset end Death	
	resulting in death)	DUE TO GOR AS	A CONSEQUENCE O	)F): , ,					
Z		. Mel	asta:	S15 h	IVEV			Lyrs	
5	Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING	DUE TO (OR AS	a consequence of	er of	BROW	0/		1000	
CERTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO JOR AS	70913						
E	resulting in death) LAST	a adeu	00 are	enou	a 1/	Color		8915	
	PART II. Other algnificant con	nditione contributing to death	but not resulting	in the underlyic	ig cause abeen in	Pert I. 24e, WAS AN		14b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
ICAL						PERFOR		COMPLETION OF CAUSE OF DEATH?	
ME							~	1 TYES 2 NO	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MED	CAL T		20.1	N ACE OF DEATH (Ch	ank only one)			
SICE	EXAMINER?	HOSPITAL:	nationt 3 🗍 DOA	OTHER:	me 5 🗆 Residence	/	Hoshi	ce.	
HX	27, MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. Til	ME OF 28c. IP	JURY AT	26d, OEŞCRIBE HOW I			
ВУР	1 Retural 5 Pendin 2 Accident Investi	9			YES 2 NO				
	3 Suicide 6 Could 4 Homicide determ			street, factory, off	ce	28f, LOCATION (Street : City or Town, State)		al Route Number,	
E									
City or Town, State)  2ea. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.									
	290. SIGHAPHIE JUST TITLE OF CH	энтуніўн //			29c. LICENSE NU	MBER	29d. DATE SIGN	NED (Month, Oay, Year)	
) BE	Loleeld	Esuu.	M		D089	00	>3-1	9-91	
10	SO, HAME AND ADOPTESS OF PRINT	Sweet	EATH (ITEM 27) (Typ	828	N.En	Law 54.	Boldo	MA21201	
	31, DATE FILED (Month, Day, Year) MAR 2 0 19	T. RECUSTRANTS SIG	- Marydall						



SICIAN: The law requires that the death certificate be executed within Lirs after death. Page 6 may be retained by the hospital or attending physician.	mentificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
TO THE HISPITAL CHARACTERIONS PROSICIAN: The law requires that the death certificate be executed within	TO THE RUNERAL presence American solutions are solutioned by the attending physician and completely med in by the territory memory? hours after court with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF REGISTRAR		TMENT OF HEALTH ANI CATE OF DEATH	MENTAL HYGIENE REG. NO.	91 0/340		
	1. DECEDENT'S NAME (First, Middle, Last)	Clarence	E. Myers	2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX 2/2-07-4390 1 MM 2 4 F	8. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MIN	D. 7. DATE OF BIRTH (Month, Day, Year) Sept. 1 1910			
TOR	98. FACILITY NAME (II, not institution, give street and number) 3917 Deem Park Cour	t	Havre De Gra		Harford		
DIRECTOR	100. STATE 10b. COUNTY  Maryland	10c. CITY	, town on Location Baltimore C	ity	10d. INSIDE CITY LIMITS? 1 XX YES 2 \( \square\) NO		
FUNERAL	100. STREET AND NUMBER 4040 Elmora Avenue		101. ZIP CODE	21213	United States		
BY	1 News Married 2 Married FORCES?	ENT EVER IN U.S. ARMED  1 X YES 2 NO  1 WAR OR DATES  I I	13. WAS DECENDENT OF HIS If yes, specify Cuben, Ma 1  YES 2 NO Sp		14. RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  Cottege (1-4 or	(Give kind of v		166. KIND OF BUSINE	SS/INDUSTRY		
ž I	17. FATHER'S NAME (First, Middle, Last)	rialitto		NAME (First, Middle, Maiden Surn			
	Philip	Myers		ara	Schmidt		
BE	19a. INFORMANT'S NAME (Type/Print)		ADDRESS (Street and Number or Ru				
유	Edward C. Myers				race, Md. 21078		
	20a, METHOD OF DISPOSITION		OF DISPOSITION (Name		ON — City or Town, Stata		
	1  Buriel 2  Cremation 3  Removal from State 4  Donation a Other (Specify)		Cemetery 3/2	2/91 Bal	timore Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE MILTO	on J Kriight Jr	Leonard J.	2	1214 305 Harford Road		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury		<b>)</b> :	reules Des	Interval Between Onset and Death		
MEDICAL	PART II. Other algorificant conditions contributing	to death but not resulting	in tha underlying cause given	In Part I. 24e. WAS AN AUT PERFORME! 1   YES 2	0? AMALABLE PRIOR TO		
A	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATN	(Check only one)			
SIC	EXAMINER?  1 X YES 2 □ NO  HOSPITAL: 1 □ Inpatient:	ER/Outpatient 3 DOA	OTHER:	ce 8 Other (Specify)			
PHYSICIAN:	1 Natural 5 Pending			28d. DESCRIBE NOW INJU	RY OCCURED		
тер ву	2 Accident towestigation 3 Suicide 6 Could not be determined 28e. PLACI building	E OF INJURY — At home, farm, and, etc. (Specify)	281. LOCATION (Street and in City or Town, State)	LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of Check only one) 2 MEDICAL EXAMINER: On the basis of Check on				as stated, ue to the cause(s) and menner as stated.		
TO BE C	296. SIGNATURE AND TITLE OF CENTREE LO		DO ,	NUMBER 29	3/19/9/		
	36. NAME AND ADDRESS OF PERSON WHO COMPLETED C	FER MD	Print) Zo 13	Tarpeller,	uch 634		
	31. DATE FILED (Month, Day, Your)  MAR 2 0 1991  Fulia M	PAR'S SIGNATURE					

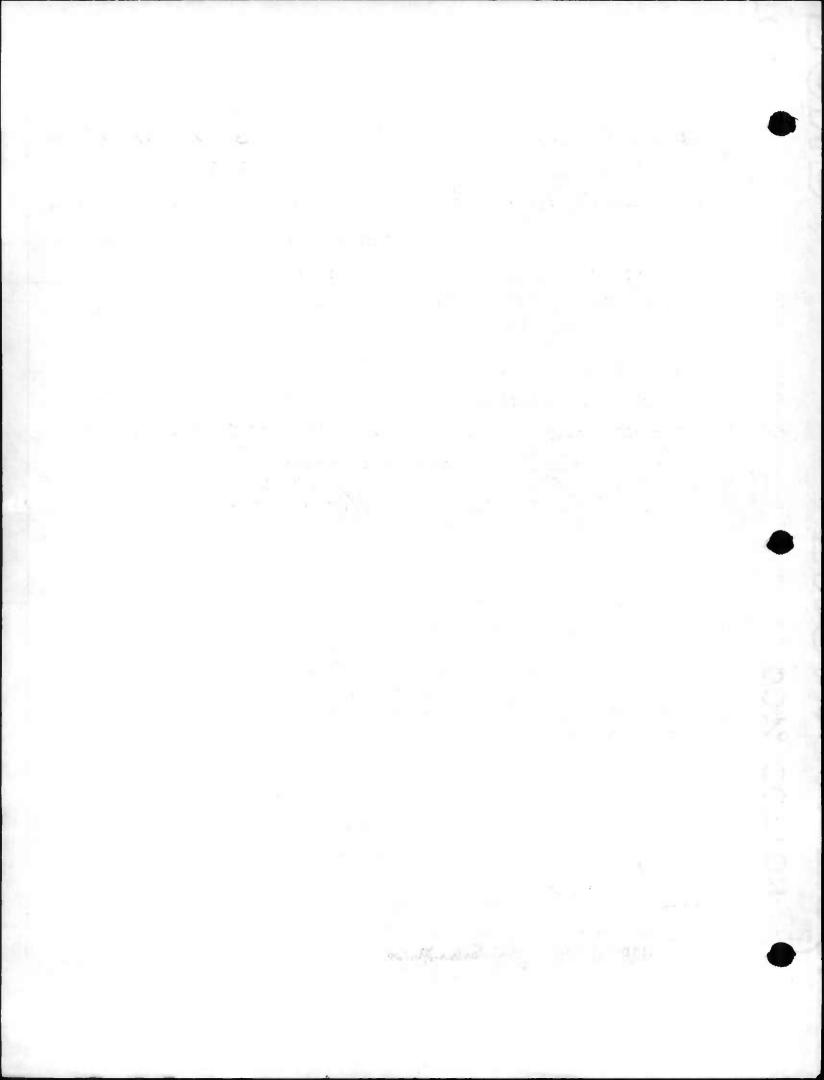




TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Pr TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examine	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	O THE FUINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	ANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	TATE OF MARYLA	ND / DEPARTM			NTAL HYGIENE	4	
	1. DECEDENT'S NAME (First, Middle, Last) Boxboxa Massby		a Ann M			DATE OF DEATH MONTH DAY	91	1 1/30 A M
	4. SOCIAL SECURITY NUMBER  217-50-1183  9a. FACILITY NAME (if not institution, give street a	M 2 F 42	YRS. MC	NTHS DAYS		DATE OF BIRTH (Month, Day, Year) 12-19-4	C	MD
DIRECTOR	St. JOSEPH H	ospital		Tows	on		Balt	imore
	10a. STATE 10b. COUNTY  MD  10a. STREET AND NUMBER		7.00	timore			10a. CITIZEN	10d. INSIDE CITY LIMITS?  1 ☑ YES 2 ☐ NO  OF WHAT COUNTRY?
ER	627 ST. DUNSTANS	ROAD		2	1212			JSA
BY FUNERAL	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	8 SHO	If yes, spec	NDENT OF HISPANIC C lify Cuban, Maxican, Po NO Specify:			RACE — American Indian, Black, Whita, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp Elementary/Secondary (0-12) Co	N Jeted)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during most	of working	16b. KIND OF BUSI	NESS/INDUST	
MP	12th Grade		Housew					
	17. FATHER'S NAME (First, Middle, Last)	Tavior			18. MOTHER'S NAME (			Lewis
BE	Charles  19a. INFORMANT'S NAME (Type/Print)	Taylor	19b. MAILINO AD	DRESS (Street and	nenyo			
임	Purnell Mosby		627 ST	. DUNS	TANS RO	AD/Balto	,Md	21212
	20a. METHOD OF DISPOSITION 1	from State of co	PLACE AND DATE O	FOISPOSITION (I	Nama	OATE 20c. LOC Bal	ATION — CITY I	or Town, State
1	21. SIGNATURE OF FUNERAL SERVICE LICENSI	Villamo		22. NAME AND	ADDRESS OF FACILITY OF THE PROPERTY OF THE PRO			MD ZIZIS
	23. PART i. Enter the diseases, or compensation, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Sevee	ch line.				atory arrest,	Approximate Interval Between Onset and Deati
CERTIFICATION	Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF):	est				
PHYSICIAN: MEDICAL C	PART II. Other significant conditions co Suscicelly re- ruptured who	_	Ectopiz.	Prego	lancy	t i. 24s. WAS AN PERFORI	AED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
CIAN		OSPITAL:		THER:	CE OF OEATH (Check			
	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME (	OF 28c. INJU WOR	FY AT 28 IK?	d. DEŞCRIBE HOW IN	JURY OCCURE	ED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Special	— At home, farm, stre	et, factory, office	28	of. LOCATION (Street a City or Town, State)	nd Number or R	lural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN 2 MEDICAL EXAMINER: On	: To the best of my knowled the basis of examination						use(a) and menner on stated.
TO BE CO	296, WINATURE AND TITLE OF GERTIFIER	UD A	Hule		29c, LICENSE NUMBE	R	29d. DATE SK	GNEO (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETEO CAUSE OF DEA	ATH (ITEM 27) (7)(2) P	rint)				

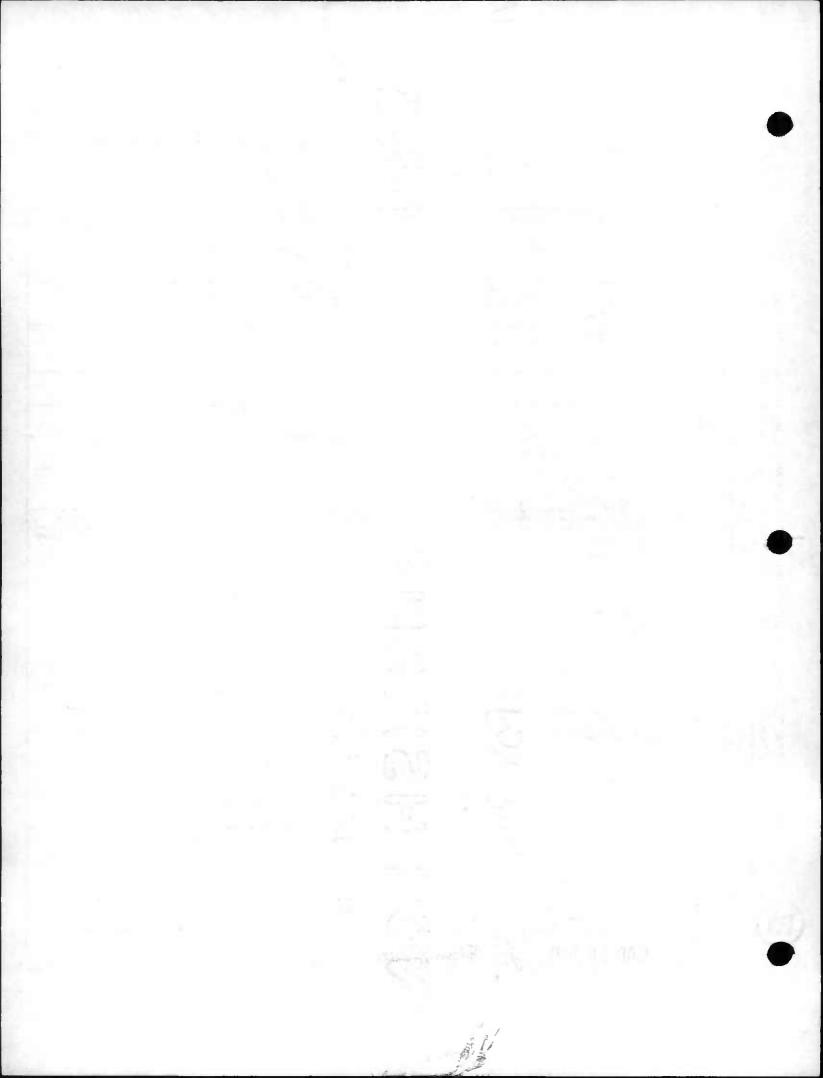




THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should with a firm Detr or Health and Mental Hoteles prior to burlal. cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
70 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fire within 72 hours after hearth with the State Dent of Health and Mental Hoglete prior to burial, cremation, or removal.	IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event,

		TRAR T'S NAME (First, Middle,	Look		CI	ERTIFIC	ATE	OF DEATH		REG.			1	ME OF DEATH
		YRA	, (200)			/ MOOT	MAM	) MORMON	MOI O		DAY	YEAR	1	
		SECURITY NUMBER	5. SEX	8. A	NGE (In yrs. les	st birthday) IF	F UNDER 1 Y	EAR IF UNDER 24 H	RS. 7. DAT	E OF BIRTH	16		THPLACE	:20 T
			1 🗆 1	4 2 🂢 F		YRS.		AYS HOURS MI	in. (Mo	10 19	991	Cou	untry)	Md
	9e. FACILITY	NAME (If not institution,	, give street and	number)		91		OWN OR LOCATION O	OF DEATH		9c. CC	OUNTY OF	F DEATH	1.47
DIRECTOR	SIN	AI CE OF DECEDER	HOSE	PITAL			BAI	TIMORE			В	ΔΙ.ΤΙ	MORE	
<u> </u>	10e. STATE		COUNTY			10c. CITY, T	TOWN OR	LOCATION					10d.	INSIDE CITY
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DHMH-18 Rev 1/89

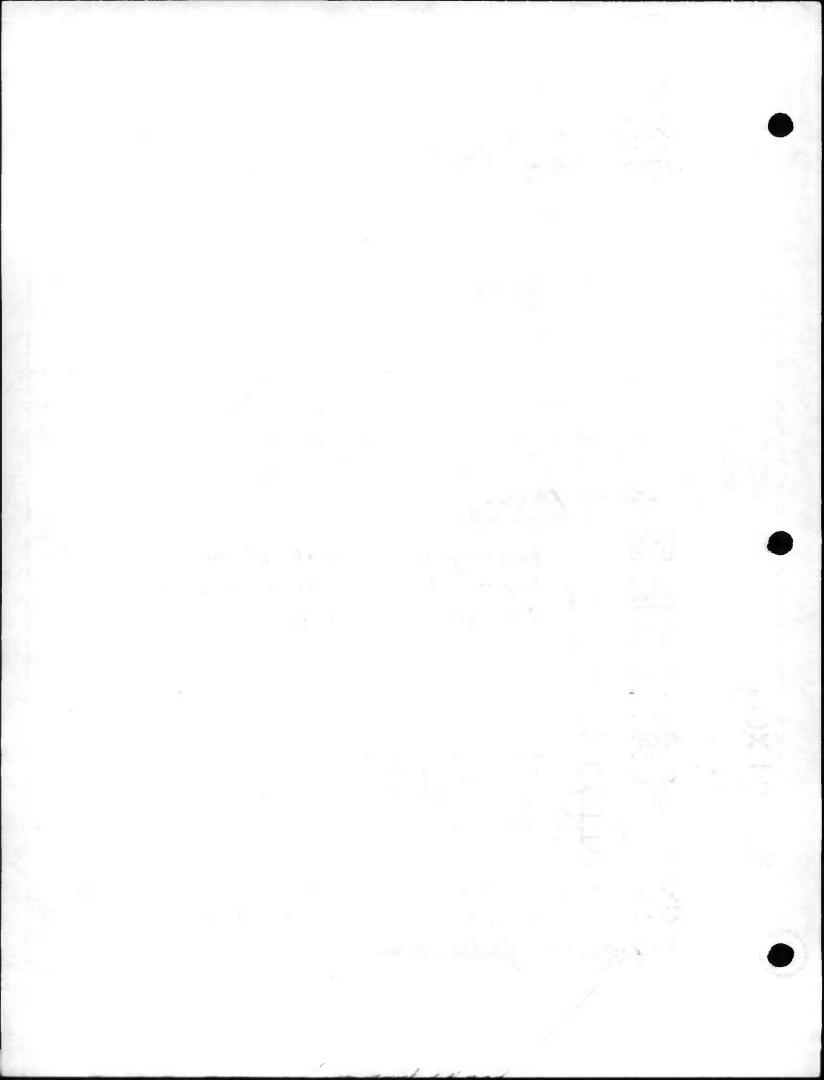


**BALTIMORE, MARYLAND** 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT; if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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HT CT	HT CL	be file	IMPO

1. DECEDENT'S NAME (First, Middle, Las	11)							2. DATE	OF DEATH		WEAD	3. TIME OF DEATH												
LOPEZ M	ATTHEW	V5 (I	opez	D.	Mat	tthe	WS.	OS	3 18	5	91	6-55 P												
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs.	lest birthday)	IF UNDER 1		IF UNDER	MIN.	7. DATE (Mont)	OF BIRTH	_	8. BIRTH Count	IPLACE (State or Foreign												
215-84-700		30	YRS.						107/6	0	Mar	yland												
9a. FACILITY NAME (If not institution, give	e street and number)			9b. CITY,				HTA		9c. COU	NTY OF E	DÉATH												
Sinai Hospita	1			Bal	Lti	more	e																	
10a. STATE 10b. COUL			10c, CIT	Y, TOWN OF	LOCAT	TION	_			_		10d. INSIDE CITY												
Maryland			Ba 1	timo	ore							LIMITS?												
10e. STREET AND NUMBER			1243		_	. ZIP COD	E	-		10g. CIT	IZEN OF	WHAT COUNTRY?												
2922 Norfolk	Avenue					2	1215	5		U	SA													
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED						17 (Specify Yea	or No-	14. RAC	E — American Indian,												
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3 Widowed 4 Divorced												"Black												
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Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT us	se retired.)																				
			Sales	sman		1																		
17. FATHER'S NAME (First, Middle, Last)	h anna Cu					Ann		J.	Middle, Maiden Vauc															
Myron E. Matt	news, SI		401 880000	400000	<b>(D)</b>							01015												
19a. INFORMANT'S NAME (Type/Print)			2922	ADDRESS	(Street a	nnd Numbe	vor Rural	Route Num □ C	ber, City or Town	mor	Code)	Mary Tand												
Annie Matthew	/S	1					V C 11																	
1- Burial 2 □ Cremation 3 □ R	amoval from State		CE AND DATI					DAT	_			own, Stata												
4 ☐ Donation 5 ☐ Other (Specify)	LICENSEE	-   Sai	nts			ND ADDRE						r, Maryl												
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STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICATE	0	F DEAT	ГН		REG. NO.

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3	1 - FOR STATE OF MARYLAND / DEPAR CERTIF	RTMENT OF H		ENTAL HYGIENI REG. NO.	9	07344
	1. DECEDENT'S NAME (First, Middle, Last) ROOSENELT.	Maso	n, sr.	2. DATE OF DEATH OA	- 91	AR 3. TIME OF BEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 1 XX 2 F 6. AGE (In yrs. last birthday) 73 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.		.917	HRTHPLACE (State of Foreign Country) Tennessee
TOR	9e. FACILITY NAME (If not institution, give street and number)  7914 Echols Avenue RESIDENCE OF DECEDENT	96. CITY, TOWN	or location of dea Men	тн	Princ	e George's
DIRECTOR	10e. STATE 10b. COUNTY 10c. CIT	ry, town on Loca Lenarden	TION			10d. INSIDE CITY LIMITS? 1 XXYES 2 \( \bigcap \text{NO} \)
FUNERAL	10s. STREET AND NUMBER 7914 Echols Avenue	10	20706		100	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES VENO IF YES, GIVE WAR OR DATES	If yes, sp	ENDENT OF HISPANIC ecify Cuban, Mexican, NO Specify:	C ORIGIN? (Specify Yee Puerto Rican, atc.)		RACE — American Indian, Black, White, etc. Specify: Black
COMPLETED	(Specify only highest grade completed)  [Give kind of life. Do NOT u		ast of working	16b. KIND OF BUS		RY
PM	8th Carpe	et Mechar		Priv		
	Robert Mason		40	Brown		- 1
TO BE	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING	G ADDRESS (Street		oute Number, City or Town	7, State, Zip Cod	io)
۴				lenarden,		0706
	20e. METHOD OF DISPOSITION 1 St Burlet 2 Cremetton 3 Ramoval from State 4 Donayton 8 Other (Specify) Harmony M	Memorial	Park	Lan	dover,	or Town, Stata  Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	J.		ns Funeral		r, Marvland
	23. PAPE 1. Enter the disease, or complications that caused the death. Do ahock, or leart fallure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF TO (OR	waten				Interval Between
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that lettled expects)			V		
SERTIF	that initiated events resulting in deeth) LAST	or y.				
MEDICAL (	PART II. Other algnificent conditions contributing to death but not resulting	in the underlyin	g ceuse given in F	Part i. 24a. WAS AN PERFOR	IMED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
N.						
PHYSICIAN:	25. WAS CASE BEFERRED TO MEDICAL EXAMINER? HOSPITAL:	OTHER:	LACE OF DEATH (Chec			
1YS	1	1	ne 8 A Residence 8	28d. DEŞCRIBE HOW I	NJURY OCCUR	ED
ву РІ	1 Netural 5 Pending (Month, Day, Year) IN	M 1	YES 2 NO	28t. LOCATION (Street		
TED	3 Suicide 8 Could not be distermined Cartering Suicide Suicide Could not be distermined	,		City or Town, State)		
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occur one)  2 MEDICAL EXAMINER: On the basic of examination end/or investigate					succ(s) and manner on stated.
BE	HUGUSTO HONOLOGICANO		290 LICENSE NUM	BER 30	29d. DATE SI ▶ 3~	GNED (Month, Day, Year)
2	MANUAL AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1902)	00, Print)	Paype	umCLC	Sm	M 20740
•	31. DATE FILED (MOON!), Day, Your) 1991 32. REGISTRADIS SIGNATURE MAR 2 0 1991 Fully Davidson-Randell	2		7		



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FUNERAL within 72 I HOSPITAL

TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

this certificate has been with the State Dept. of

Hygiene prior to burial,

attending physician and

BALTIMORE, MARYLAND 21203-3146

permit. Pages 1, 2, 3 should

BOX 13146, requires that the death certificate be RECORDS, P.O. The law ! DIVISION OF VITAL L DIRECTOR: After this certificate 2 hours after death with the State

FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH McDONALD 2 1044 ANChe 5. SEX 6. AGE (In we, last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. OATE OF BIRTH (Month, Day, Year B. BIRTHPLACE (State or Foreign -404 1 M 2 03 VIRGINIA 9a. FACILITY NAME (If not institution, gi 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH mos Back Co. GEN DedCARd RAndall-for DIRECTOR 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND BALTIMORE CITY 1 XYES 2 NO FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER 10f. ZIP CODE 3115 FAIRVIEW 21207 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X10 IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. RACE — American Indian, Black, White, atc. 11 MARITAL STATUS 1 Never Married 2 Marrie 1 YES 2 NO Specify Specify: BY 3 🔀 Widowed 4 🗌 Divorced BLACK ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondery (9-12) COMPL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) SAMUEL HOLTE DORA M. HOLTE BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ALEXZANDER COHEN 3115 FAIRVIEW ROAD: BALTIMORE, MD 21207 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State METRO CREMATORY, INC. BALTIMORE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY TEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE 23. PARY I. Enter the diseases, or cor shock, or heart feature. Lis Approximete cations that caused the deeth. Do not enter the mode of dying, such ee cerdiec or respiretory errest, interval Between Imonory ANRST **Onset end Death IMMEDIATE CAUSE (Final** 0 disease or condition resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL MAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 1 YES 2 NO ome 5 - Residence 6 - Other (Specify) 4 I Nurs 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 6 4 Homicide COMPLET 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and ma 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE M 3 9 119 2 30, NAME AND ADD ESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2111/ 51011 MD K a 31. DATE FILED (Month, Day,

Julia Davidson

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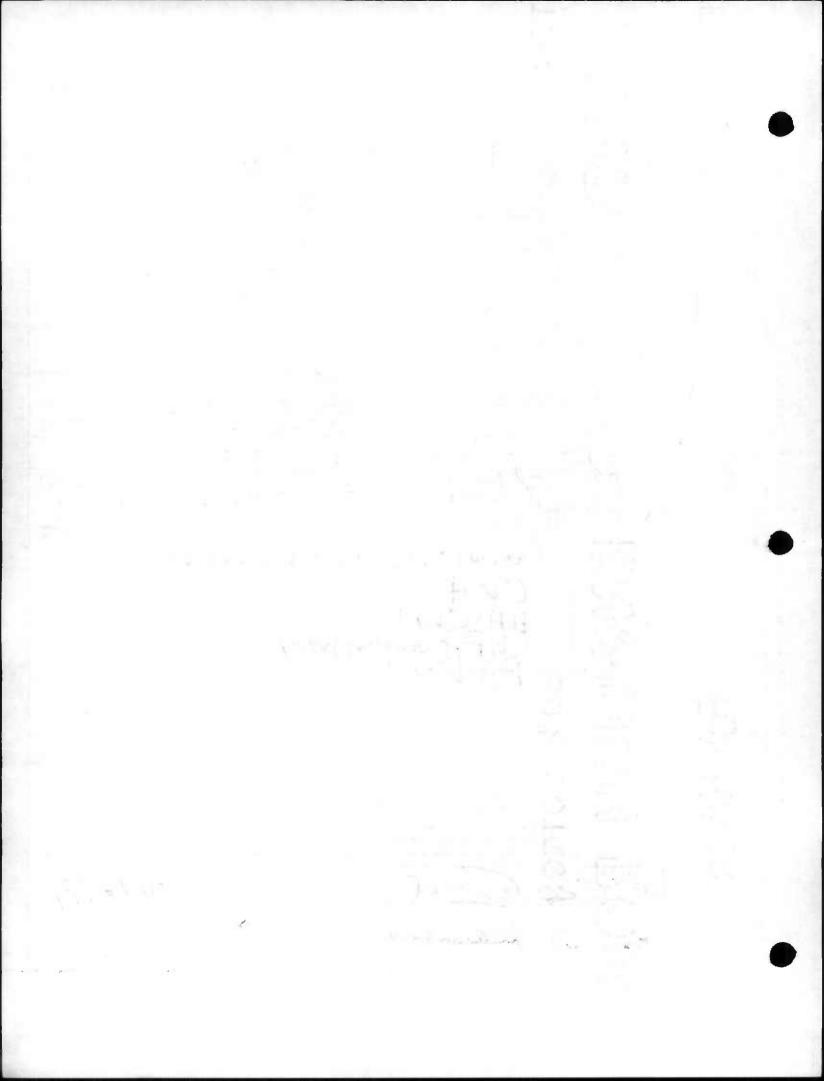
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TO BE COM	COMPLETED BY DUVERSIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al,	be net with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detache	TO THE PURILLAND BITCH After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache
r death. Page 6 may be retained by the hosp	TO THE HIDS THE DRY MINDING PHYSICIAN: The law requires that the death certificate be executed within a recurs after death. Page 6 may be retained by the host
	/ active /

	FOR 1 - STATE REGISTRAR	STATE OF M		/ DEPAR					MEN	TAL HYGIENI REG. NO.		)	07346
	1. DECEDENT'S NAME (First, Middle, Last)									ATE OF DEATH			3. TIME OF DEATH
	Nellie M. Middle	ton							IMIC	3 14		91	3:50 PM M
		i. SEX	6. AGE (In yrs. )	lest birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.		TE OF BIRTH lonth, Day, Year)		Country	LACE (State or Foreign
- 1	214-30-3656	□ M 2 💂 F	95	YRS.	MONTAS	DATE	HOURS	mire.	7.	-29-189	5	Mar	yland
_	9s. FACILITY NAME (If not institution, give atree	and number)						ON OF DI	EATH		9c. COUNT		
DI FUNERAL DIRECIOR	Bel Forest Nursi	ng Home	Home Forest Hill								ord		
	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN C	R LOCAT	ION						10d. INSIDE CITY LIMITS?
5	Florida			I	V. Wes	t Wi	nte	rhav	en				1 YES 20 NO
4	10e. STREET AND NUMBER					101.	ZIP COD	E			10g. CITIZE	N OF W	HAT COUNTRY?
	2222 12th Street							3388	1		J	JSA	
5	11. MARITAL STATUS  1 Never Married 2 Merried	2. WAS DECEDENT FORCES? 1								IGIN? (Specify Yearto Rican, etc.)	or No-	Black,	American Indian,     White, atc.
5	3- Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			YES	2 XNO	Specif	y:			Specify	White
	15. DECEDENT'S EDUCAT	TION	16a. I	DECEDENT'S	USUAL O	CCUPATIO	N		Т	16b. KIND OF BUS	INESS/INDU		
	(Specify only highest grade col	mpleted) College (1-4 or 5 +		(Give kind of the Do NOT u	work done se retired.)	during mo	st of worki	ng					
COMPLE	6th grade			Hous	sewif	`e				Home	emakir	ng	
5	17. FATHER'S NAME (First, Middle, Lest)									st, Middle, Maiden	Surname)		
<u>п</u>	George W. Besset	t								t Dunn			
5	19a. INFORMANT'S NAME (Type/Print)									lumber, City or Town			
-	James M. Stoner								e B	alto., I			
	20e. METHOD OF DISPOSITION  XIX Burlel 2 Cremetion 3 Remove	al from State	other	place)					n. Om v		CATION — CI		
ı	4 Donation 5 Other (Specify)	ISEE	Gel	rdens	_			SS OF FA			r c Tmo	e,	Maryland
	Jassach Lu		51		I	assa	thn :	Fune	ral	Home			
									-	Balto.			236
	shock, or heart failure. Lie IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	et only one cau	at caused the daeth. Do not anter the mode of dying, such use on each line.  (OR AS A CONSEQUENCE OF):									Approximete Interval Between Onset and Death	
CERTIFICATION	Sequentisily list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		(OR AS A CONS										
5	d.												1
MEDICAL	PART II. Other significant conditions	contributing to	deeth but no	t resulting	In the ur	nderlyln	cause	given in	Pert	I. 24s. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Z	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF I	DEATH (C	heck on	ly one)			
ן ל		HOSPITAL:	ER/Outpatient	3 DOA	OTHE 4 Nu		• 5 🗆 R	lealdence	8 🗆 (	Other (Specify)			
PHYSICIAN:	27. MANNER OF OEATH  1 Netural 5 Pending	26e. DATE OF (Month, D	INJURY sy, Year)	28b. TIR		28c. INJ WC			_	OESCRIBE HOW I	NJURY OCCL	RED	
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE O	F INJURY — At etc. (Specify)	home, farm,	atreet, fac				28f.	LOCATION (Street ( City or Town, State)	and Number o	r Rurel R	oute Number,
4	4 Homicide determined												
COMPLEIED	299. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:											end menner ee stated.	
ш	29b. SIGNATURE AND TITLE OF CERTIFIER							ENSE NU			29d. DATE	SIGNED	(Month, Day, Year)
מ	Dur	, . Dc		212				D3 >	2	99	•	3/1	5/9,
	30. NAME AND ADDRESS OF PERSON WHO Dr. David Dunn (	879-085	9) Win	ters	Run I	[edi	cal	Ct.	Bel	air Rd.	& 01g	d Jo	ppa
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURI	D. 640					1.001	LE VOII	1	_404	
	MAR 2 0 1991	Julia Davi	door-han	ر مالاهم									

BALTIMORE, MARYLAND 21215-0020	e 6 may be retained by the hospital or attending physician	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial mental regies 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician (	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notiffed at once.

1 - STATE REGISTRAR				CERTIF	ICATE O	F DEA	TH		REG. NO					
1. DECEDENT'S NAME (First								2. DATE O	DEATH D.	AY	YEAR	3. TIME OF OEATH		
JOHN B. M						T	distribution of	03		16	91	11:18 A		
		5. SEX		. lest birthday)	MONTHS DAYS		R 24 HRS. M/N.	7. DATE O	Day, Year)	00	Count			
215-18-34		1 M 2 F	68	YRS.				12	14	22		ARYLAND		
9a. FACILITY NAME (If not in					9b. CITY, TOWN						JNTY OF E			
NORTH ARL		HOSPITAL			GLEN E	BURNII	E, MI	). 210	061	ANN	VE AF	RUNDEL		
RESIDENCE OF DEC	10b. COUNT	γ		10c, CIT	Y, TOWN OR LOC	ATION						10d. INSIDE CITY		
MARYLAND		NNE ARU	TTTT				TE					LIMITS?		
100. STREET AND NUMBER		MME WVC							T 400 CII	TITEN OF	1 YES 2 NO			
1701 PLEA		TI.LE DE	D T 1/F											
11. MARITAL STATUS	DETI Y	12. WAS DECEDEN		ADMEO	I so ume n		1061		(Specify Ye		U.S.			
1 Never Married 2	Married	FORCES? 1			If yes,	specify Cub	an, Mexica	n, Puerto Ri		8 OF NO-	Blac	E — American Indian, ck, White, etc.		
3 Widowed 4 Dive		IF YES, GIVE V	AR OR DATES		1 🗆 Y	ES 2 1 NO	Specif.	y:			WE	ÎTE		
15. OEC	EOENT'S EDU	CATION	-	OECEDENT'S	USUAL OCCUPA	TION		1 16b.	KINO OF BU	SINESS/IN	1			
(Specify on	y highest grade	completed)		(Give kind of life. Do NOT u	work done during i	most of work	ing			J. 120				
Elementary/Secondary (	1-12)	College (1-4 or 5	+)		RACTOR			H	OME	TMP	ROVE	EMENTS		
17. FATHER'S NAME (First, A	licidle. Last)			002	4.0	18, MO	THER'S NA		iddle, Maiden			JIIII X D		
CHARLES		LATESTA					ARTE		MPSC					
19a. INFORMANT'S NAME (				19b. MAILING	AOORESS (Stree						(n Code)			
OMA M. M		STA		11771								MD.2106		
20a METHOD OF DISPOSIT	ION		20h BI		E OF OISPOSITION			OATE	-			own, Stata		
20g. METHOD OF OISPOSIT		oval from Btata			"VETEI			3/2				LE, MD.		
21. SIGNATURE OF FU	-	CENSEE / 1	2	THAND		AND ADDR	ESS OF EA		CK	OMINE	7 4 1 1	ME 2106		
11. 5164.1012 51 159	7	1 F	- 1	RAYMOND C.					FINK FUNERAL HOME					
/	au	d. N	aufmen 426 CRAIN H					HWY.S.W.GLEN BURNIE, MI such as cerdiec or respiratory arrest,   Approxi						
immediate cause (Fi disease or condition resulting in death)  Sequentially list conditions, leading to immediate	tions,	b. Due to	OR AS A COL	NSEQUENCE O	m: 1000	108	4	SLA	rel	)d	-	Onset and Dea		
cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS	ST	a Ch	10B AS A CO	DLY	9821	,	7							
PART II, Other algorific	ant condition	na contributing to	death but	not feaulting	in the underly	ing ceuse	given in	Part I.	24a. WAS AF PERFO 1 YES	RMED?	24	b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
	3											N/A		
25. WAS CASE REFERRED	TO MEDICAL				26.	PLACE OF	DEATH (C	heck only one	e)					
EXAMINER?		HOSPITAL:	NER/Outnotles	nd 3 □ DOA	OTHER:									
25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	<i>-</i>	26a. DATE O		28b. Til		NJURY AT	Nesiderice		CRIBE HOW	INJURY O	CCURED			
	Pending	(Month, i	Day, Year)	IN	JURY	WORK?	□ NO							
2 Accident	Investigation	28e, PLACE	OF INJURY — /	At home, ferm.	street, factory, o			28f. LOCA	TION (Street	and Numb	er or Rumi	Route Number,		
4 Homicide	Could not be determined	building	, atc. (Specify)						or Town, State					
CONSCR ONLY		SICIAN: To the best of ER: On the basis of a										(s) and manner as stated.		
296 SIGNATURE AND TITL	2	it	20	of		29c. Li	CENSE NU	MBEA		29d. DA	TE SIGNE	(Month, Day, Meer)		
30. NAME AND ADDRESS C				-	in,							(1)		
DR. RECEP	FROL	M.D. 14	14 N	CRAIN	HMY GI	FN RI	IDNITE	MD	2100	51				



TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPIDL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tra	De ned within 12 nous aren death with the State Dept. Or regula and wented highers prior to contact, the medical examiner must be notified at once. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
AL OR ATTENDING PHYSICIAN: T	L DIRECTOR: After this certificate	r nours are deam win he said titem 28 is marked, or ite
TO THE HOSPIT	TO THE FUNERA	IMPORTANT:

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)
MAR 2 0 1991

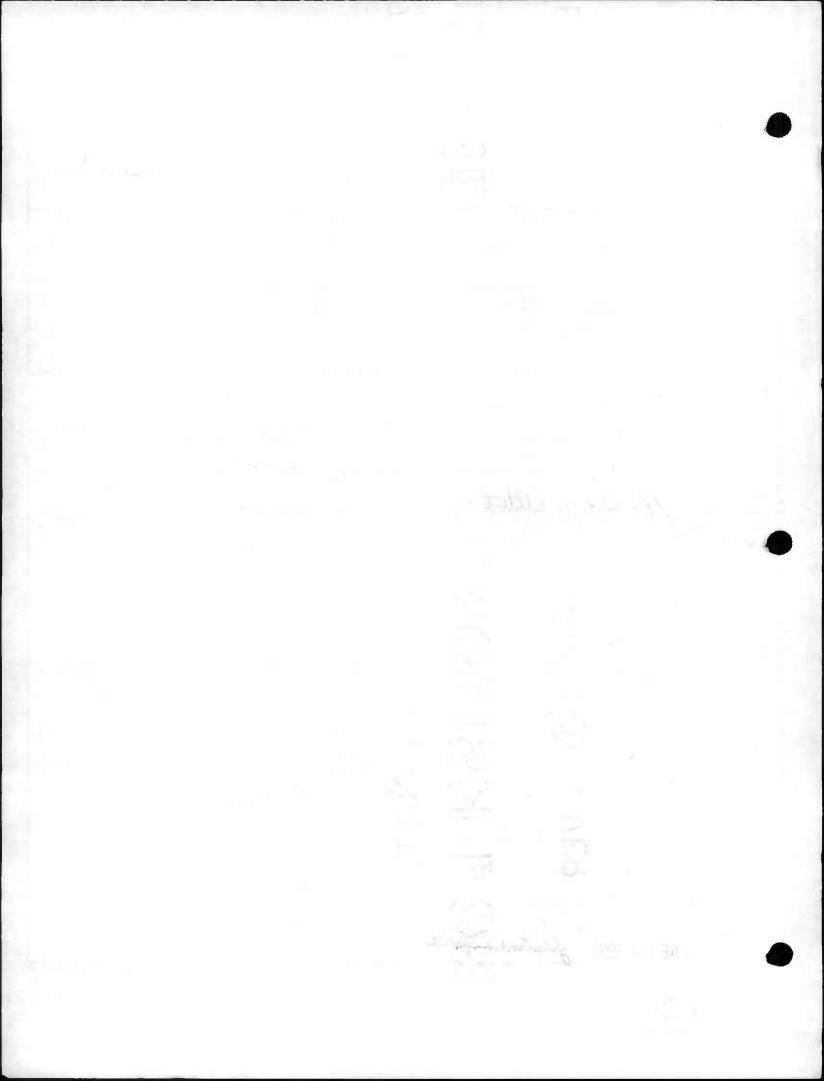
#8,per F.H. 4/8/	/91 kam							0	1 0	M 0 1 0
1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND	/ DEPAR	RTMENT OF	HEALTH AND	MENTAL	HYGIENE REG. NO.	9		7348
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE O			YEAR 3.	TIME OF DEATH
RITA MILLER	2					MARC				.26 a.m M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS	. 7. DATE 0	F BIRTH		BIOTHOL	ACE /State or Comice
271-28-2491	1 🗆 M 2 🗸 F	60	YRS.	MONTHS DAYS	HOURS MIN.	Feb.	16. 1	931 6	Country)	Ohio Virginia
9s. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY, TOWN	OR LOCATION OF	1,00	10. 1		TY OF DEAT	
THE JOHNS HOPKINS	HOSPITA	IT.		RAITTM	ORE CITY	v		DATO	TMOD	E OTMV
RESIDENCE OF DECEDENT						ı		DAL	LIMOR	E CITY
10a. STATE 10b. COUNT			10c. CIT	TY, TOWN OR LOC					10	d. INSIDE CITY
	Berkeley			Marti	isburg				1	YES 2 NO
10e. STREET AND NUMBER					of, ZIP CODE			_		T COUNTRY?
605 Foxcraft Ap	ot 3B			44.00	254	01			USA	
11. MARITAL STATUS	12. WAS DECEDED	NT EVER IN U.S.			ECENDENT OF HISI specify Cuban, Mex			or No—	14. RACE — Black, W	American Indian, /hite, etc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES	7.10		S 2 NO Spe		roun, evo.,	- 1	Specify:	
										White
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	111	(Give kind of	Work done during i	TION most of working	18b.	KIND OF BUS	INESS/INDU	ISTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	ille. Do NOT u	-						
12			Hom	emaker	,			Home		
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S					
Frank J. Berge	ジエ					nche M				
19a. INFORMANT'S NAME (Type/Print)					and Number or Ru					05 101
Joseph W. Miller			605	roxcra	st Apt.	35, M	artin	sourg	, wv	25401
20a. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Rem	ioval from State	of cemeta	ary cremator	E OF DISPOSITION or other place)		OATE			ity or Town.	
4 Donation 5 Other (Specify)		- Sacr	ed He	art of	Mary Cen		1 Harr	isbur	19,01	hio
21. SIGNATURE OF FINERAL SERVICE LI	ENSEE				ERT C. A		DC FIII	IEDAI	HOME	TAIC
* K House	10/	0			Harkor					
23. PART I. Enter the diseases, or	complications th	at caused/the	death. Do	not enter the r	node of dving.	uch as cerd	iac or reapi	etory arre	, MU	21214
ahock, or heart fällure.	List only one ca	use on each il	ne.			514 5575.76	1000			Interval Between
IMMEDIATE CAUSE (Final disease or condition	0	11.	10.							Onset and Death
resulting in death)	a. O)	O OR AS A COM	MININ	<b>.</b>						20 minutes
	DUE IC	O (OH AS A COM	SECUENCE	ye):						i
Sequentially list conditions,	b	O (OR AS A CONS	PEOLIENCE (	OFD.						
if any, leading to immediate cause. Enter UNDERLYING	DOE TO	OH AS A CON	SEQUENCE (	or):						
CAUSE (Disease or injury	c.	O (OR AS A CON	SECTION CE	DE):						<del></del>
that initiated events resulting in death) LAST	OUL IC	o (on as a con	SECOLNOE (	<i>a</i> r j.						İ
	d									1
PART II. Other algnificent condition	na contributing to	o deeth but no	t resulting	in the underly	ing cause given	in Part i.	24s. WAS AN			ERE AUTOPSY FINDINGS
diorrhea							PERFOR		C	MAILABLE PRIOR TO OMPLETION OF CAUSE
hy as kalense		Lib .					1 1 169 2	_ NO		F DEATH?
14/10/10/10	-								1 '	_ 1E3 2 _ NO
25. WAS CASE REFERRED TO MEDICAL			_	28	PLACE OF DEATH	(Check only on	el .			
EXAMINER?	HOSPITAL:	M ====	. 🗆	OTHER:						
1 YES 2 NO	1 inpatient 2	F INJURY	3 L DOA		ome 5 🗌 Residen		(Specify)	I HIMY OCC	unen.	
1 Hetural 5 Pending		Day, Year)	10	HIDV	WORK?	28d. DE\$	CRIBE HOW IF	MONY OCC	UNED	
2 Accident Investigation	2//4	191		7	YES 2 NO					
3 Suicide 8 Could not be 4 Homicide determined	28e, PLACE building	of injury — At g, etc. (Specify)	home, farm,	street, factory, of	fice		ATION (Street a or Town, State)	nd Number	or Rural Rou	te Number,
TOTAL OTTY	ICIAN: To the best of	of my knowledge,	death occur	rred et the time, d	eta and place, and	due to the cau	se(a) and man	ner as state	od.	
one) 2 MEDICAL EXAMIN	ER: On the basis of	examination and/	or investigat	lon, in my opinion	, death occured at	the time, data	and place, and	d due to the	cause(a) a	nd menner as stated.
29b. SIGNATURE AND TUTLE OF CERTIFIE	R				29c. LICENSE		T	29d. DATE	SIGNED (M	forth, Day, Year)
hear					TUE	20		5 4	11931	51

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ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Complete Buo N Molfe

Reltine 100 21203



	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT O		MENTAL HYGIEN REG. NO.	91	07349
	1. DECEDENT'S NAME (First, Middle, Last)	Ma Neill	IIIII IOATE	JI DEATH	2. DATE OF DEATH	5- 47	3. TIME OF DEATH
	317-05-9349 Se. FACILITY NAME (Il not institution, give stre	5. SEX 6. AGE (In yrs. las 1 2 F et and number)	YRS. MONTHS DA	WN OR LOCATION OF DE	0-+	8. B	IRTHPLACE (State or Foreign ountry)  Dillow, S.C.
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	EN NUVSing H	10c. CITY, TOWN OR L	OCATION	ecity		10d. INSIDE CITY
AL DIF	Mayu/mc 10e. STREET AND NUMBER	4.	BATTI	101, ZIP CODE		10g. CITIZEN	LIMITS?  1 VES 2 NO  OF WHAT COUNTRY?
FUNERAL	1 Neyer Married 2 Marriad	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 ☐ YES 2 ☐ IF YES, GIVE WAR OR DATES	TO If ye	DECENDENT OF HISPAN s, specify Cuben, Mexical YES 2 2 10 Specify	n, Puerto Rican, etc.)		S.A.  RACE — American Indien, Black, Whita, atc.  Specify:
COMPLETED BY	3 Wildowed 4 Divorced  15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondery (0-12)	TION 18a. DE propleted) (G	ECEDENT'S USUAL OCCU inve kind of work done during . Do NOT use retired.)	PATION	16b. KIND OF BUS	SINESS/INDUSTI	Vegro
5	17. FATHER'S NAME/(First, Middle Last)	Neill		SUR	ME (First, Middle, Malden	Surnafine)	Neill
TO BE	Mr. UliANI	homos SR	957 EII	cott DR	BAID.	Mar. Zip God	21216
Tane.	20s. MPTHOD OF DISPOSITION  1 B Burlal 2 Cremation 3 Ramon  4 Donation 5 Other (Specify)	ral from State  ARI	OF DISPOSITION (Name (Co))	nem Par	K 20c. LO	Allo.	Co. M.
examiner	21. SIGNATURE OF FUNERAL SERVICE LICE	Puss	705	Sep Differ	oth Ave	· Bali	tom &
II, the medical	23. PAM I. Enter the diseases, or co ahock, or heart fellure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	METASTAT	e Cou		endiac or reap		Approximate interval Betw Onset and De
r other traumatic event, RTIFICATION	Sequentially flat conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSE	OUENCE OF):	MA OF	COLON		
	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF):				
red, or item 23 shows any injury, PHYSICIAN: MEDICAL CI	PART II. Other algorificant conditions DIABETES CORONARY AR	UEZCETUS:		rlying cause given in	Part I. 24e. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDI AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 PRO
Item 23 sh	SP HEMI COC 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	ECTOMY E C		4 20 CAK	CINOMA -	-1987	
PHYSI		1 Inpetient 2 ER/Outpetient :  28s. DATE OF INJURY (Month, Day, Year)	25b. TIME OF 28	Home 5 Rasidence	6 ☐ Other (Specify)  25d. DESCRIBE HOW	NJURY OCCURE	ED
28 is marked TED BY PH	2 Accident Investigation 3 Suicide 5 Could not be determined	28a, PLACE OF INJURY — At he building, etc. (Specify)	1	Office	281. LOCATION (Street City or Yown, State)	and Number or R	tural Route Number,
If item	one)	IAN: To the best of my knowledge, d					use(a) and manner as state
BE	290 AGNATURE AND TITLE OF CERTIFIER	blani		29c. LICENSE NUI	the same of the sa		ONED (Wanth, Day, Year)
TO	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITE	EM 27) (1900, 1979) 20 PARI	< Herc	HIS AVE	, B	gero Min 21
	31. DATE PARTY AND DOC YOU 1991	A REGISTRAR'S SIGNATURE	ndella				

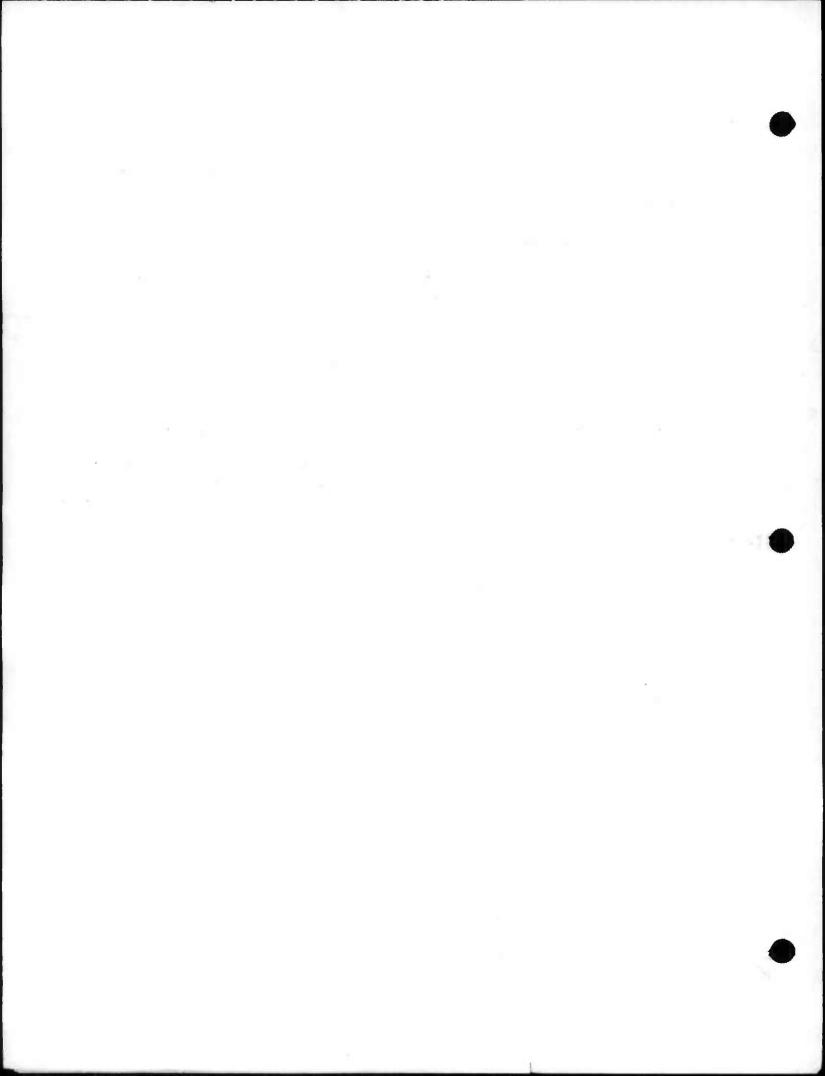
in the all the same

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

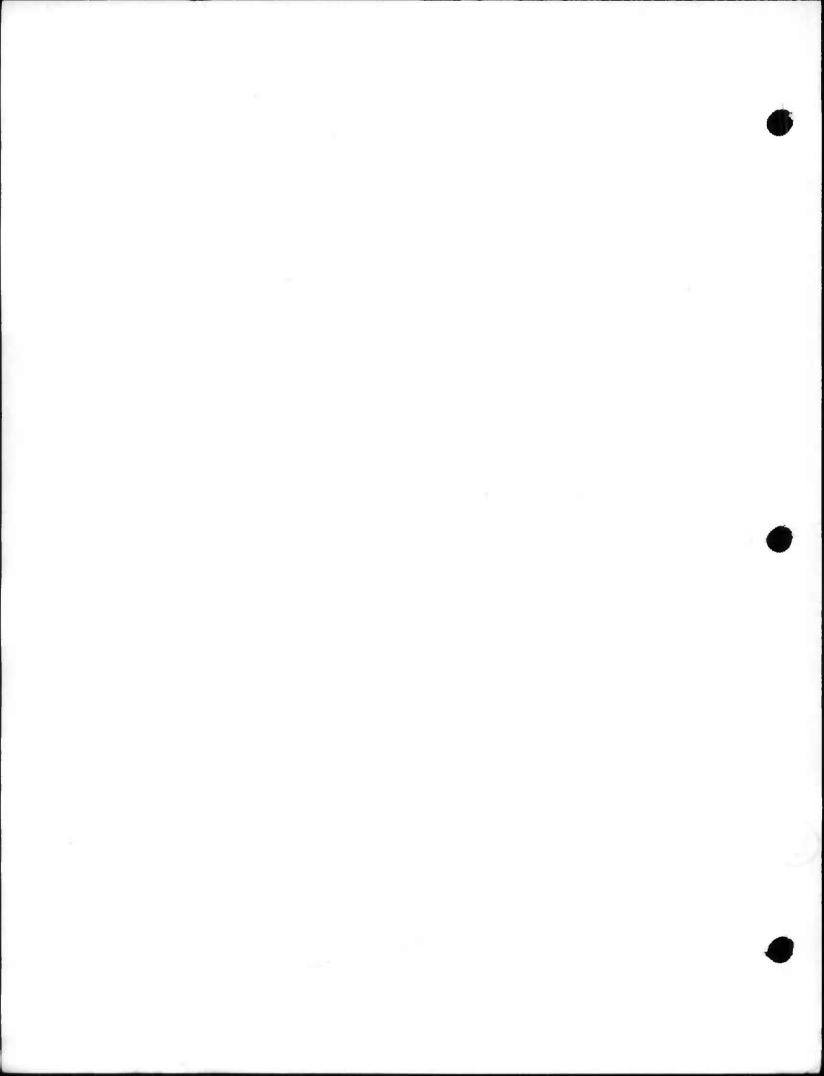
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR

	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.	71 07000
	1. DECEDENT'S NAME (First, Middle, Last)  JEROME (JERRY) C. NICKOL  2. DATE OF DEATH MONTH 1047	9 S. TIME OF DEATH 12: 52 Am
	4. SOCIAL SECURITY NUMBER  6. SEX  6. AGE (In yrs. lest birthday)   F UNDER 1 YEAR   F UNDER 24 HRS.   7. DATE OF BIRTH (Morith, Day, Year)   3 3 1939	8. BIRTHPLACE (State or Foreign Country) MD .
OR		DUNTY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	10d. INSIDE CITY
		1 TYES 2 NO
FUNERAL	10g. STREET AND NUMBER  504 Hearth Avenue - Linthium, Md.  107. ZIP CODE  21090	USA.
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 VES 2 NO Specify:	14. RACE — American Indian, Black, White, atc. Specify: White
田	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/I	INDUSTRY
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) Cabinet Maker Self	
SO	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname	)
BE		Pla Cadal
5	P Mrs. DElla Nickol - Mother 6844 Fait Avenue - Baltimore, Md.	
	20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION	— City or Town, State
	4 Donation 5 Other (Specify) 3/19/91 - Sacred Heart Of Jesus Balti	more, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY. Walter Dabrowski Funeral 1005 Dundalk Avenue, Balt	
	23. PART I. Enter the diseases, Dr complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory shock, or heart fellure. Liet only one cause on each line.	arrest, Approximate Interval Between
	IMMEDIATE CALISE (Final	Onset and Death
	disease or condition resulting in death)  a.   ### DEMA .  DUE TO (OR AS A CONSCOUENCE OF):  LUNG CANCEY .  Sequentially list conditions.	
NO.	Sequentially liet conditions,  DUE TO (OR AS A CONSCOUENCE OF):	
CAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	
CERTIFICATION	that Initiated eventa resulting in deeth) LAST	
DICAL	CONCERNO HEARLY Frahme, Diabetes Mellitus 10 YES 2/2(NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME	<u> </u>	1 UES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)	
SIC	EXAMINER?  1 YES 2 NO  HOSPITAL: OTHER: Nursing Home 5 Residence 8 Other (Specify)	
Y PHYSICIAN:		OCCURED
red BY		nber or Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data end place, and due to the cause(a) and manner as meaning to the cause (a) and manner as meaning to the cause (b) and manner as meaning to the cause (c) and due to the cause (a) and manner as meaning to the cause (a) and manner as meaning to the cause (a) and manner as meaning to the cause (b) and manner as meaning to the cause (a) and manner as meaning to the cause (b) and manner as meaning to the cause (b) and manner as meaning to the cause (b) and manner as meaning to the cause (c)	
BE CO	296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER	DATE SIGNED (Month, Day, Year)
2	o de cepa in	7,9171
	DAN KOLUR MO. HORBOK HOSPITM CONFIL 3001. 5. HANGER.  31. DATE FILED (Month, Day, Vest)  32. REGISTRAR'S SIGNATURE LANGUAGE POPULATION FOR JAMES.	+. BAUT MD 21230
	31. DATE FILED (Month, Day, Year)  MAR 2 0 1991  Julia Davidson Rydalla	



	FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTI				YGIENE EG. NO.	1 07351
i	1. OECEDENT'S NAME (First, Middle, Lest)			1		2. OATE OF O		3. TIME OF OEATH
1	ALICE	ELIZABE	ETH- N	JUTTE	R	mak	ch 12 199	8:20 AMZ
1	THE COLUMN TWO IS NOT THE OWNER.		//	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B		BIRTHPLACE (State or Foreign Country)
i	2110232	1 🗆 M 2 💢 F 📗 🕢	YRS.			01/10		Maryland
~	9a. FACILITY NAME (If not institution, give street	it and number)	9		R LOCATION OF DE	ATH /	Me. COUNTY	OF DEATH
D.	Bon Secour			Baltin	nore			
E E	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION	- 6		10d. INSIDE CITY LIMITS?
FUNERAL DIRECTOR	MU		BA	time				YES 2 NO
3AL	10e. STREET AND NUMBER		_	101.	ZIP CODE		17.5	OF WHAT COUNTRY?
NA I		ROOK AVE			2 12 1 ENDENT OF HISPAN	Ь	U. S	. A .
	1 Never Married 2 Married	FORCES? 1 YES	2 XNO	If yes, spe	city Cuban, Maxican	, Puarlo Rican		Black, White, atc.
ВУ	3 Widowed 4 Divorced	IF TES, GIVE WAR ON DAT	E\$	1 L YES	2 NO Specify	•		Specify: Black
COMPLETED	15. DECEDENT'S EOUCA (Specify only highest grade co		16a. DECEDENT'S US	SUAL OCCUPATION of done during most	N st of working	16b. KINI	O OF BUSINESS/INDUS	TRY
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfa. Do NOT use	retired.)				
MP	Grade School  17. FATHER'S NAME (First, Middle, Last)		Homemal	cer				
8					18. MOTHER'S NAI			
H	Ralph Grover Nu  19a. INFORMANT'S NAME (Type/Print)	itter	19b. MAILINO A	DDRESS (Street a	Louise		ity or Town, State, Zip Co	nde)
2	Marion H. Nutte	ar					10 - 1	rvland 21216
-	20s. METHOD OF DISPOSITION	20b. I	PLACE OF DISPOSIT			Dar	20c. LOCATION — City	
	1 Donation 6 Other (Specify)			Cemeter	v/Garris	son	Owings Mi	lls. Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICE	YSEE		22. NAME AN	D ADDRESS OF FAC	Nutt	er Funera	1 Homes, Inc.
	Herbert E.	nutter		2501 (  Baltin	Gwynns Fa	alls Pa	arkway 21216	
	23. PART I. Enter the diseeses, or co ahock, or heart failure. Li			t anter the mo	de of dying, suci	n aa cardiac	or reaplratory arres	t, Approximata interval Between
	IMMEDIATE CAUSE (Fine)			1.1.				Onset and Death
	diseese or condition resulting in deeth) a.	Cardo oue to (or as a c	ac B	RRNY	14719			
		OUE TO (OR AS A C	CONSEQUENCE OF):					
CERTIFICATION	Sequentielly list conditions, b.	DUE TO (OR AS A	CONSEQUENCE OF):					
CAT	if any, leeding to immediate cause. Enter UNDERLYING							
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
ERI	reaulting in death) LAST							
	PART II. Other algnificant conditions	contributing to deeth bu			g ceuse given in	Part i. 24e	. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
5	end s	Tage REA	AL PI	JCax	-	16	YES 2 NO	COMPLETION OF CAUSE OF DEATH?
MEC	Dlassitio	· NEPhRO	USCLERC	311		_		1 - YES 2 - NO
ä								
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITAL:		26. PL	ACE OF DEATH (Ch	eck only one)		
IYS	1 YES 2 NO 27. MANNER OF DEATH	1 ☐ Impatient 2 ☐ ER/Outper	tient 3 DOA 2		e 5 Raaldenca		eclfy) BE HOW INJURY OCCUI	PED
	1 Netural 5 Pending	(Month, Dey, Year)	INJU	RY WO	PRK7	zeu. OEșchii	SE NOW INJUNI OCCU	neo
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	— Al home, farm, str				N (Street and Number or	Rural Route Number,
TEC	4 Homicide detarmined	building, atc. (Specif	TY)			City or lo	wn, State)	
) LE	29a. CERTIFIER 1 CERTIFYINO PHYSIC	IAN: To the best of my knowle	edge, death occurred	at the time, date	and place, and dua	to the cause(a	) and manner as stated	
COMPLETED	2-21	On the basis of examination	and/or investigation	, in my opinion, d	leath occured at the	lime, data and	place, and due to the	cause(a) and manner as stated.
m O	29b. SIGNATURE AND TITLE OF CENTIFIER	-02-1			29c LICENSE NUI	MBER	29d. DATE S	BIONED (Month, Day, Year)
00	Culle	1/4/5			11-21	140	12	- Mar 91
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA			n	11 . 10	Yus Han	hak 91
	31. DATE FILED (Month Day Vhart	32 REGISTER'S SIZE	2 DAU	n ul	) 10		0103	1) 41 423
1	MAR 2 0 1991	Sulla Day don	-Randoll				V	
		W						



		_
1	1	
	24	)
1		

31. DATE FILED (Morith, Day, Year)
MAR 20

	1. DECEDENT'S NAME (First, Middle		OZ.IIII	ICATE OF		2. DATE OF DEATH MONTH D	AY , Y	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	IYER PUMPS	r yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	March Z,	1991	4:16 P'. BIRTHPLACE (State or Foreign	
	216-22-0182	12 M 2 □ F 86	YRS.	MONTHS DAYS	HOURS MIN.	July 2, 19		Country) Russia	
	Da. FACILITY NAME (If not institution			9b. CITY, TOWN	OR LOCATION OF I			Y OF DEATH	
E C	Suburban Hos	spital		Bethe	sda			Montgomery	
5	RESIDENCE OF DECEDE	COUNTY	10c CIT	Y. TOWN OR LOCA	TION			10d. INSIDE CITY	
DIRECTOR	Maryland	Montgomery		Rockv				LIMITS?	
AL	10e. STREET AND NUMBER	1101108011027			H. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?	
	6105 Montros	se Road			20852			United State	
BY FUN	11. MARITAL STATUS  1 Never Married 2 Marrie 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, s		ANIC ORIGIN? (Specify Yelcan, Puerto Rican, etc.)	or No- 14	t. RACE — American Indian, Black, White, atc. Specify: White	
0		T'S EOUCATION ast grade completed)	16a. DECEDENT'S	USUAL OCCUPATI	ION	16b. KIND OF BU	SINESS/INDUS		
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u	ise retired.)	ost or working				
COMPL		8 years	Lawy	er	I as assessment a	Privat		ctice	
-	17. FATHER'S NAME (First, Middle,	Pumps				e Weinberg	Sumame)		
BE	19a. INFORMANT'S NAME (Type/Pr		19b. MAILING	G ADDRESS (Street		al Route Number, City or Tox	vn, State, Zip C	code)	
5	Ann Moss		8484	16th St	reet. Si	lver Spring	y. Mar	vland 20910	
	Ann Moss  8484 16th Street Silver Spring Maryland 20910  20e, METHOD OF DISPOSITION 1 A Burdel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  Mount Lebanon Cemetery  Adelphi, Maryland								
	21. SIGNATURE OF FUNERAL SEP	IVICE LICENSEE		DONAI	LD M.STE	FACILITY IN HEBREW N	ÆMORI.	AL FUNERAL H	
	21. SIGNATURE OF FUNERAL SER  Somald  23. PART I. Enter the disease	(fy) Mc	I the grath. Do	DONAI 232 (not enter the m	LD M.STE CARROLL	FACILITY  IN HEBREW N  STREET N L  uch as cardiac or resp	ÆMORI.	AL FUNERAL HOSHINGTON DA Approximate Interval Betw	
CERTIFICATION	21. SIGNATURE OF FUNERAL SER  Concld  23. PART I. Enter the disease shock, or heart immediate CAUSE (Final disease or condition	INCELICENSEE  Les, or complications that ceused failure. List only one cause on es  a. CAMPIO PU  DUE TO (OR AS A  DUE TO (OR AS A  C. COKONAP	the Seth. Do ach line.	22. NAME ADONAL 232 ( not enter the m  ANY Dep: Copp.: Cop	ALUES	FACILITY IN HEBREW IN STREET, N. L uch as cardiac or resp  CUTE  EASE-PA	MEMORIA WA	AL FUNERAL HOSHINGTON D. (Approximate Interval Betwo	
MEDICAL C	21. SIGNATURE OF FUNERAL SER  23. PART I. Enter the disease shock, or heart is made and in the shock of heart is made and in the shock of heart is made and in the shock of heart is made and in the shock of heart is shock or heart in the shock of the sh	INCELICENSEE  Les, or complications that caused failure. List only one cause on es  a. CAMPIO PU  DUE TO (OR AS A  DUE TO (OR AS A  C. COMPIONAL  DUE TO (O	the seth. Do ach line.	22. NAME ADONAL 232 ( not enter the m  ANY 20F):  C) FM ( OF):  AL F  In the underlyi  TO UL	ALLES  AL	FACILITY  IN HEBREW IN  STREET N. L  uch as cardiac or reach  CUTE  EASE-PR  In Part I. 24a. WAS A  PERFO  1 1 YES	MEMORIA  J. WA.  Siratory arres	AL FUNERAL HOSHINGTON D. C. Approximate Interval Betwo	
MEDICAL C	23. PART I. Enter the disease shock, or heart immediate CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant or LAST  PART III. Other eignificant or LAST  25. WAS CASE REFERRED TO ME EXAMINER?	INCELICENSEE  Les, or complications that caused failure. List only one cause on establishment to grant the course of the course	the geth. Do ach line.  L MON'S CONSEQUENCE CONSEQUENC	22. NAME PONAI 232 ( DONAI 232 ( not enter the m  ANY DE): COPY: COPY: TO UL!  26. OTHER:	AND ADDRESS OF LD M.STE CARROLL TO DESCRIPTION OF THE CARROLL TO DESCRIPTION OF THE CARROLL TO DESCRIPTION OF THE CARROLL THE	FACILITY  IN HEBREW IN  STREET, N. L.  LICH AS CARDIAC OF PERFORM  CUTE  FASE-PR  CHECK ONLY ONE)	MEMORIA  J. WA.  PORTO	AL FUNERAL HOSHINGTON D. Approximate Interval Betwoonset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do	
PHYSICIAN: MEDICAL C	21. SIGNATURE OF FUNERAL SER  23. PART I. Enter the disease shock, or heart is limited or condition resulting in death)  Sequentieity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant or CHILDRIC CH	INCELICENSEE  Les, or complications that ceused failure. List only one cause on established.  Lest only one cause on established.  Lest only one cause on established.  Lest only one cause on established.  Lest one contribution of the contribution	the Feth. Do nch line.  L MON CONSEQUENCE	22. NAME / DONAI 232 (not enter the manual part of	ALUES  AL	FACILITY  IN HEBREW IN  STREET N. L  uch as cardiac or reach  CUTE  EASE-PR  In Part I. 24a. WAS A  PERFO  1 1 YES	AEMORIA  J. WA.  Poiratory arrest  COPATO  NAUTOPSY PRIMED?  2 D.NO	AL FUNERAL HOSHINGTON D  st, Approximate Interval Betwood onset and De Company of the Company of Deaths of Cause of Deaths 1 Yes 2 No	
MEDICAL C	23. PART I. Enter the disease shock, or heart immediate CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other significant culture in the condition of the condition of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other significant culture in the condition of the cause of the condition of the cause of	Ingation  Procedure  In a place of injury (Month, Day, Vear)  Integration  In a place of injury (Month, Day, Vear)  Integration  In a place of injury (Month, Day, Vear)  Integration  In a place of injury (Month, Day, Vear)  In a place of injury (Month, Day, Vear)  In a place of injury (Month, Day, Vear)	The seth. Do ach line.  L MONO CONSEQUENCE	22. NAME / DONAI 232 (not enter the manual part of	ALLES  AL	FACILITY  IN HEBREW IN  STREET, N. L.  LICH AS CARDIAC OF PERFORM  LICH AS CARDIAC OF PERFORM  IN PART I. 24a. WAS A.  PERFORM  Check only one)  Check only one)  Ce 6 □ Other (Specify)	MEMORIA  J. WA.  INTERIORY ACTOR  IN AUTOPSY  INDURY OCCU  INJURY OCCU  I and Number of	AL FUNERAL HI SHINCTON D st, Approximate Interval Betw Onset and D  2 4b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO	

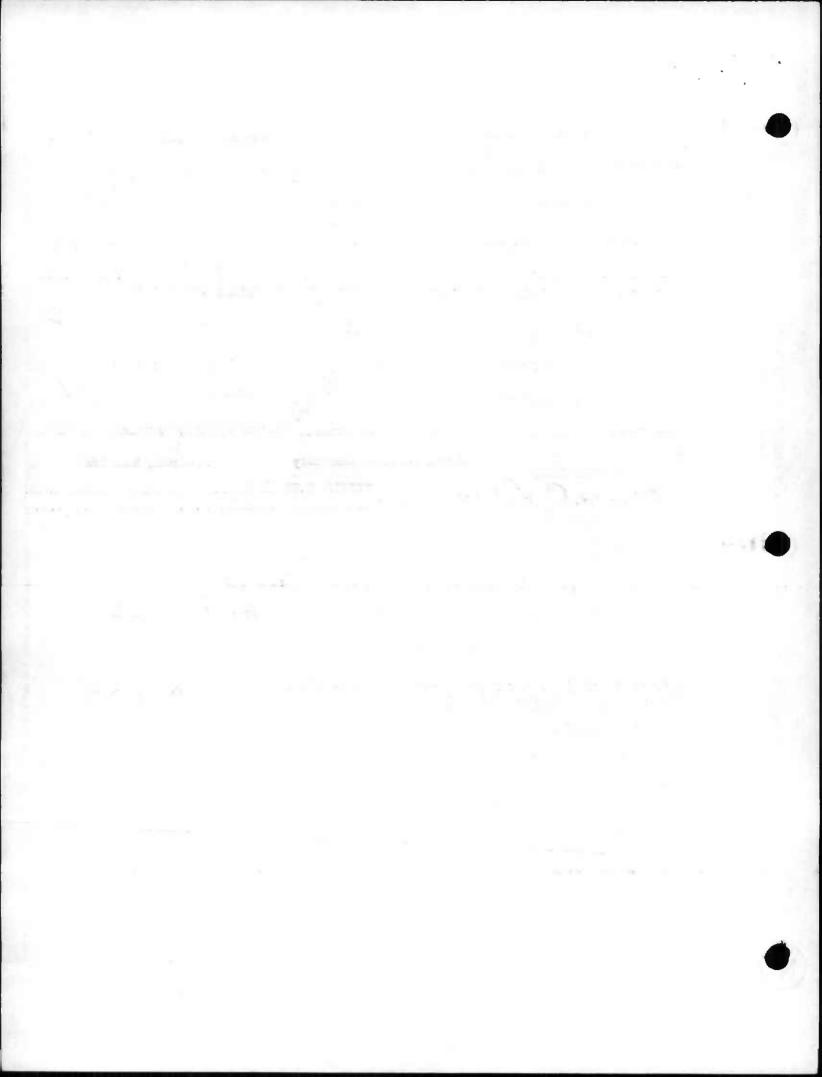
ROCKVILLE

PLETED CHUSE OF DEATH (ITEM 27) (Typo, Print)

O. HEBNEW HOME

32. REGISTRAR'S SIGNATURE

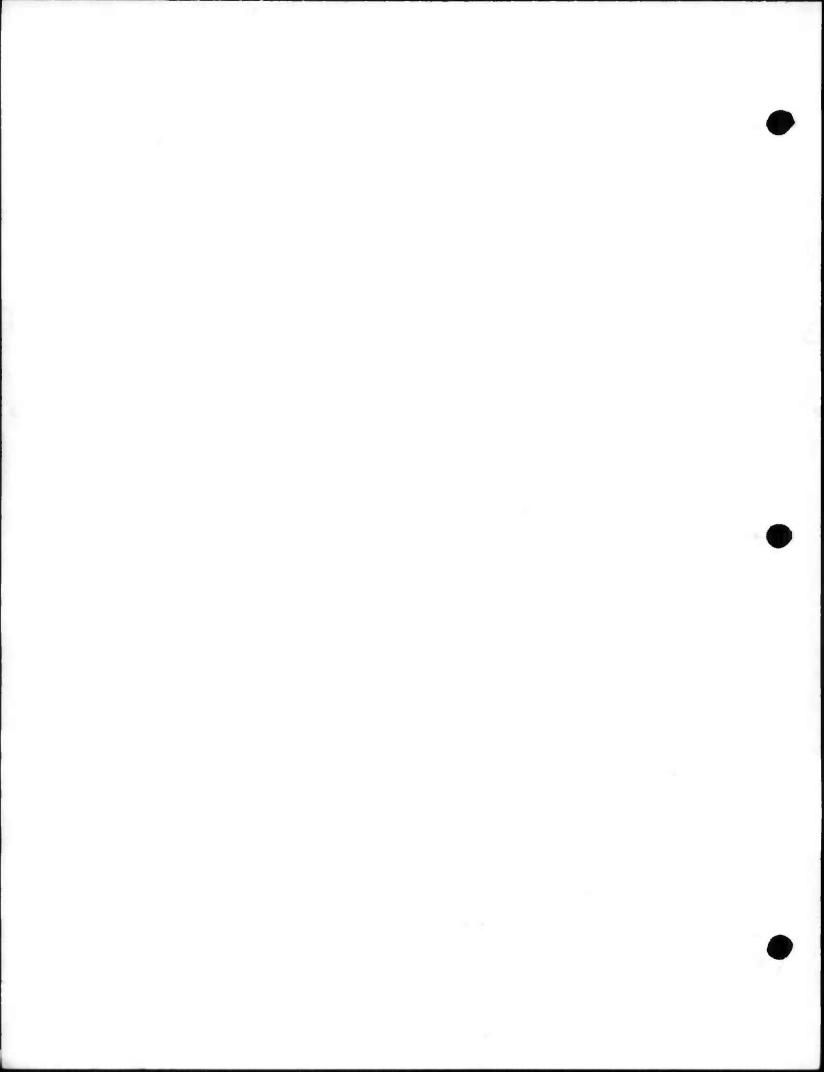
DHMH-16 Rev 1/89



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.

1 - STATE REGISTRAR	STATE OF MARY		NT OF HEALTH AND I	MENTAL HYGIENI REG. NO.		
1. DECEDENT'S NAME (First, Middle, Li	est)	DADVED		2. DATE OF DEATH MONTH DAY		
GERALDINE  4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	PARKER  E (In yrs. lest birthday) IF UN	DER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	1991 a. Bir	1:30 a
212-32-8418		69 YRS. MONTH		1/14/1922	Co	LTIMORE, MD.
9a. FACILITY NAME (If not institution, g	21	-	TY, TOWH OR LOCATION OF DE		9c. COUNTY OF	
MARYLAND CENT	ERAL HOSPITA	т	BALTIMORE CI	TY	BALTIM	ORE CITY
10s. STATE 10b. COL		10c. CITY, TOW	N OR LOCATION			10d. INSIDE CITY LIMITS?
MARYLAND		BALTI				N YES 2 □ NO
100. STREET AND NUMBER  1627 BOOKER CT.			10f. ZIP CODE			F WHAT COUNTRY?
1027 DOUKER CI.	12. WAS DECEDENT EVE	R IN U.S. ARMED	21217  3. WAS DECENDENT OF HISPAN	NC ORIGIN? (Specify Yes	USA or No. 14. B	ACE — American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YE	S 2 XNO	If yee, specify Cuben, Mexica 1 YES 2 NO Specif	n, Puarto Rican, atc.)	8	lack, White, atc. Decily: LACK
15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)		18a. DECEDENT'S USUAI (Give kind of work do life. Do NOT use retire	ne during most of working	16b. KIND OF BUS	INESS/INDUSTR	Y
17. FATHER'S NAME (First, Middle, Last,	)		18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
BENJAMIN	THOMAS		NE	LLIE THO	OMAS	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDR	ESS (Street and Number or Rural			
CORETTA CAIN			BOOKER CT, BA			
20a. METHOD OF DISPOSITION  1 Buriel 2 Cremation 3 1	Removal from State	other place)	(Name of cemetery, crematory or	1374	CATION — City of	
4 □ Donation S □ Other (Specify)  21. SIGNATURE OF FINERAL SERVICE	LICENSEE		ATIONAL CEMET		LIMORE.	MARYLAND
Llocal	MOL		ESTEP BROTHER 1300 EUTAW PL	S FUNERAL 1		
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Tern Due to (or a	CARCINOMA	OF THE LUNG			Onset and Dec
Sequantielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	S A CONSEQUENCE OF):				
PART II. Other significant cond	itions contributing to desti	h but not resulting in the	underlying ceuse given in	Part I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC	AL 1		AL ALLOS OF REATH O			
EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (CI IER: Nursing Home 5 🗋 Residence			-
27. MANNER OF DEATH	28a. DATE OF INJUI	RY 28b. TIME OF	28c. INJURY AT	28d. DESCRIBE HOW I	NJURY OCCURE	)
1 Natural 5 Pending	(Month, Day, Yea	ir) INJURY	WORK?  1 YES 2 NO			
2 Accident Investigat 3 Suicide 6 Could no 4 Homicide determine	28e. PLACE OF INJU building, etc. (5	JRY — At home, farm, street, Specify)	factory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
anal city	PHYSICIAN: To the best of my ki					se(a) and menner as stated.
296. SIGNATURE AND TITLE OF CERT	Sou-EZZ	) itouse	That 20c. LICENSE NU	MBER	29d. DATE SIG	NED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON PIERRE	N WHO COMPLETED CAUSE OF	7	LAND GENERAL	HOSPITAL		
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S MAR 2 0 199	IGNATURE	lson-Randells		_	

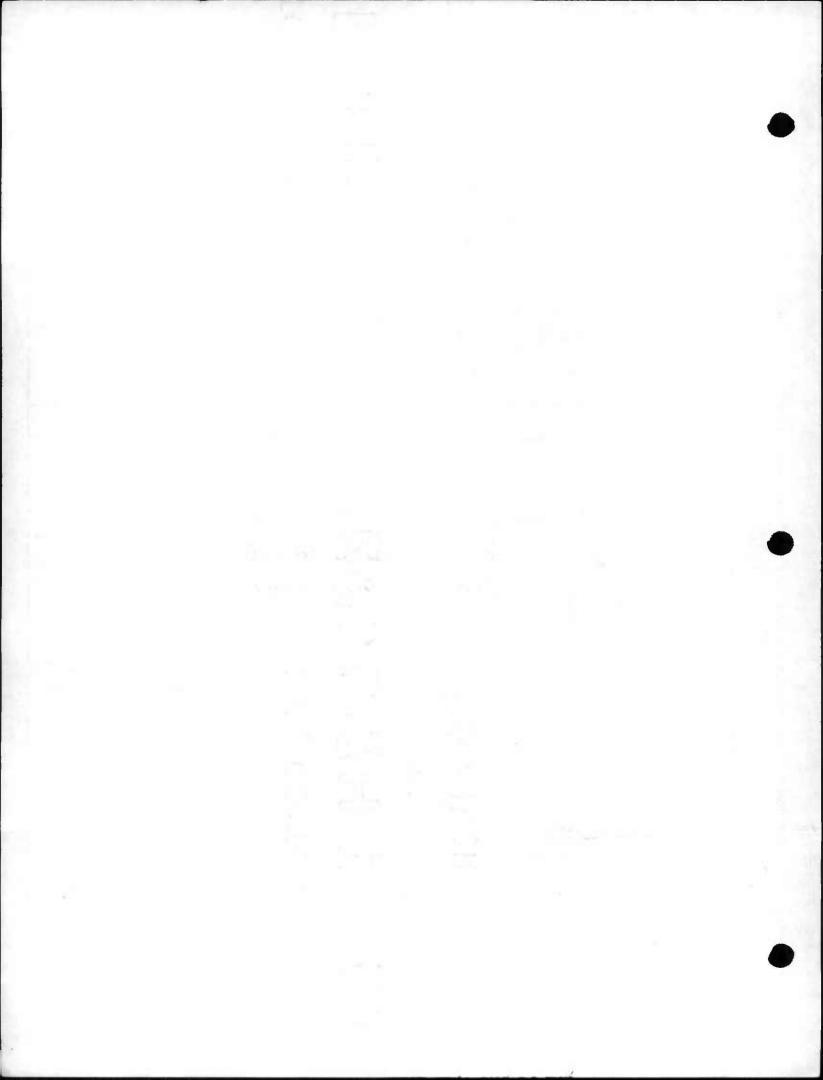




O THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	urs after death with the State Dept, of Health and Merital Hygiene prior to burial, cremation, or removal.	APORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICI	TO THE FUNERAL DIRECTOR: After this cert	be filed within 72 hours after death with the	IMPORTANT: If item 28 is marked, o

<sup>77</sup>270\*1991

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR ERTIF	RTMENT	OF H	IEALTH DEA	AND I	MENTA	L HYGIEN	-	0	7354	
	1. DECEDENT'S NAME (First, Middle, Last)  EARL LEE		PORTMESS						MAR	CH 17,	1991	YEAR	TIME OF OEATH 5:59 A. N	
	4. SOCIAL SECURITY NUMBER 218-60-1487	5. SEX	8. AGE (In yrs. less	t birthday) YRS.	IF UNDER	DAYS	IF UNDER	MIN.	(Mont)	of BIRTH h, Day, Year) 5-52	·	Country)	yland	
OR	9e. FACILITY NAME (# not institution, give a Memorial Hospital RESIDENCE OF DECEDENT		al Cente	r	0 1 1 1			9c. COUNT	y of DEAT legar					
DIRECTOR	10e. STATE 10b. COUNTY	gany Co	ınty	10c. CIT	Y, TOWN C		rion land					1000	d. INSIDE CITY LIMITS?  YES 2 NO	
FUNERAL	10e. STREET AND NUMBER PO BOX 512					10	i, zip coo	€ 1502			10g. CITIZE	USA	T COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	TEVER IN U.S. ARI YES 2 N	MED IO NO		If yes, sp		ın, Mexice	n, Puerto I	17 (Specify Yes Rican, etc.)	or No— 1	4. RACE — Black, W Specify:	American Indian, hite, atc.	
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12) 10th	CATION completed) Coffege (1-4 or 5	(GI	ive kind of	Work done se retired.)	during m	ost of world	ing			KIND OF BUSINESS/INDUSTRY  Electrical Business			
	17. FATHER'S NAME (First, Middle, Last)	DODENS	,		пе	elpe	18. MOT		ME (First, I	Middle, Malden	Surname)	ousin	ess	
TO BE	EARL WOODROW  19a. INFORMANT'S NAME (Type/Print)	PORTMES	198				and Numbe	r or Rural i	Route Num	N JOHN	m, State, Zip C	Code)		
	Ruth E. Portmess  20a. METHOD OF DISPOSITION  1 Burlet 2 Cremation 3 Rem  4 Donation 5 Other (Specify)		20b. PLACE of cemetary.	AND DAT		OSITION	_	and,	DAT	21502 E 20c. LO	CATION — CI	ty or Town,	State	
	21. SIGNATURE OF FUNERAL SERVICE LIC	Rona:	ld Wade,1				.Bal			State t,Balt		_	ard	
	23. PART . Enter the diseases, or shock, or heart fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one ce	ot caused the deuse on each line  COR AS A CONSER  OR AS A CONSER				/	7		diac or resp	iratory arre	et,	Approximate Interval Between Onset and Deat	
ALION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. OUE TO	COR AS A CONSEC	DUENCE O	Le OF):	ind	Co	mel	u					
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO	(OR AS A CONSEC	DUENCE O	P):									
PHYSICIAN: MEDICAL C	PART II. Other significant condition	es contributing to	death but not r	resulting	in the u	nderlyir	g ceuse	given in	Part I.	24a. WAS AN PERFOI 1 (1 YES 2	RMEO?	CO	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO OMPLETION OF CAUSE DEATH? YES 2 NO	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		П век	ОТНЕ	R:			neck only or					
BY PHYS	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE O	ER/Outpatient 3 FINJURY Day, Year)	28b. TII		28c. IN	JURY AT ORK? YES 2		6 Othe	SCRIBE HOW	INJURY OCCL	JRED		
	2 Accident 3 Suicide 6 Could not be determined	28e. PLACE building	OF INJURY — At he , etc. (Specify)	ome, ferm,	street, fac	tory, offi	ce	4		CATION (Street or Town, State		r Aurei Aou	le Number,	
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYS (Check only one) 2 MEDICAL EXAMINE												nd manner as stated.	
BE BE	296, SIGNATURE AND TITLE OF CERTIFIE	Care	un A	ME	7		29c. LIC	ENSE NUI	MBER	7	29d. DATE	SIGNED (M	onth, Day, Year)	
요	Mary Jo Cannon,	O COMPLETED CAN				Cu	mber	land	, Md	. 2	1502			



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the hospital or attending physician.

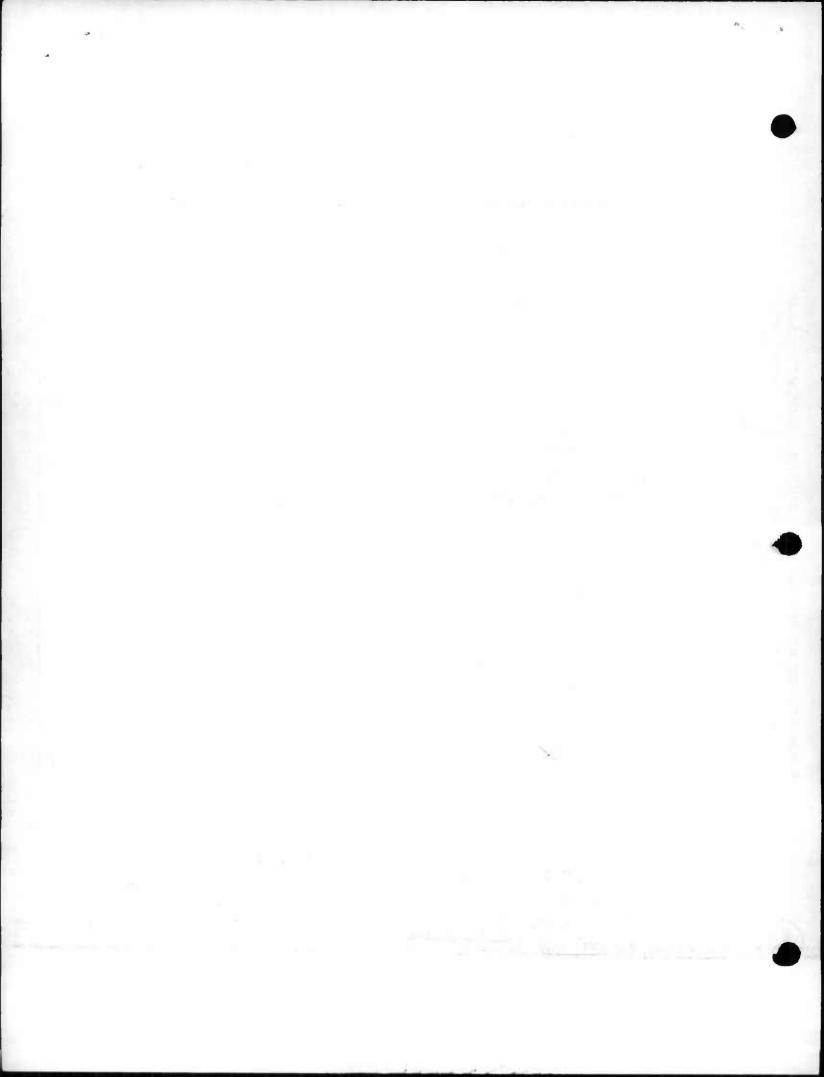
TO THE FUNEFALL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burkal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burkal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once.

			D	0 5	1/2.
FOR STATE REGISTRAR	TATE OF MARYLAND / DEPARTMENT OF HEALTH AND I		HYGIENE REG. NO.	91	073
DECEDENT'S NAME (First, Middle, Lest)  Morrecka Baby Girl Fraction	Powell	2. DATE OF MONTH	DEATH DAY	YEAR	3. TIME OF DEAT
		-	ala ala	71	1104/

	1. DECEDENT'S NAME (First, Middle,		3					2. DATE OF DEAT	H	YEAR	3. TIME OF DEATH
	Baby Girl Frac	ESSA Powel						3	11	91	1047 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last b		IF UNDER 1 YEAR		HRS.	7. DATE OF BIRTH (Month, Day, Yea 3-11-9	ur)	Coun	
	Se. FACILITY NAME (If not institution,	give street and number)			9b. CITY, TOW	N OR LOCATION	OF DE			JNTY OF	yland DEATH
TOR	Sinai Hospital	of Baltim	ore		Baltimore Ci						
FUNERAL DIRECTOR	10a. STATE 10b. CO				TOWN OR LO	CATION					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
ERAL	100. STREET AND NUMBER 3613 BOWEYS AVE	nue				101. ZIP CODE 21215			10g. Cr		WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. ARME 1 YES 2 MO WAR OR DATES	D	If yes		Maxican	C ORIGIN? (Specif , Puarto Rican, etc		14. RAC Blac Spec	E — American Indian, sk, Whita, atc. edy: Black
COMPLETED	15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)		(Give	DENT'S U kind of wo o NOT use	JSUAL OCCUP ork done during retired.)	TION most of working		16b. KIND OF	BUSINESS/IN	IDUSTRY	
BE CON	17. FATHER'S NAME (First, Middle, La. Morris Powell	*						E (First, Middle, Me Fraction	iden Sumame)		
10	19a. INFORMANT'S NAME (Type/Print) Charita Fraction  19b. MAILING ADDRESS (Street and Number of 3613 Bowers Avenue)							timore, M	Town, State, 2 d 21215	ip Code)	
	20s. METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 C 4 Donation 5 Other (Specify)		20b. PLACE OF other place	bisposi tern	Star Co	cemetery, cremetery	lory or	200	Catons		- Charles
	21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE	on		1	and address arch F/H 00 Wabas	l Wes	t			
	23. PART I. Enter the disesses			h. Do no					respiratory s	rrest,	Approximate
	shock, or heart fall IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	lure. List only one co	e prematu	ritv	(21 v	eeks a	esta	ation)			Interval Between Onset end Daeth 2 hr 2 min
	resolung an decary	DUE 1	O (OR AS A CONSEQU	ENCE OF	):						
z			of premat								
5	Sequentially list conditions, if any, leading to immediate		O (OR AS A CONSEQU		•						
2	cause. Enter UNDERLYING CAUSE (Disease or injury		le chorio								-
CERTIFICATION	thet initiated events resulting in death) LAST	d	O (OR AS A CONSEOU	ENCE OF	):						
	PART II. Other algnificent con-	ditiona contributing t	o deeth but not res	ulting in	n the underl	ring cause gir	ven in F	Part I. 24s. WA	S AN AUTOPS	24	b. WERE AUTOPSY FINDINGS
MEDICAL	No prenatal	care							RFORMED?		AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	1 □ YES 2√∑ NO										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:			OTHER:	PLACE OF DE	ATH (Che	ck only one)			
XS	1 TYES 2X NO		ER/Outpatient 3				denca (	Cher (Specify			
ву Рн	27. MANNER OF DEATH  1 X Natural 5 Pending 2 Accident Investign	ntion	Day, Year)	28b. TIME INJU	M 1	INJURY AT WORK?	NO	28d. DESCRIBE N	OW INJURY O	CCURED	
E	3 Suicide 6 Could n 4 Homicide determin	or pa buildin	OF INJURY — At home g, atc. (Specify)	e, farm, si	treet, factory, (	ffica		281. LOCATION (S City or Town,		er or Rural	Route Number,
COMPLET	CONDUCTORINY	PHYSICIAN: To the best AMINER: On the basis of			my opinio	n, death occure	d at the t	lime, date and plac	e, and due to	the cause	(s) and menner as stated.
	29b, SIGNATURE AND TITLE OF CER	TIPED /	75	4	Co-	Direct 29c, LICEN		DIVISIO BER			tology D (Month, Day, Year)
BE	aul	19	YV	WI		D-19			1 .	3-11	
2	30. NAME AND ADDRESS OF PERSO	ON WHO COMPLETED CA	USE OF DEATH (ITEM	27) (Type,	Print)		Ba	ltimore	, Md.	21.2	15
	Jacob K. Felix	, M.D., Si	nai Hospi	tal	of Bal	timore					
	31. DATE FILED (Month, Day, Year) MAR 2 0 199	3. REGIST	AR'S JIGNATURA	lelle							

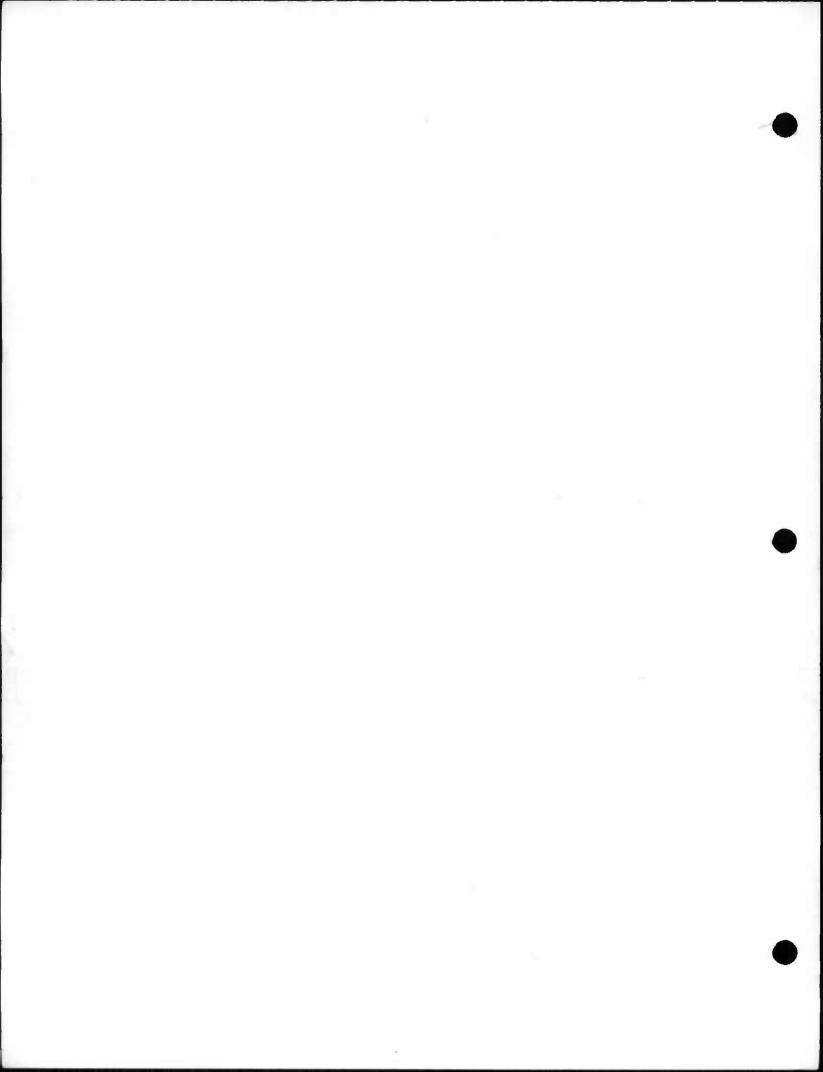




ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should is after death with the State Debt. of Health and Mental Hygiene prior to burial, cremation, or removal.	m 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSIC	TO THE FUNERAL DIRECTOR: After this cer be filed within 72 hours after death with th	IMPORTANT: If Item 28 is marked,

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND	MENTA	HYGIENE REG. NO.	0/336
$\neg$	1. OECEOENT'S NAME (First, Middle, Last)		4	a .		OF DEATH	3. TIME OF DEATH
	1 FROY	Q	UEEN		MONTE		991 1008pm
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (I	In yrs. last birthday) IF U	NDER 1 YEAR IF UNDER 24 HRS.	7. DATE	OF BIRTH	a. BIRTHPLACE (State or Foreign
	212-01-9104	1 0 M 2 🗆 F	YRS. MONT	WA WA	O	Day Year) 1-13-13	BredtmoreCite
OR R	9a. FACILITY NAME (If not institution, give to SCLCUCS) RESIDENCE OF DECEDENT	Hospital 2000	W. ButtoS	ECUAD. N			HYMORE CUTES
DIRECTOR	10s. STATE 10b. COUNT	Solda Cita		VN OR LOCATION	4	ve St	10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER	acio.coiq		1905 W But	armo		1 DOYES 2 NO
FUNERAL	1905 W. Bu	Utrmore?		21223		6	15A
BY FU	11. MARITAL STATUS  1 Never Married 2 Perried  3 Wildowed 4 Divorced	12. WAS DECEDENT EYER IN FORCES? 1 KAYES IF YES, GIVE WAR OR DA W W I I	N U.S. ARMED 2 NO ATES	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 NO Speci	an, Puarto I		14. RACE — American Indian, Black, Whita, etc. Specify: BA
ETED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEOENT'S USUA (Give kind of work of life. Do NOT use retir	one during most of working	16b	KINO OF BUSINESS/IND	USTRY
COMPLE	Elamentary/Secondary (0-12)	College (1-4 or 5+)	labore				
	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	AME (First, I	Viddle, Malden Surname)	
BEC	John Queen			Dell	a Qu	een	
0	19a. INFORMANT'S NAME (Type/Print)			RESS (Street and Number or Rural			
ř	Alice Thomas		1905 W	. Baltimore	St.	, Balto.,	MD. 21223
	20s METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem	20b	PLACE OF DISPOSITION other place)	(Name of cemetery, crematory or		20c. LOCATION —	
	4 Donation 5 Other (Specify)		Gar	rison Fores		Owings	MIlls, MD.
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME AND ADDRESS OF F Joseph H. B	ACILITY TOWN	Jr. F.H.	P.A.
	► Charlen	UD. W		1913 W. Bal			
- 1	ahock, or heert failure.	List only one cause on e	ech line				
NOI	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any leading to immediate	b		CARDIAL		NFARCT	Interval Between Onset and Death
ERTIFICATION	disease or condition resulting in deeth)	bDUE TO (OR AS A	M V O (	CARDIAL		NFARCT	Onset and Death
AL	Sequentielly list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):			24a, WAS AN AUTOPSY PERFORMED?	Onset and Death
AL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. DUE TO (OR AS A OUE TO (OR	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	e underlying cause given in	n Part I.	24a, WAS AN AUTOPSY	Onset and Death  COLOR OF CAUSE OF DEATH?
MEDICAL	Sequentielly list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. DUE TO (OR AS A OUE TO (OR	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	e underlying cause given in	n Part I.	24a, WAS AN AUTOPSY PERFORMED?	Onset and Death  Conset and Death  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	Sequentielly list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. DUE TO (OR AS A OUE TO (OR	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	e underlying cause given in  UUMONAR	n Part i.	24a. WAS AN AUTOPSY PERFORMED? 1 □ YES 2 □ NO	Onset and Death  COLOR OF CAUSE OF DEATH?
MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significent conditions of the cause of the conditions of the cause o	b. DUE TO (OR AS A OUE TO (OR	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  DI SE	e underlying cause given in  ULMON AR)  26. PLACE OF OEATH (C	n Part i.	24a, WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	Onset and Death  COLOR OF CAUSE OF DEATH?
MEDICAL	Sequentielly list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significent conditions of the conditions of the cause of the conditions of the cause of the ca	b. DUE TO (OR AS A  c. OUE TO (OR AS A  d. OE TO (OR AS A  HOSPITAL:   Inpatient 2   PRIOUE   28a. DATE OF INJURY	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in the Consequence of the con	e underlying cause given in  ULMON AR)  26. PLACE OF OEATH (C)  HER:  Nursing Homa 5 \( \text{Rasidence} \)  28c. INJURY AT	n Part i.	24a, WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	Onset and Death  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other aignificent conditions  PART II. Other aignificent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  TO  27. MANNER OF DEATH  1 Natural 5  Pending	b. DUE TO (OR AS A OUE TO (OR	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  D C S CONSEQUENCE OF):	e underlying cause given in  ULMON AR  26. PLACE OF OEATH (C	n Part i.	24a, WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	Onset and Death  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significent conditions of the cause cause. Enter the cause of injury that initiated events resulting in deeth) LAST  PART II. Other significent conditions of the cause of t	b. DUE TO (OR AS A  c. OUE TO (OR AS A  d	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  D CONSEQUENCE OF):  D CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  D CONSEQUENCE OF):  D CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  D CONSEQUENCE OF):  D CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	e underlying cause given in  ULMON AR  26. PLACE OF OEATH (C  HER:  Nursing Homa 5 \( \text{Rasidence} \)  28c. INJURY AT  WORK?  1 \( \text{YES} \) 2 \( \text{NO} \)	n Part I.	24a, WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  10 YES 2 NO  10 (Specify) SCRIBE HOW INJURY OCC	Onset and Death  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significent conditions of the conditions of the cause of injury that initiated events resulting in deeth) LAST  PART II. Other significent conditions of the cause of the ca	b. DUE TO (OR AS A c. OUE TO (OR AS A d	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  D L S E  Detlant 3 DOA 4 DOA  28b. TIME OF  INJURY  T — At home, farm, street	e underlying cause given in  ULMON AR  26. PLACE OF OEATH (C  HER:  Nursing Homa 5 \( \text{Rasidence} \)  28c. INJURY AT  WORK?  M 1 \( \text{YES} \) 2 \( \text{NO} \)  , factory, office	n Part i.  Check only o	24a, WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  NO (Specify) SCRIBE HOW INJURY OCC  CATION (Street and Number or Town, State)	Onset and Death  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  CURED
BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significent conditions  PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 WAO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 1 Investigation 1 Suicide 8 Could not be detarmined 1 Check only 1 CERTIFYING PHYS	b. DUE TO (OR AS A c. OUE TO (OR AS A d	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  D t S consequence of the con	e underlying cause given in  ULMON AR  26. PLACE OF OEATH (C  HER:  Nursing Homa 5 Rasidence  26c. INJURY AT  WORK?  M 1 YES 2 NO  , factory, office	n Part I.  Check only or  8  Other  281. LOCAL  281. L	24a, WAS AN AUTOPSY PERFORMED?  1  YES 2 NO  NO (Specify) SCRIBE HOW INJURY OCC  ATTON (Street and Number or Town, Stete)	Onset and Death  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  CURED  or Rural Route Number,
BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other aignificent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 WAO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMIN	b. DUE TO (OR AS A c. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A d. OUE TO (OR AS A DAY AND OUT OF TO (OR AS A DEPLOY OF TO (OR AS A DEPLOY OF TO (OR AS A DUE TO (O	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  D t S consequence of the con	e underlying cause given in  ULMON AR  26. PLACE OF OEATH (C  HER:  Nursing Homa 5 Rasidence  28c. INJURY AT  WORK?  1 YES 2 NO  , factory, office  the time, data and place, and do  my opinion, death occured at it	n Part i.  Check only or  a 6  Other  281. LOC  City  us to the care lime, date	24a, WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  10 (Specify)  SCRIBE HOW INJURY OCC  ATTOM (Street and Number or Town, State)	Onset and Death  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  CURED  or Rural Route Number,  ted.  te cause(a) and manner as stated.
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BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other aignificent conditions of the cause of the	b. DUE TO (OR AS A c. OUE TO (OR AS A d	A CONSEQUENCE OF):  CONSEQUENC	e underlying cause given in  ULMON AR  26. PLACE OF OEATH (C  HER:  Nursing Homa 5 \( \text{Rasidence} \)  28c. INJURY AT  WORK?  1 \( \text{VES} \) 2 \( \text{NO} \)  , factory, office  the time, data and place, and do  my opinion, death occured at if  29c. LICENSE NO  ACCURATE (C) 3 O	n Part i.  Check only or  a 6  Other  281. LOC  City  us to the care lime, date	24a, WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  10 (Specify)  SCRIBE HOW INJURY OCC  ATTOM (Street and Number or Town, State)	Onset and Death  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  CURED  or Rural Route Number,  ted.  te cause(a) and manner as stated.
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91

9c. COUNTY OF DEATH

2. DATE OF DEATH

3

18

3. TIME OF DEATH

A. BIRTHPLACE (State or Foreign

Baltimore

10g. CITIZEN OF WHAT COUNTRY?

5

ite, Zip Codel

0

10d. INSIDE CITY 1 YES 2 NO

- American Indian, White, etc.

Approximate Interval Between

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

29d. DATE SIGNED (Mont), Day, Year)

18

Onset and Death

22.00

FOR STATE REGISTRAR

4 SOCIAL SECURITY NUMBER

DECEDENT'S NAME (First, Middle, Last)

REPDING

1 -

6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month Day, Year) permit. Pages 1, 2, 3 should 9a, FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH Umirersity & Ma Baltimore 16c. CITY, TOWN OR LOCATION Baltimore MD 10e. STREET AND NUMBER 101, ZIP CODE Un Known 20 id in by the funeral director, page 5 should be detached for use as the burial-transit or removal. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO ... nours after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS FORCES? 1 YES 2 If yes, specify Cuben, Mexican, Puerto Rican, etc.) Never Married 2 Married 1 TES 2 NO Specify: 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade co Elementary/Secondary (0-12) College (1-4 or 5+) HUUZENI SECONDARY once. MOTHER'S NAME (First, Middle, Maide 17. FATHER'S NAME (First, Middle, Last) be notified at ANT'S NAME (Type 200. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION must Burlei 2 Cremetion 3 Res 4 Donation 5 Other (Specify) . examiner 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE" Locks traumatic event, the medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, has been signed by the attending physician and completely filled in by 10 Dept, of Health and Mertal Hygiene prior to burial, cremation, or remo in 23 shows any Injury, or other traumatic event, the medica ahock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition of ATTENDING PHYSICIAN: The law requires that the death certificate be executed within resulting in death) DUE TO (OR AS A CONSEQUENCE OF) quentielly list conditions, DUE TO (OR AS A CONSEQUE if any, leading to immediate Intraca cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): CERT PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PHYSICIAN: MEDICAL 1 ☐ YES 2 ☐ NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) DIRECTOR: After this certificate ha hours after death with the State Dillom 28 is marked, or Item HOSPITAL: OTHER: 1 TYES 2 NO tilent 2 - ER/Outpetient 3 - DOA 4 - Nurs me 5 - Residence 6 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c, INJURY AT WORK? 28d DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be detarmined COMPLETED 4 Homicide 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. TO THE FUNERAL OF THE FUNERAL OF THE WIND 72 HIS IMPORTANT: If II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MARYLAND. SALEH. UNIV. OF 32. REGISTRAP'S SIGNATURE
1991 Fulia Davidson-Randell 31. DATE FILED (Month Day, Year) 13 MAR 3

Violet

5. SEX

1 M 2 F

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

DAYS

DHMH-t6 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic evant, the medical examiner must be notified at once.
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1	FOR STATE REGISTRAR	STATE OF MARYLAND /		RTMENT OF			TAL HYGIEN	91	07358
	DECEDENT'S NAME (First, Middle, Last)	- CL		OAIL OI	DLAI		ATE OF DEATH		3, TIME OF DEATH
,		ATHERINE	1. 1	ZILF	1	M M	3 17	9/	EAR .
- 1		SEX 6. AGE (In yrs. las	_	IF UNDER 1 YEAR	IF UNDER	$\overline{}$	ATE OF BIRTH		BIRTHPLACE (State or Foreign
- 1	212-46-7875	DM 2 XF 50	YRS.	MONTHS DAYS			Nonth, Day, Year)		Country)
	9a. FACILITY NAME (If not institution, give stree			9b. CITY, TOWN	OR LOCATIO	ON OF DEATH	1-21-	9c, COUNTY	OF DEATH
Œ.	SAINI HOSD,	,		Rn	14				
DIRECTOR	RESIDENCE OF DECEDENT			DHI	10.				
	10a. STATE 10b. COUNTY		10c. CI	TY, TOWN OR LOC	ATION /				10d. INSIDE CITY LIMITS?
품	Md.		B	A/to. (	City				1 YES 2 NO
	10e. STREET AND NUMBER				IOI. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	2030 Ruxter	V Ave.			217	16		1	ISA
3 h		2. WAS DECEDENT EVER IN U.S.,AR		13. WAS D	ECENDENT O	F HISPANIC OF	RIGIN? (Specify Yes	or No.— 14.	RACE — American Indian, Black, White, etc.
à l	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	40	If yes,	specify Cuba ES 2 NO	n, Maxican, Put	arto Rican, atc.)		Black, White, etc.
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	mpleted) (G	ive kind of	S USUAL OCCUPA work done during a use retired.)		g	16b, KIND OF BU	SINESS/INDUS	TRY
⋛╟	17. FATHER'S NAME (First, Middle, Last)				16. MOTH	IER'S NAME (F	irst, Middle, Maiden	Sumame)	
	1=1AND RU	TEY SR			P	ath-	PINCH	,	
出	19a. INFORMANT'S NAME (Type/Print)		h MAII IN	O ADDRESS (Street	t and Number	or Rural Bouda	Number, City or Tow	n Stein Zin Co	del
2	Mil-10-0 4/10	# 17	1630	n /	Air	RnA	4 21	7/7	
-	20a.,METHOD OF DISPOSITION	F 1 3		E OF DISPOSITION	TTVE	· DIA	10.110	( ~ / ~	or Town, State
	1, Surial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	of cernetary		y or other place)		1	DATE 20c. LO	Atons	VIII- Md
	21. SIONATURE OF FUNERAL SERVICE LICEN  WE BY			12. NAME	AND ADDRES	SE OF FACILITY SE OF FACILITY	N CON	VE 2	1217
	23. PART I. Enter the diseases, or con	mplicetions that caused the de st only one cause on each line		not enter the r	node of dy	ing, such es	cardiec or reap	iratory arrea	t, Approximate interval Between
	IMMEDIATE CAUSE (Fine) disease or condition	Ropers							Onset and Death
H	resulting in death) a.	DUE TO (OR AS A CONSE	OUENCE (	DEI:					marce
		BREMST CAN							1/2
8	Sequentielly list conditions, b.	DUE TO (OR AS A CONSE							120
<b>E</b>	if any, leading to immediate cause. Enter UNDERLYING	(0.7.10)		· ,.					i
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE (	OF):					
- 11	PART II Other elgolficent conditions	contributing to death but and	re en statur -	In the contact:	lan acres	nison in Do-	1 04: 1100:	ALITONOM	Ada Million Albandari and
<u> </u>	PART II. Other aignificent conditions	15	asultiilg	, at the underly	mg cause i	Aran ili Laur	I. 24a. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
ă	KEWAL	PAILURE					1 TYES	MO	OF DEATH?
ME									1 TYES 2 NO
ž									
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF D	EATH (Check or	nly one)		
S		Inpatient 2 ER/Outpatient 3	DOA	4 Nursing H	ome 5 🗆 Re	esidence 6 🗆	Other (Specify)		
Y PHYSICIAN: MEDICAL	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TI	NJURY	NJURY AT WORK? YES 2		DESCRIBE HOW	NJURY OCCUP	RED
à	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJURY — At he	ome, farm.				LOCATION (Street	and Number or	Rural Route Number,
	4 Homicide Getarmined	building, atc. (Specify)					City or Town, State	)	
Li I	29a. CERTIFIER AND CERTIFICATION PLANSING			1100					
COMPLETED	(Check only	AN: To the bast of my knowledge, de							
ő I	2 MEDICAL EXAMINER:	On the basis of examination and/or	Investigat	tion, in my opinior	, daath occu	red at the time,	data and place, a	nd due to the o	cause(s) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER					ENSE NUMBER		29d. DATE S	HGNED (Month, Day, Year)
BE	(Julia) Jal	my My			D	15030	1	<b>&gt;</b>	3 17 91
일	30. NAME AND ADDRESS OF PERIOD WHO	COMPLETED CAUSE OF DEATH (ITE	M 27) (Tor	ne Print)					( )

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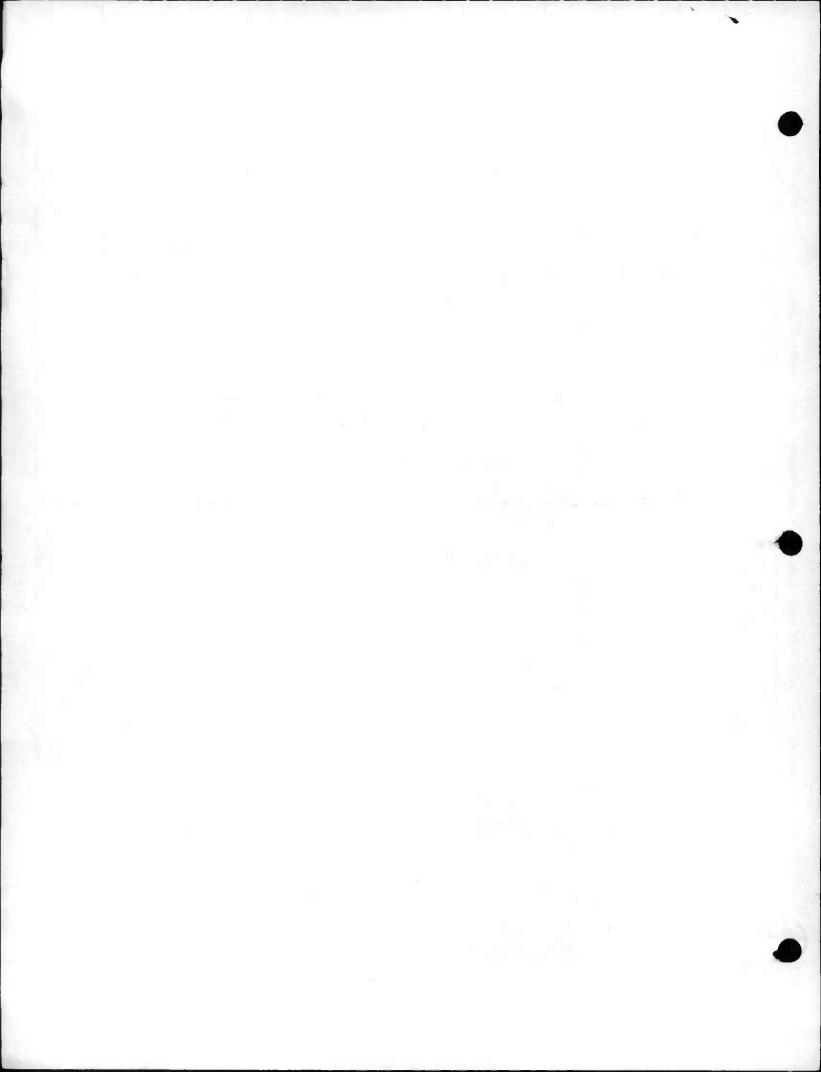
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DELINION AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DELINION AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DELINION AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DELINION AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DELINION AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DELINION AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DELINION AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DELINION AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DELINION AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DELINION AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DELINION AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DELINION AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DELINION AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DELINION AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DELINION AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DELINION AND ADDRESS OF THE PERSON WHO COMPLETED CAUSE OF THE PERSON WHO COMPLETED CAUSE OF THE PERSON WHO COMPLETED CAUSE OF THE PERSON WHO COMPLETED CAUSE OF THE PERSON WHO COMPLETED CAUSE OF THE PERSON WHO COMPLETED CAUSE OF THE PERSON WHO COMPLETED CAUSE OF THE PERSON WHO COMPLETED CAUSE OF THE PERSON WHO COMPLETED CAUSE OF THE PERSON WHO COMPLETED CAUSE OF THE PERSON WHO COMPLETED CAUSE OF THE PERSON WHO CAUSE OF THE PERSON WHO COMPLETED CAUSE OF THE PERSON WHO COMPLETED CAUSE OF THE PERSON WHO COMPLETED CAUSE OF THE PERSON WHO COMPLETED CAUSE OF THE PERSON WHO COMPLETED CAUSE OF THE PERSON WHO COMPLETED CAUSE OF THE PERSON WHO COMPLETED CAUSE OF THE PERSON WHO COMPLETED CAUSE OF THE PERSON WHO CAUSE OF THE PERS BAH and of the state of the state of

-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
. 0	DECEDENT'S NAME (First, Middle, Last)		2. DATE O	F DEATH

ì	1. DECEDENT'S NAME (First	, Middle, Last)			No. of the					2. DATE	OF DEATH	DAY	YEAR	3. TIME OF DEATH
í	MARGARET		FE							Marc				3.15 A M
	4. SOCIAL SECURITY NUMBER 215-42-2041		5. SEX	6. AGE (In	yrs. last birthday)	IF UNDER	1 YEAR	HOURS	MIN.	7. DATE	OF BIRTH		6. BIRTH	IPLACE (State or Foreign y)
			1 M 2 🔼 F	40	YRS.			1111		OCT.	2,19	42	MAR	YLAND
	9a. FACILITY NAME (If not in 1103 GLORI	A AVEN				BALT		RE	ION OF D	EATH			TIMO	
	RESIDENCE OF DEC	10b, COUNT	~		140- 017	ry, town (	OB 1 004	TION						10d. INSIDE CITY
	MARYLAND		IMORE			TIMO		IION						t VES 2 NO
	10e. STREET AND NUMBER						10	f. ZIP COD	E			10g. CIT	TIZEN OF	VHAT COUNTRY?
	1103 GLORI	A AVEN					نــــــــــــــــــــــــــــــــــــــ	2122	7			U.	S.A.	
	11. MARITAL STATUS  1 Never Married 2 X  3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 NO		If yes, sp	CENDENT Cub	an, Maxic	an, Puerto I	? (Specify York)	s or No-	Biac	E — American Indian, k, White, atc WY: WHITE
	15. DEC	EDENT'S EDU	ICATION	1	IGE. DECEDENT'S					16b	KIND OF B	JSINESS/IN	DUSTRY	
	(Specify onli Elementary/Secondary (I	ly highest grade	completed) College (1-4 or 8	4)	(Give kind of life, Do NOT u	work done see retired.)	during mo	ost of work	Ing					
	12TH GRADE			"	HOMEMA	AKER								
	17. FATHER'S NAME (First, A							18. MOT	HER'S N	AME (First, I	Viddle, Maide	n Sumame)		
	WILLTAM	ו קווידים	7R					MAT	CADI	ET NO	рти			
	19a. INFORMANT'S NAME (				19b. MAILING	O ADDRES	S (Street					wn, State, Zi	ip Code)	
	WILBUR A. R	IFE			1103 (									
I	20a. METHOD OF DISPOSIT	TION		20b. F	PLACE OF DISPO	SITION (N	ame of ce	metery, cre	matory or		20c. L	OCATION	- City or To	own, Stata
1	1 ☐ Burial 2 🗠 Crematic 4 ☐ Donation 5 ☐ Other		novel from State		other place) 'RO_CREN	<b>ሃ ለ ጥ</b> ሰ ፔ	v				B A	LTIMO	שםר	
ı	21. SIGNATURE OF FUNERA	AL SERVICE LI	CENSEE	11414.1	KU CKE	22.	NAME A	ND ADDRI	ESS OF F	CILITY			JKE.	
П	10	/	08	1							ME IN			
4	23. PART I. Efter the d		ruces	ow		[4]	.07 1	WILK	ENS .	AVENU	E. BA	LTIMO	ORE.	MD 21229 Approximate
	Sequentielly list condition if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injustitati initiated events	dieta ING	b. Depr	OFF AS A CO	ntoxica consequence ( n consequence (	OF): OF):								30 minute
	PART II. Other significa	-	d	de alle but			. 4 . 4 . 4		-1	B				
		rtensi		death out	t not resulting	, in the G	nderlyn	ig cause	given			N AUTOPSY ORMED? 2 ☆ NO	241	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?      YES 2 NO
	25. WAS CASE REFERRED 1	TO MEDICAL					26. P	LACE OF	DEATH (C	heck only o	ne)			
	EXAMINER?  1 TYPES 2 NO		HOSPITAL:	☐ ER/Outpet	tient 3 DOA	OTHE	R:	100		6 🗆 Othi				
	27. MANNER OF DEATH	Pending	28a. DATE O		28b, TI		28c. IN	JURY AT ORK? YES 2			SCRIBE HOW	INJURY O	CCURED	
	2 Accident 3 Suicide 8 Homicide	Could not be determined	28a. PLACE ( building	OF INJURY -	At home, farm,	, street, fac					ATION (Street or Town, State		er or Rural	Route Number,
	anal only	A DOMESTIC AND ADDRESS OF THE PARTY OF THE P	BICIAN: To the best of											a) and manner as stated,
	296. SIGNATURE AND TITLE  AT A COLOR  30. NAME AND ADDRESS OF	M	Dopty M		EXAM	le Committee			085	JMBER		•		1 0 1 0 0 1
	Stanley 7	Fe1se 20 19	nhora M	D	1 F C	1250	Str	oct	21.1	202	<u> </u>			



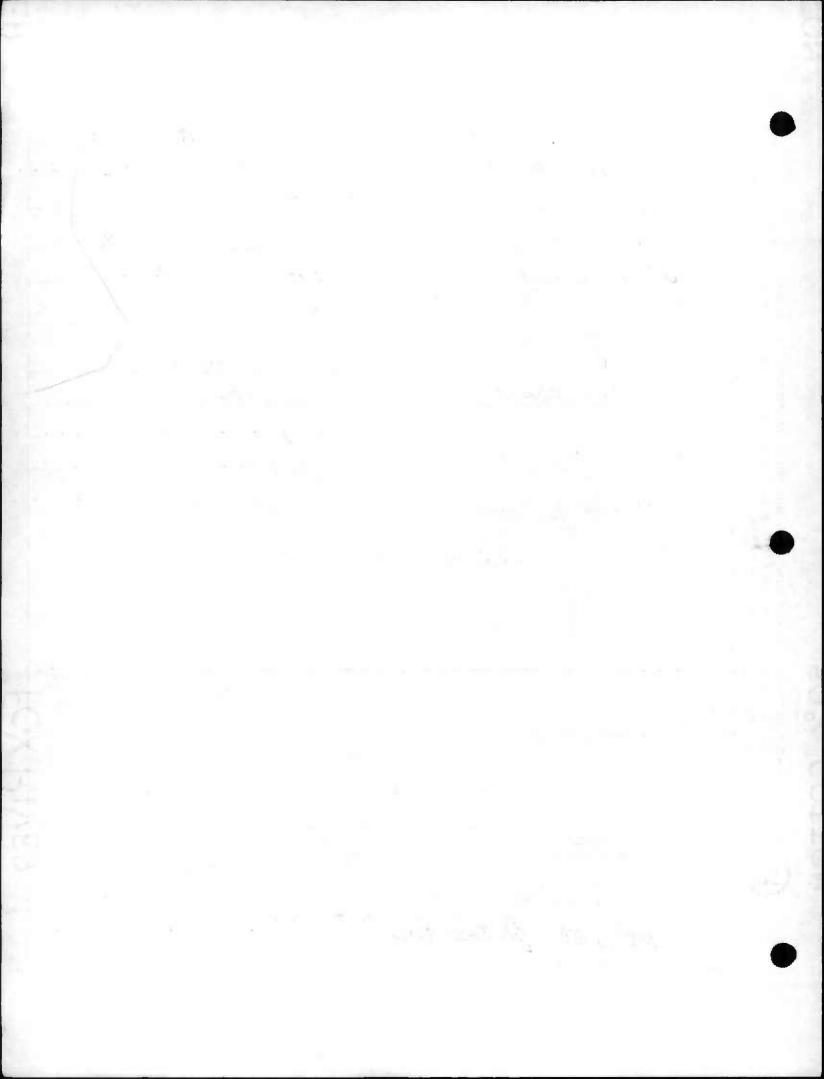


DIVISION OF VITAL RECORDS, P.O. BOX 68760, The High Properties that the death certificate be executed within 24 has the Faller BIRECTUR. After this constitution of the contract of the contra

11. DATE F 10/14 P 11/20 100/1991

THE FIRST PART FROM THE CONTROLLAND. THE LAW REQUIRES that the treath calculations and completely filled in by the funeral director, page 5 should be detached for use as the bunist-transit permit. Pages 1, 2, 3 should	be filed-within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burral, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR	STATE OF MARYLA	CEDTIE	ICATE OF						
1. DECEDENT'S NAME (First, Middle, Last)		CENTIF	ICATE OF	DEATH	2. DATE	REG. NO.		3. TIME OF DEA	TH
JEFFERY A	RIDG	GEWAY			02	1.		11:15	F
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (II	n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE (	DE BIRTH Day, Year)		BIRTHPLACE (State or I	oreign
220-98-6354		22 YRS.			Sept		968	NASHINISTON	A
9e. FACILITY NAME (If not institution, give :				OR LOCATION OF			9c. COUNTY	OF DEATH	
1603 ARGONNE DR	VE		BALTIMO	ORE CITY					
10b. COUNT	Υ	10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CIT	Υ
MANTAND		B	XT TIM	WE				1 YES 2	NO
100. STREET AND NUMBER	Variation of the second		10	H. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?	
11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.SARMED	13. WAS DE	CENDENT OF HISE	ANIC ORIGIN	? (Specify Yee	OC-	, RACE — American Inc	len
Never Merried 2 Merried	FORCES? 1 YES	2 NO	If yes, s	pecify Cuben, Mex S 2 NO Spe	icen, Puerto R			Black, White, etc.	41
3 - Widowed 4 Divorced		Δ,		7				(NS20	34
15. DECEDENT'S EDU (Specify only highest grad			USUAL OCCUPATI		16b.	KIND OF BUSI	INESS/INDUS	TRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	SECUA	ITY BUA	RD		HOSON	TAY.		
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S	NAME (First, A	fiddle, Malden S	Surname)		_
RUFUS 1	EIDGEWRY				RI	TA-SAM	FOVED		
19e. INFORMANT'S NAME (Type/Print)			ADDRESS (Street				, State, Zip Co	ode)	
RITA SANFORD		280		ECTICUTA		1 1		309, VASH, I	. 0
20e METHOD OF DISPOSITION  1 Surial 2 Cremation 3 Ren  1 Donation 5 Other (Specify)		PLACE ANO OAT	pcother place)	ETERYY	2/26/	Ol MOM	TROSS.	y or Town, State	
	CENSEE	-		ND 4000000 OF	2/20/	721 12014	ALCON!	V V V	-
trada H	tun(3-	ter.	22. NAME A	AND ADDRESS OF	Run	501 BAL	79 2	TP 21316	P B
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23. PART I. Enter the diseases, or ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition	complications that caused List only one cause on as  a. DUE TO (OR AS A  DUE TO (OR AS A	sould	22. NAME A	utter	Run	00 A		Interval	Betv
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23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MAINER OF DEATH  1 Neturel 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	Complications that caused List only one cause on as  B. DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  C. OUE TO (OR AS A  d	CONSEQUENCE O  CONSEQUENCE O  CONSEQUENCE O  The second of the second of	22. NAME A  22. NAME A  Price of the model of the model of the underlying the model of the underlying the model of the underlying the underly	oda of dying, a	In Part I.	24a. WAS AN PERFORM YES 2  ATION (Street e or Fown, State)	AUTOPSY MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	24b. WERE AUTOPSY AMAILABLE PRIO COMPLETION DI OF DEATH?  1 YES 2	FIND CAU
23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other algnificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MARKER OF DEATH  1 Naturel 5 Pending Investigation and Suicide 6 Could not be datermined  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMIN	complications that caused List only one cause on as  a. DUE TO (OR AS A  b. DUE TO (OR AS A  c. OUE TO (OR AS A  d	CONSEQUENCE O  CONSEQUENCE O  CONSEQUENCE O  The second of the second of	22. NAME A  22. NAME A  Price of the model of the model of the underlying the model of the underlying the model of the underlying the underly	ode of dying, a  Local of dying, a  Local of dying, a  Local of death of death occurred at	In Part I.    Check only on	24a. WAS AN PERFORM YES 2  ATION (Street e or Fown, State)	AUTOPSY MED?  NO  NO  No  No  No  No  No  No  No  No	24b. WERE AUTOPSY AMAILABLE PRIC COMPLETION DI OF DEATH?  1 YES 2	FINDIR TO CAU
23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MAINER OF DEATH  1 Neturel 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	complications that caused List only one cause on as  a. DUE TO (OR AS A  b. DUE TO (OR AS A  c. OUE TO (OR AS A  d	CONSEQUENCE O  CONSEQUENCE O  CONSEQUENCE O  The second of the second of	22. NAME A  22. NAME A  Price of the model of the model of the underlying the model of the underlying the model of the underlying the underly	oda of dying, a	In Part I.    Check only on	24a. WAS AN PERFORM  YES 2  ATION (Street e or Fown, State)	AUTOPSY MED?  NO  NO  No  No  No  No  No  No  No  No	24b. WERE AUTOPSY AMAILABLE PRIO COMPLETION DI OF DEATH?  1 YES 2	FINDIR TO CAU



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTN CERTIFIC				YGIENE REG. NO.	91	0/361
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF			3. TIME OF DEATH
	ELIZABETH	SLA				монтн 03		991	09:50 A M
- 1	4. SOCIAL SECURITY NUMBER		- 100	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	ny, Ybar)		BIRTHPLACE (State or Foreign Country)
	218 34 1545		85 YRS.				5/1905		Maryland
TOR	9a. FACILITY NAME (If not institution, give a G.B.M.C6701 N. RESIDENCE OF DECEDENT				RE, MD 2			ALTIM	OF OEATH  ORE COUNTY
DIRECTOR	MARYLAND BALTI	MORE COUNTY		OWN OR LOCAT					10d. INSIDE CITY LIMITS? 1 YES 2 NO
¥	10e. STREET AND NUMBER			101	ZIP CODE			log. CITIZEN	OF WHAT COUNTRY?
FUNERAL	300 INTERNATIONA				21030			USA	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, spe	ENDENT OF HISPAN ecify Cuben, Mexica 2 NO Specify	n, Puerto Rica			RACE — American Indian, Black, White, atc. Specify:
	15, DECEDENT'S EOU (Specify only highest grade	CATION completed)	16a. OECEOENT'S US			16b. KI	ND OF BUSIN		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use re	ottred.)	st or working				
MP	12 +	1	Retir	ed			Exxon		er
	17. FATHER'S NAME (First, Middle, Last) HENRY DORSEY A.	I I IZNI			18. MOTHER'S NA	ME (First, Midd IE JON		rneme)	
BE	190. INFORMANT'S NAME (Type/Print)	CLEN	19h MAII ING AD	INDESS (Street o	nd Number or Rural I			State 7in Co.	dal
2	Allen Slagle	Son			oad, Jop				(Se)
	20s. METHOD OF DISPOSITION  1		20b. PLACE AND DATE Of of cemetary, crematory or	F DISPOSITION		DATE			or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIG	Ronald	Wade,Dir 3/18/91		D ADDRESS OF FA	St		-	y Board D 21201
CERTIFICATION	23. PART I. Enter the disease, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if emy, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that inlittated events	s. CONGEST: OUE TO (OR A: DUE TO (OR A:		AILURE	aa or aying, suc	n es cerule	c or respire	tory smest	Approximate Interval Between Onset and Death
ERT	resulting in death) LAST	d,							
PHYSICIAN: MEDICAL C	PART II. Other significent condition	s contributing to desti	n but not resulting in t	the underlyin	g ceuse given in		PERFORM	EO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
N N	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Ch	eck only one)			
Sic	EXAMINER?  1  YES 2 X NO	HOSPITAL:		THER:	e 5 🗆 Residence	6 Other (S	ipectfy)		
ВУ РНУ	27. MANNER OF DEATH  1 X Natural 6 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Yea		Y WC	URY AT PRICE 2 NO	26d. OESCF	IBE HOW INJ	URY OCCUR	REO
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU- building, etc. (S	JRY — At home, farm, stre (pecify)	et, factory, offic	•		ON (Street and fown, State)	d Number or	Rural Route Number,
COMPLETED	TOTAL OTHY	ICIAN: To the best of my kin							ause(s) end manner as stated.
8	29b. SIGNATURE AND TITLE OF CERTIFIE	ME	of n	V)	29c. LICENSE NUI	MBER		29d. DATE S	IGNED (Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Pr	rine)	7 - 10				. , , ,
	MAR 2 0 1991	32. MEDISTRAR'S SI	Son-Randelle						

permit. Pages 1, 2, 3 should

DIRECTOR

FUNERAL

BY

COMPLETED

BE

9

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

L DIRECTOR: Af 2 hours after de 7 item 28 is r

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If Item

IMPORTANT:

DING PHYSICIAN: The law requires that the death certificate be executed within 2. This date death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit		
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F	A THE	death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	s marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIN	Afte	deat	E

FOR STATE REGISTRAR 07362 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Sander 4:05 P 03 15 DOCOMA 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 214-20-3988 DAYS 1 M 2 F MARYLAND 9e. FACILITY NAME (If not institution, give street end number) 9c. COUNTY OF OEATH 9b. CITY, TOWN OR LOCATION OF GEATH KESWICK MURSING BALTIMOR RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY 10a STATE 10h COUNTY 1 TES 2 NO aryland more 101 ZIP COOF 10g, CITIZEN OF WHAT COUNTRY? 10e, STREET AND NUMBER 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-if yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 — YES 2 NO Specify: 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14, RACE — American Indian. Black. White, atc. 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondery (0-12) College (1-4 or 5+) Homemak 17. FATHER'S MAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Surname, 19b. MAILING ADDRESS (Str. METHOD OF DISPOSITION Suriel 2 Cremation 3 🗆 Donation 5 Other (Specify) 21 SIGNATURE OF FUNERAL SERVICE LICENSEE JOSEPH L. RUSS Russ oseph 7222 4 NORTH 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory ehock, or heart fellure. Liet only one ceuse on sech line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in daeth) ( ANDIO . Use. 2 Noney ARREST. 15 mis DUE TO (OR AS A CONSEQUENCE OF): ARTGALSELERAS.S DIFFESE Sequentially list conditions. OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata cause. Enter UNDERLYING MULT. IN FACT DEMONT.A CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events PIABETES resulting in death) LAST MELL. This PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24h. WERE AUTOPSY FINDINGS 24e. WAS AN AUTOPSY AVAILABLE PRIOR TO COMPLETION OF CAUSE VASLULAL INFUZZUGLY PERRICEAL 1 - YES 2 X NO OF DEATH? SUGLE 264GUERATIG ACTHATIS 1 YES 2 NO Colos Tony 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 🗆 Residence 6 🗀 Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 26b. TIME OF 1 Natural 2 Accident 5 Pending Investigation 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide e Could not be 4 Homicide

29e CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end place, and due to the cause(e) and menner ee stated.

2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and menner as stated.

bb. SIGNATURE AND TITLE OF CERTIFIER	Assi mas	Jagara	290. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)  S / 13 / 1

CHMELES	OSONOVAN	113	KESWICK	700	U.	40 N ST	Sa-mae	21211-2199
	000000	and the same of th	1.46.0					

31. DATE FILED (Month, Day, Year) 32 REGISTRAR'S SIGNATURE chia Davidson- Marshalls MAR 20 199

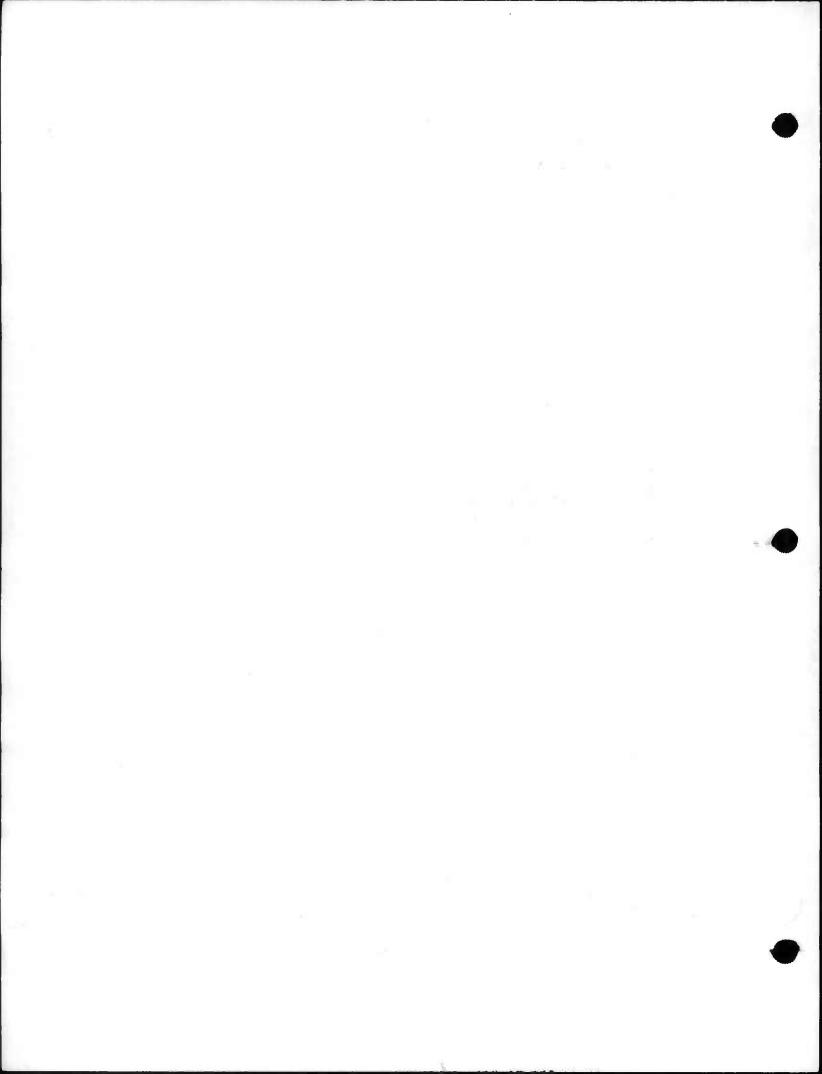
reserve A present SHOWS ARES COM PARK COMES

TO BE COMPLETED BY FUNERAL DIRECTOR

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	RR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-trans	ier death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	i is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	STATE OF MARYLAND /		OF HEALTH AND I	MENTAL HYGIENE REG. NO.	31	01000
1. DECEDENT'S NAME (First, Middle, Last)	ee SPENC	ER		2. DATE OF DEATH MONTH DAY	7/41EAR	3. TIME OF DEATH  2:30 Am
A	5. SEX 6. AGE (In yrs. In:	YRS. IF UNDER	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	2.0 S. BIRTH	HPLACE (State or Foreign
9a. FACILITY NAME (If not institution, give street Second	et end number)	96. CITY	TOWN OR LOCATION OF DE	АТН	9c. COUNTY OF D	DEATH
100. STATE 10b. COUNTY		Bod	Hmoro			10d. INSIDE CITY LIMITS? 1 PES 2 NO
100. STREET AND NUMBER 1911 K,99 S	Ave		101. ZIP CODE 2 / 5	217	10g. CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 IF IF YES, GIVE WAR OR DATES	NO	WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexica 1 YES 2 NO Specify	n, Puerto Rican, etc.)	or No— 14. RAC Blac Spec	E — American Indian, k, White, etc.
15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	ompleted) (C	ECEDENT'S USUAL Of live kind of work done b. Do NOT use retired.)	CCUPATION during most of working	16b. KIND OF BUSI	NESS/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last) TOSEPH A-	Spencer		Vasep	ME (First, Middle, Melden S	Tones	
19e. INFORMANT'S NAME (Type/Print)  JULY CLO  20e. METHOD OF DISPOSITION	Spencer	1911 /	Street and Number of Rural I	Br HU, M	d 21	217
1/2 Burlel 2 Cremetion 3 Remov	rel from State other p	Gams	nme of cemetery, cremetory or Torribot T	CILITY 20c LOC	ings M	JILS, 79
Effrome A	- Thompson		March F/H West 4300 Wabash A	Ävenue		
23. PART Enter the diseases, or consider the shock, or heart fellure. Lit immediate CAUSE (Finel disease or condition resulting in death)	ist Dnly Dna Cause on each lin	my o CA	LDIAL !		TON	Approximete interval Between Onset and Death
Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	(L) PULLE	FMGN OUENCE OF: 12 PNA OUENCE OF): POKE	1719 1 tailu with A	re phasia		
PART II. Other significant conditions	4 0 14		moderlying cause given in		WED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO	HOSPITAL: 1 X Inpatient 2 - ER/Outpatient	3 DOA 4 Nu	26. PLACE OF DEATH (Ch R: rsing Home 5  Residence			
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	26d. DEŞCRIBE HOW IN		· · · · · · · · · · · · · · · · · · ·
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At h building, etc. (Spec/ly)	ome, farm, street, fac	tory, office	28f. LOCATION (Street e City or Town, State)	nd Number or Rural	Route Number,
CONSCIN ONLY	IAN: To the best of my knowledge, d					(s) end manner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFIER  10. MAME AND DIQUESS OF PERSON WHO	D COMPLETED CAUSE OF DEATH (IT.	EM 27) (Type, Print)	29c. LICENSE NU	711 SECOURS	≥ MAR	D (Month, Day, Yog)
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	5 M.	M.D - 2000	W. BAT	TIMORS	ST. ml. 21
MAR 2 0 199	11 yuna Davidson	- Pandelle				



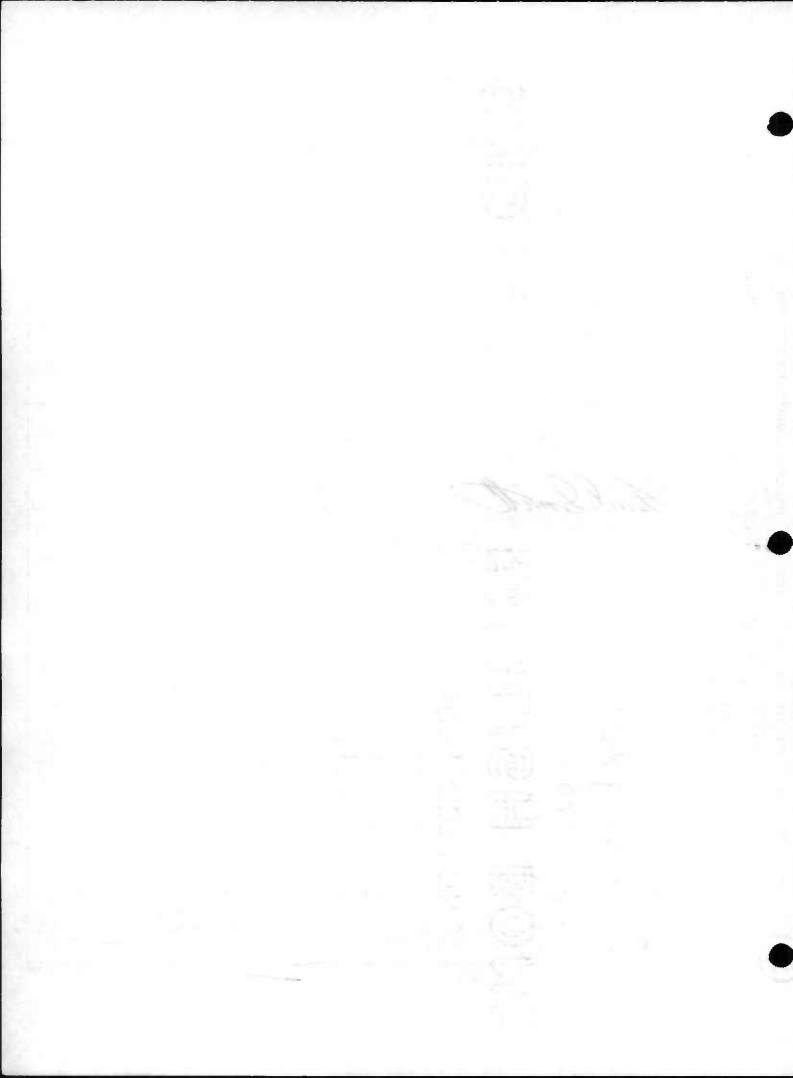
BALTIMORE, MARYLAND 21215-00

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR		STATE OF I		/ DEPAR					MENTA	L HYGIE		ł	0/0	04	
	1. DECEDENT'S NAME (First KATHERINE		R							2. DATE MONT		DAY	YEAR 91	3. TIME OF 1:4		м
œ	4. SOCIAL SECURITY NUMBER 212-30-7437  90. FACILITY NAME (# not let DULANEY-TOV	nstitution, give s		6. AGE (In yrs. 85	last birthday) YRS.	MONTHS	DAYS TOWN	HOURS OR LOCATI	MIN.	7. DATE (Mon	OF BIRTH h, Day, Year)	1906	8. BIRTI Count AU	HPLACE (State try) STRIA		n
DIRECTOR	RESIDENCE OF DEC	10b. COUNT				Y, TOWN	OR LOCA	TION						10d. INSIDI	2	_
FUNERAL D	100. STREET AND NUMBER 4374 HOLL							1. ZIP COD	E 227				U.S.	WHAT COUNT	_	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Dive			NT EVER IN U.S. I YES 25 MAR OR DATES		13.	If yes, sp		ın, Mexici	en, Puerto	N? (Specify Y Rican, etc.)	ee or No-	Blac	E — America ck, White, stc.		
COMPLETED	15. DEC (Specify onl Elementary/Secondary (t 8 YEARS	CEDENT'S EDU y highest grade 0-12)	ICATION o completed) College (1-4 or 5	-	DECEDENT'S (Give kind of life. Do NOT L PRACT	work done ise retired.)	during m	oat of worki	ng	16	UNIV			SPITA		
BE COM	17. FATHER'S NAME (First, A ALEXANDER	2000	TH							ME (First, KERT	Middle, Maide EZ	n Surname)				
TO 8	190. INFORMANT'S NAME ( CHARLES F.		RTZ								IN, M					
	20a. METHOD OF DISPOSITION 1 M Burlet 2 Cremetic 4 Donation 5 D Other	on 3 🗆 Rem	noval from State	of como	TAND DATE OF THE PROPERTY OF T	GE M	<sub>place)</sub> EMOR	IAL				OCATION -		fown, State		
	23. PART i. Enter the denock, or in IMMEDIATE CAUSE (Fidiseese or condition	liseeses, or neart fellure.	mill				HUBB 4107	WIL	FUNE KENS	RAL AVE		BALTT		Inter	212' roximate val Betweet and D	veen
PHYSICIAN: MEDICAL CERTIFICATION	Sequentielly list condi- if any, leading to imme- cause. Enter UNDERLY CAUSE (Disease or Inj- that initiated events resulting in death) LAS	dieta ING ury	b	O (OR AS A CON	ISEOUENCE (	OF):									-7	
: MEDICAL C	PART II. Other signification	ent conditio	ne contributing to	o death but n	ot resulting	in the u	nderlylr	ng ceuse	given ir	Part I.		N AUTOPSY ORMED?	24	Ib. WERE AUTO AMAILABLE COMPLETIC OF DEATH?	PRIOR TO IN OF CAU	BE
SICIAN	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:	☐ ER/Outpatien	R 3 🗆 DOA	OTHE	Br	CACE OF I			er (Specify)		_			_
ВУ РНУ	27. MANNER OF DEATH Netural 5  Accident	Pending Investigation	28e. DATE O (Month,	F INJURY Day, Year)	28b. TI	ME OF	28c. JN W	JURY AT ORK? YES 2		28d. Di	ESCRIBE HOV					
	4 Homicide	Could not be determined	building	OF INJURY — A I, etc. (Specify)						CH	y or Town, Sta	fe)		l Route Numbe	r,	
COMPLETED	(Check only one) 2 MEI	DICAL EXAMIN	SICIAN: To the bast of					death occi	ared at th	e time, de		end due to	the cause	^	er en state	ed.
TO BE	29b. SIGNATURE AND TITL	rela	100	No	nen	el	w	290-11	ENSE NU	MBER () 93	83	29d. D/	3	Month, D	9/	



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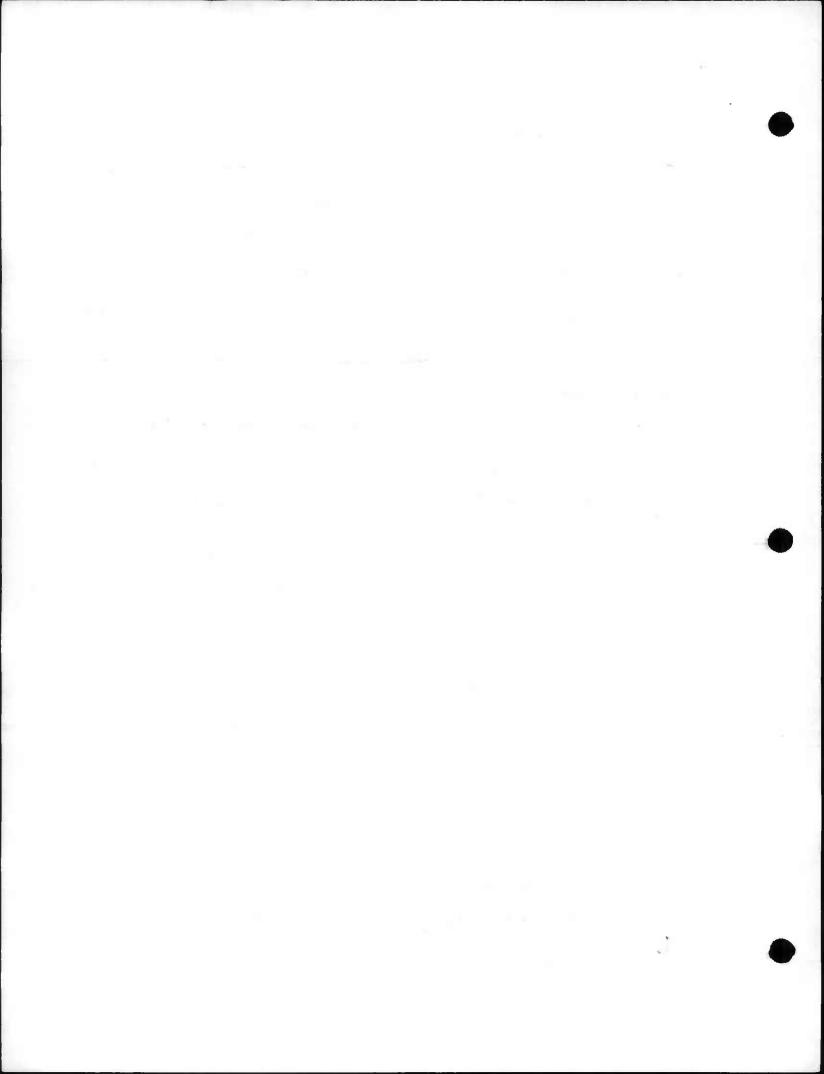
	thin 2-mours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	emation, or removal.	nt, the medical examiner must be notified at once.
THE PECONDS, T.C. DON 1315,	TO THE HISPATINE OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE RUNGAL DIRECTOR: After this certificate has been signed by the attending physician and comp	be filed antiment after death with the State Dept. of Health and Mental Hygiene prior to build, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

12

31. DATE FILED (Month, Day, MAR 2 0

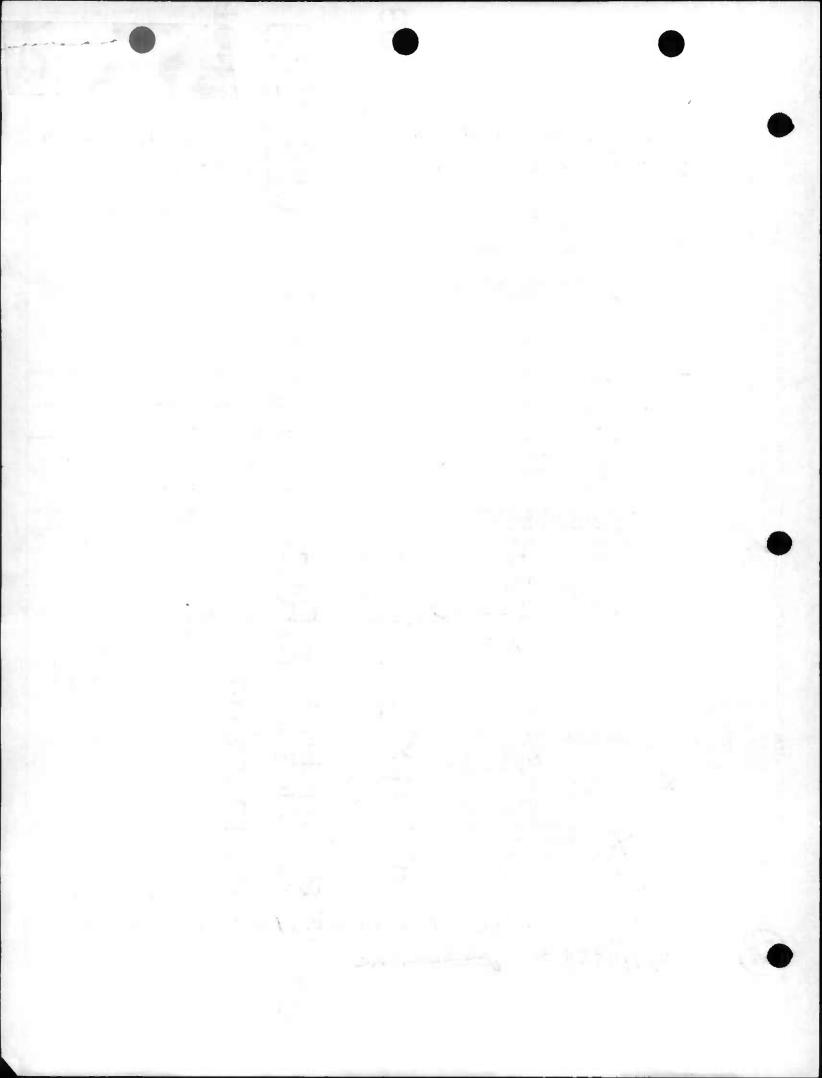
32 REGISTRAR'S SIGNATURE

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF H	IEALTH AND N	MENTAL HYGIEN		07365
	1. OECEDENT'S HAME (First, Middle, Last) Maria Rossetti S	Sfreddo				2. DATE OF DEATH MONTH DA		3. TIME OF DEATN
	4. SOCIAL SECURITY HUMBER 212-22-4869	5. SEX 6. AGE (1	In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 8-6-1904	8.	BIRTHPLACE (State or Foreign Country) Italy
OB POB	90. FACILITY HAME (If not institution, give str 5726 White Avenue RESIDENCE OF DECEDENT	reet and number)			ltimore		9c. COUHTY	Y OF DEATH
DIRECTOR	100. STATE 10b. COUNTY Maryland		10c. CIT	y, town or loca Ba	ltimore	City		10d. INSIDE CITY LIMITS?  (CXYES 2 HO
FUNERAL	100. STREET AND HUMBER 5726 White Avenue	;		10	21206			H OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married  X Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2XXNO	If yes, sp	EHDENT OF HISPAH ecity Cuban, Maxicar 2 HO Specify		or Ho— 14	6. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	work done during me se retired.)  y Worker	ost of working	16b. KIHD OF BUS		
BE CON	17. FATHER'S NAME (First, Middle, Last) Apostolo Rossetti			221		ME (First, Middle, Maiden Boldi	Surname)	
10	19a. IHFORMANT'S HAME (Type/Print) Dino E. Sfreddo					bute Number, City or Tow altimore,		
	202 METHOD OF DISPOSITION  TO Buriel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)		other place)	SITION (Name of ce				e, Italy
	21. SIGHATURE OF FUHERAL SERVICE LIC		m E	Lassa	hn Funer		IVIA.	21236
	IMMEDIATE CAUSE (Fine)	omplications that cause cliet only one cause on a cause	ach lina.	not antar ths mo	oda of dying, such	as cardisc or respi	iratory arres	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	»	CH (	OF):	STITIS	5		15 yr
	PART II. Other algorificant condition	d	ut not mouiting	in the underfule	a course share to	Part I. 24s. WAS AN	Altroney	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	ISCHEMIC					PERFOI	RMED?	AALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (Ch	eck only one)		
	1 YES 2 NO  27. MANNER OF DEATN 1 Hetural 5 Pending Investigation	1 Inpetient 2 ER/Outs 28a. DATE OF INJURY (Month, Day, Year)	28b. TII	4 Nursing Hor ME OF 28c. IN JURY W	JURY AT DRK? YES 2 HO	6 Other (Specify) 28d. DESCRIBE NOW	INJURY OCCU	REO
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe-	' — At home, farm,	street, factory, offic	te .	281, LOCATION (Street City or Town, State,	and Number or	r Rural Route Number,
COMPLETED	CONSULT OTHY	CIAN: To the best of my know						f. cause(a) and menner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER  RAUSA IM II	numfore	d m()	7	29c, LICENSE NUM		29d. DATE	SIGNEO (Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WN				alto. M	d. Room 8	3028 (	955-9700)



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	1. DECEDENT'S NAME GOOD		D Tho	mpso	n		9	2. DATE OF OEA	TH PH	9 YEAR	3. TIME OF DE
1000	4. SOCIAL SECURITY		5. SEX 1 M 2 F	6. AGE (In yrs. le:	st birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, You 1 - 20 -	LH		PLACE (State of
TOR	90. FACILITY NAME (I	sity Ho					or LOCATION OF C	DEATH	9c. CO	UNTY OF O	EATH
DIRECTOR	10e. STATE MD	10b. COUNT	Y			town on Local timor	е				10d. INSIDE C LIMITS? 1 X YE\$ 2
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BY FUN	11. MARITAL STATUS 1 (XXNever Married 3 Widowed 4		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 X		If yes, s		ANIC ORIGIN? (Specien, Puerto Ricen, at		14. RACE Black Speci	American in the White, atc.
LETED		Is. DECEDENT'S EDU city only highest grade idery (0-12)		) (C	ECEDENT'S U Give kind of wo n. Do NOT use n.e.mp.	SUAL OCCUPAT ork done during m retired.)	ION lost of working	16b. KIND C	OF BUSINESS/II	NDUSTRY	
E COMPLET	17. FATHER'S NAME (	First, Middle, Leat) Thompso	n		Temp.	20,00		IAME (First, Middle, A			
TO B	19a. INFORMANT'S N Kather	ine Tho	mpson	16				Anoute Number, City ., Balt			1201
	28a. METHOD OF DIS 1 Duriel 2 Cr 4 Donation 5	SPOSITION 3 - Ren		20b. PLACE of cemetary	E AND DATE	OF DISPOSITION of other place)			Oc. LOCATION	— City or To	
	21. SIGNATURE OF F	UNERAL SERVICE LI	CENSEE			22. NAME A	AND ADDRESS OF F	ACILITY Brown J	r. P.	Α.	
		t, or heart fallure. SE (Finel	complications their	se on aach lin	e.	ot enter the m					Approx
RTIFICATION	23. PART I. Enter shock IMMEDIATE CAUS	conditions, immediate DERLYING or injury into	a. Puv V	MMQU (OR AS A CONSE	e.  y A  EOUENCE OF)  UM0	west	oda of dying, su		respiratory :	srrest,	Approx Interva Onset
MEDICAL CERTIFICATION	23. PART I. Enter shock IMMEDIATE CAUS disease or condit reaulting in desth Sequentially list of if any, leading to cause. Enter UND CAUSE (Disease that initiated ever resulting in death	conditions, immediate per Injury inta	a. Puv V	(OR AS A CONSE	EOUENCE OF)	mest	oda of dying, su	CMV (	respiratory :	Luv	Approvinterval Onset
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TED BY PHYSICIAN: MEDICAL CI	23. PART I. Enter shock IMMEDIATE CAUS disease or condit resulting in destination of the second seco	conditions, Immediate ERLYING or Injury hts i) LAST condition (CERTIFYING PHYSICAL NO CERTIFYING PHYSICAL PHYSI	a. PUV  B. DUE TO  C. OUE TO  C. OUE TO  d. ALI  Inscributing to  POSPITAL:  I Inpetient 2  28s. DATE OF (Month, D)  28s. PLACE O	(OR AS A CONSE)  (OR AS A CONSE)  (OR AS A CONSE)  (OR AS A CONSE)  (OR AS A CONSE)  (OR AS A CONSE)  (OR AS A CONSE)  (OR AS A CONSE)  (OR AS A CONSE)  (OR AS A CONSE)  (OR AS A CONSE)  (OR AS A CONSE)  (OR AS A CONSE)  (OR AS A CONSE)  (OR AS A CONSE)  (OR AS A CONSE)  (OR AS A CONSE)  (OR AS A CONSE)  (OR AS A CONSE)	e.  A A EQUENCE OF)  COUENCE OF)  COUENCE OF)  resulting in  3 DOA 28b. TIME INJU-  come, farm, st	ot enter the m  WES 1  :  M. CU  :  the underlyle  a the underlyle  of Nursing Ho  OF 26c. If  RRY  M 1  reet, fectory, off	oda of dying, su	CMV ( In Part I. 24a. W P 1   1   1   Check only one)  8   Other (Special 28d, OESCRIBE 28d, OESCRIB	WAS AN AUTOPS ENFORMED? YES 2 NO	Y 24b	Approxinterva Oneet:  Number:  Number:  Route Number:
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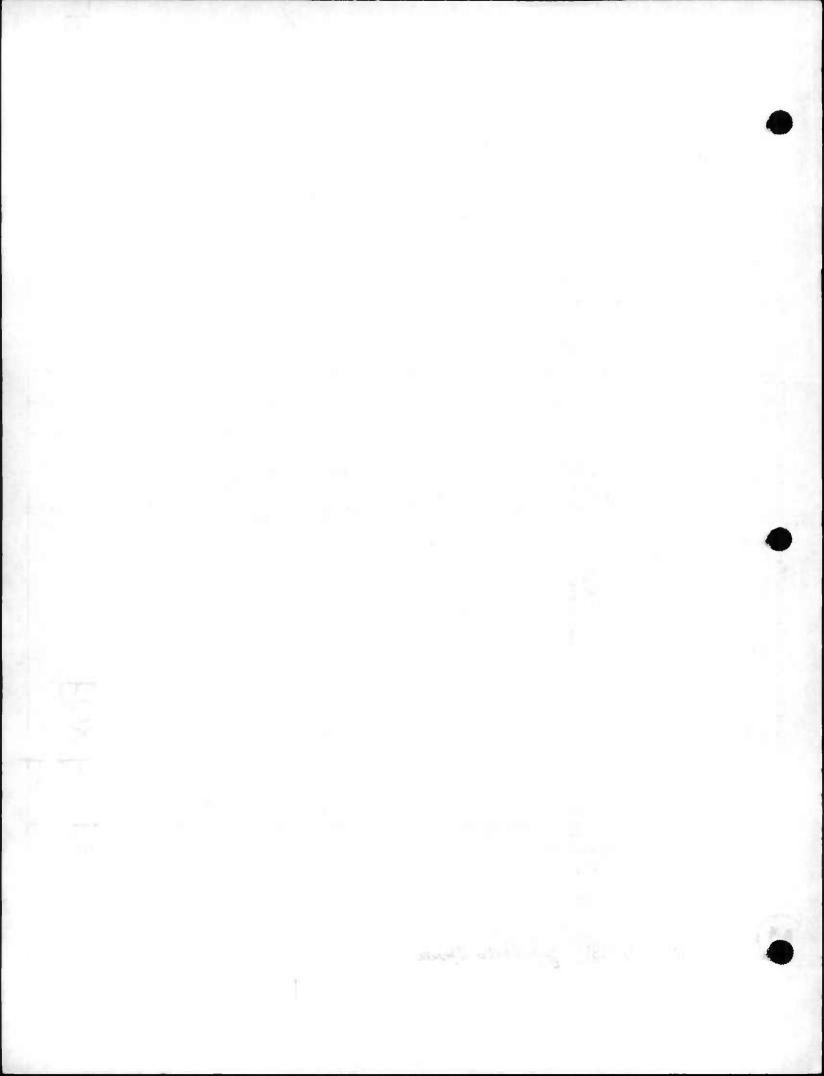
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mouns after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT	OF	HEALTH AND	MENTAL	HYGIENE
CERTIFICATE	OF	DEATH		REG. NO.

		ND / DEPARTM CERTIFIC	ATE OF DEATH	REG.	NO.	
1. DECEDENT'S NAME (First, Middle, Last) ANDREW THE	MAS			2. DATE OF OEAT		S. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 213-30-0163	1 🛛 M 2 🗆 F	57 YRS. MO	UNDER 1 YEAR IF UNDER 24 H NTHS DAYS HOURS MI	M. (Month, Day, Yes	33	BIRTHPLACE (State or Foreign Country)  M D
Se. FACILITY NAME (If not institution, give  ST NAT HOSP!  RESIDENCE OF DECEDENT	street and number) TAC OF BAC	Mara	BALT7 MORE	DE DEATH	9c. COUNTY	OF OEATH
MD 10a. STATE 10b. COUN	TY		timore			10d. INSIDE CITY VLIMITS? 1 X YES 2 NO
3603 W. Belve	dere Ave		2 1 2 1 5		US.	A OF WHAT COUNTRY?
11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS OCCENDENT OF HI If yes, specify Cuben, M 1 YES 2 2-NO S	exicen, Puerto Rican, etc		Black, White, etc.  Specify: Black
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		16a. OECEOENT'S USI (Give kind of work life. Do NOT use re mechan	done during most of working tired.)	16b. KIND O	F BUSINESS/INOUS	TRY
17. FATHER'S NAME (First, Middle, Last) Paul Thomas				s name (First, Middle, Missie Deal	alden Surname)	
19a. INFORMANT'S NAME (Type/Print) Anita Thomas			DRESS (Street and Number or F J. Belveder			
20e. METHOD OF DISPOSITION 1	moval from State of C	emetary crematory or estern		3-20		ille, MD
21. SIGNATURE OF PÜNERAL SERVIÇE L	ne D. L	noun	Joseph H. 1913 W. H	Brown J Baltimore	r. P.A. St. Ba	alto., MD.
IMMEDIATE CAUSE (Final	s. List only one ceuse on ee	ch line.		such as cardiac or	reapiratory arres	Interval Between
disease or condition resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF):	FAILURE			Onset and be
	DUE TO (OR AS A  DUE TO (OR AS A  LUNG	CONSEQUENCE OF):	FAILURE BRAIN	METS		Onset and De
Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. PNEW  DUE TO (OR AS A  LUNG  DUE TO (OR AS A	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):	BRAIN	n in Part I. 24a. W	AS AN AUTOPSY ERFORMED? ES 2 NO	24b. WERE AUTOPSY FINDM AMALABLE PRIOR TO
Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A  DUE TO (OR AS A  LUNG  DUE TO (OR AS A  d.  One contributing to death but  HOSPITAL:	CONSEQUENCE OF):  CA  CONSEQUENCE OF):  CA  CONSEQUENCE OF):  ut not resulting in the consequence of the con	BRAIN  he underlying cause give  26. PLACE OF DEAT	on in Part I. 24a, We pe 1	ERFORMED?	24b. WERE AUTOPSY FINDH AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions are sequenced to the conditions of	DUE TO (OR AS A  DUE TO (OR AS A  C.  DUE TO (OR AS A  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  HOSPITAL: 1   Impattent 2   ER/Output  25e. DATE OF INJURY (Month, Day, Year)	CONSEQUENCE OF):  CA  CONSEQUENCE OF):  CA  CONSEQUENCE OF):  ut not resulting in the consequence of the con	BRAIN  he underlying cause give  26. PLACE OF DEAT  THER:  Nursing Home 5 □ Reside  F	H (Check only one)  24a, We pe 1	ERFORMED?	24b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1  YES 2 NO
Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are supported by the conditions of	DUE TO (OR AS A  DUE TO (OR AS A  C.  DUE TO (OR AS A  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  DUE	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  ut not reaulting in the second of the second o	DRAIN  be underlying cause give  26. PLACE OF DEAT  THER: THER: Work? M 28c. NAJURY AT WORK? M 1 YES 2 N	H (Check only one)  24a, We pe 1	ES 2 NO  NO  NO  NO  NO  NO  NO  NO  NO  NO	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 VES 2 NO
Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are sufficient conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Vers 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 1 Pending Investigation 2 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only) 1 CERTIFYING PHY	DUE TO (OR AS A  DUE TO (OR AS A  LUNG  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  LUNG  DUE TO (OR AS A  DUE TO (OR AS A  LUNG  DUE TO (OR AS A  DUE TO (OR AS A  LUNG  DUE TO (OR AS A  LUNG  DUE TO (OR AS A  LUNG  DUE TO (OR AS A  DUE TO (OR	CONSEQUENCE OF):  CA  CONSEQUENCE OF):  CA  CONSEQUENCE OF):  ut not reaulting in the second of the	DRAIN  26. PLACE OF DEAT  THER: Nursing Home 5 Reside  F 28c. INJURY AT M 1 YES 2 Net, fectory, office	H (Check only one)  28d. DESCRIBE I  28f. LOCATION (S City or Rown,	ES 2 NO  NO  NO  NO  NO  NO  NO  NO  NO  NO	COMPLETION OF CAUSOF DEATH?  1  YES 2 NO  RED  Rural Rouse Number,
Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are sufficient conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Vers 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 1 Pending Investigation 2 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only) 1 CERTIFYING PHY	DUE TO (OR AS A  PNEM  DUE TO (OR AS A  C.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  DUE TO (OR AS A  C.  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  C.  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  C.  DUE TO (OR AS A  DUE TO (OR AS A  L.  DUE TO (OR AS A  L.  DUE TO (OR AS A  DUE TO (OR AS A  L.  DUE TO (OR AS A  L.  DUE TO (OR AS A  DUE TO (O	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  ut not resulting in the second of the second o	26. PLACE OF DEAT THER:  Nursing Home 5   Reside F 28c. INJURY AT WORK? I   YES 2   N et, fectory, office  it the time, date end place, an in my opinion, death occured in	In In Part I. 24a. We pe 1	PROPRIED?  ES 2 NO  NO  NOW INJURY OCCUI  Street and Number or State)  Indianance as stated  to, end due to the of  29d. DATE S	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1  YES 2 NO

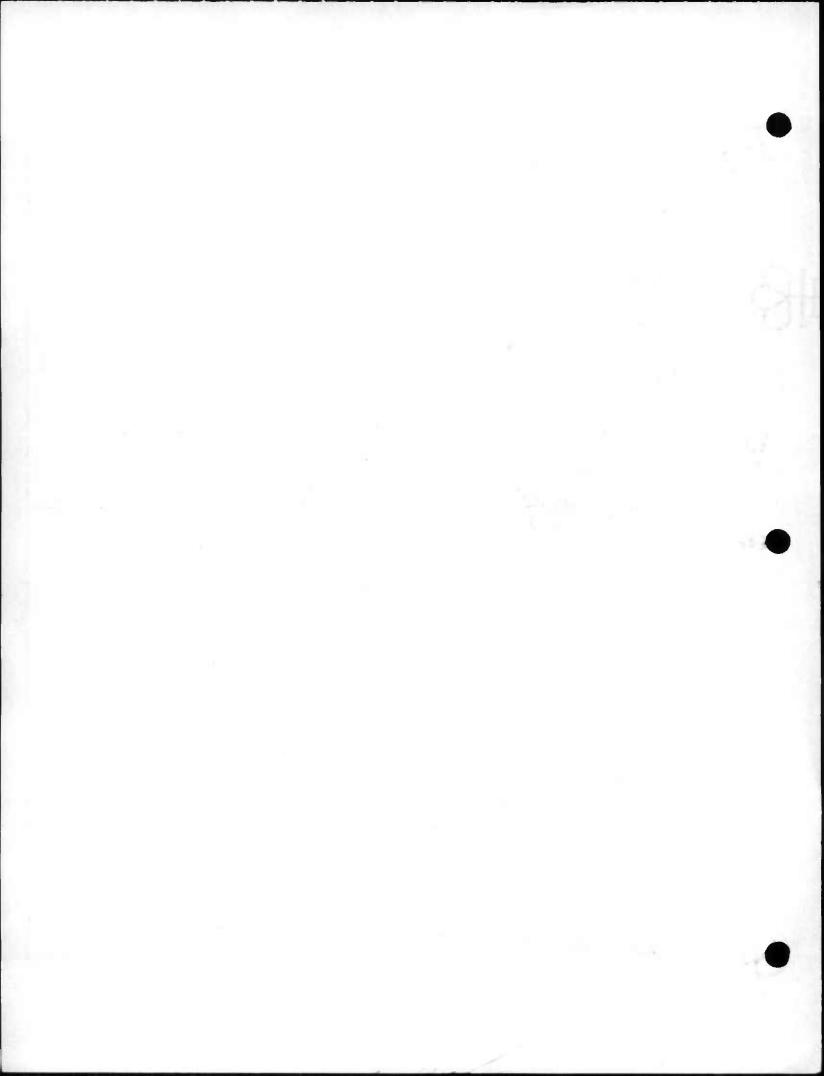




OX 13146, BALLIMORE, MARYLAND	ate be executed within 2- indurs after death. Page 6 may be retained by the hosp	ysician and completely filled in by the funeral director, page 5 should be detache prior to burial, cremation, or removal.	r traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2., nours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

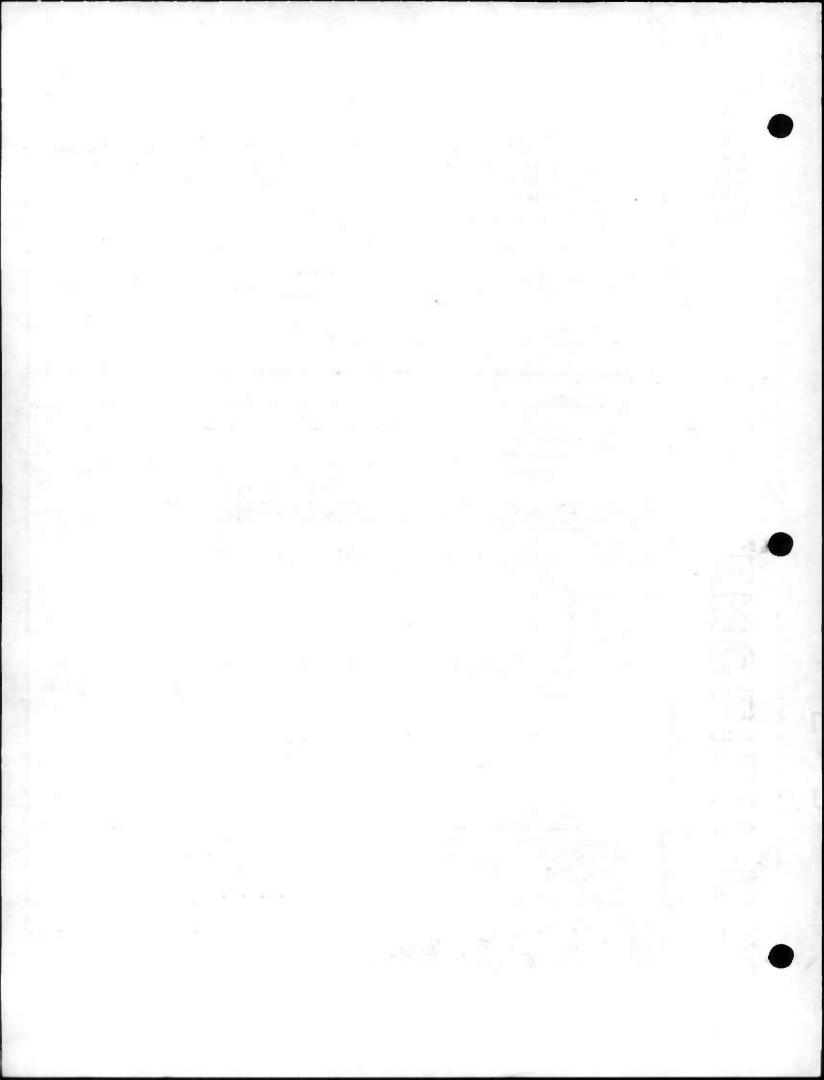
3	FOR STATE REGISTRAR	STATE OF MARY			F HEALTH ANI OF DEATH	D MENT	AL HYGIENE REG. NO.	91	U	1368
	1. DECEDENT'S NAME (First, Middle, Last)	1 /				2. DAT	TE OF DEATH	,	YEAR 3.	TIME OF DEATH
	NAYNE		IRICE			_	3 - /:		91	7:50 pm M
	4. SOCIAL SECURITY NUMBER 577-92-9395	5. SEX 6. AGE	(In yrs. last birthday, 2-9 YRS.		EAR IF UNDER 24 HR AYS HOURS MIN	(Mo	re OF BIRTH onth, Dey, Year)	- 1	Country)	
	90. FACILITY NAME (If not institution, give str			9b. CITY, TO	WN OR LOCATION OF		-24-6		Mary.	
5	PRINCE GEOR	GES HOSP.	CENTER	2	CHEVE	ERLY	/	PRI	NCE	GEORGES
ទ្ធ	RESIDENCE OF DECEDENT  100. STATE  100. COUNTY			TY, TOWN OR I	OCATION				100	I. INSIDE CITY
DIRECTOR	Control of the contro	dover	100		George's					LIMITS?
	10e. STREET AND NUMBER			11100	10f. ZIP CODE			10g. CITIZE		COUNTRY?
E I	1702 Brightseat	Road #T4			20785	5			USA	
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	It ye	B DECENDENT OF HIS se, specify Cuban, Me YES 2 XNO Sp	xican, Puart		or No- 1	4. RACE — Black, Wi	American Indian, hite, etc.
ВУ	3 Wildowed 4 Divorced				**					Black
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	16a. DECEDENT (Give kind o		JPATION ng most of working	1	16b. KIND OF BUS	INESS/INDU	STRY	
7	Elamentary/Secondary (0-12)	College (1-4 or 5+)		employ	ed		N/A			
OM	17. FATHER'S NAME (First, Middle, Last)		0	carpacy.		S NAME (Firs	it, Middle, Malden			
ш	Warren W. Thoma	S			Pea	rline	Trice			
TO B	19e. INFORMANT'S NAME (Type/Print)		100		treet and Number or Re					
	Warren W. Thoma				tseat Roa			ver,		
	1 Neurical 2 Cremetion 3 Rame 4 Donation 5 Other (Specify)	oval from State	other place)		orial Par					vland
	21. SUCHATURE OF FUNERAL SERVICE LIC	ENSEK	1 A		ME AND ADDRESS O		Lou	dover	1001	Arand
	( homaco la	nol	1		. B. Jenk 474 Lando					20785
	22. Port I. Enter the disesses, or o shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on falky,	each line.  MONIA	not enter th	a mode of dying,	such as c	ardiac or reapl	ratory arre	st,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
H	resulting in death) LAST	d								
MEDICAL (	PART II. Other significant condition	s contributing to death	but not resultin	g in the unde	arlying cause give	n in Part I	24a. WAS AN PERFOR	MED?	CC Of	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE F DEATH? YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH	U «Ohnah anh	l and			
Sic	EXAMINER?	HOSPIPAL:	utnetlant 3 🗆 DOI	OTHER:			,			
PHYSICIAN:	27. MANNER OF DEATH  1 Tratural 5 Pending	1					DESCRIBE HOW I	NJURY OCC	URED	
red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	2 Accident    Accident   Investigation   Accident   Acc							te Number,	
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my kn	owledge, death occ	urred at the tim	e, date and place, and	d dua to the	cause(a) and ma	nner as state	id.	
OM	onel	ER: On the basis of exemine	tion and/or investig	ation, in my opi	nion, death occured a	at the time, o	data and placa, er	nd due to the	cause(e) a	nd menner as stated.
BE	290. SHEWATCHE AND TITLE OF CENTURE				29c. LICENSI	E NUMBER	0	294 DATE	G/8	lunth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WITH	H755WER	MO	75000	Creencer	uy (1	4. Dr.	trees	Telf	Mel 20770
	MAR 2 0 1991	Juna Davids	GNATUTE MARKE							





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TO THE MINES OF ATTENDING PHYSICIAN: The law requires that the death certhicate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FIVE TOWN RECTOR: After this certificate has been signed by the attending physician and complotely filled in by the funeral director, page 5 should be detache	De fi	IMPORTANT Them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

10	FOR STATE OF M  1 - STATE REGISTRAR					EALTH /		MENTAL HYG		)   (	7369
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEAT	Н	3.	TIME OF DEATH
	MARSHALL R		Th	nompk	ins			MONTH	1.8	YEAR Q 1 Q	• 13 A M
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. las		IF UNDER	1 YEAR	IF UNDER 2		7. DATE OF BIRTH (Month, Day, Yes	1		ACE (State or Foreign
	124-03-8605 1₺ № 2 🗆 ೯	80	YRS.	MONTHS	DAYS	HOURS	MIN.	oct 16,	71910	Virgi	nia
	9e. FACILITY NAME (If not institution, give street end number)			9b. CITY	TOWN 0	R LOCATIO	_		9c. COU	NTY OF DEAT	н
DIRECTOR	641 N.FULTON AVENUE			ВА	LTI	MORE	C I	TY			
<u> </u>	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN C	R LOCAT	ION				10-	d. INSIDE CITY
5	Maryland		Ba	altin	ore					10	LIMITS?
	10e. STREET AND NUMBER				-	ZIP CODE			10g. CIT	ZEN OF WHA	T COUNTRY?
EB	641 North Fulton Ave.					21217			υ.	S. A.	
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT	EVER IN U.S. AR	MED		WAS DEC	ENDENT DE		IC ORIGIN? (Specif	y Yes or No-	14. RACE -	American Indian,
	IF YES GIVE W	YES 2 XA	10			2 NO		n, Puarto Rican, etc	<del>'</del> ~)	Specify:	hite, atc.
BY	3 Wildowed 4 Divorced				_						Black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(G	CEDENT'S	work done	CCUPATIO	N at of working	7	16b. KIND O	F BUSINESS/INC	DUSTRY	
E	Elementary/Secondary (0-12) College (1-4 or 8 +	) Iffe.	Do NOT us	se retired.)							- 1
M M		Me	ssen	ger						ssenge	r Service
8	. 17. FATHER'S NAME (First, Middle, Last)							ME (First, Middle, M.			
BE	Thomas Thompkins							Dillard			
0	19e. INFORMANT'S NAME (Type/Print)							Route Number, City of			
	Marshall Thompkins							Baltimor			21207
	20a, METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Removal from State	20b. PLACE of cemetary King	and DAT	or other p	DSITION lace)	(Name			c. LOCATION		
	4 Donetion 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	King	Memo	rial	Par	k		3/22   B	altimo	re Cou	inty, MD
	LUSUM R Bay	len		2:	001	Gwynn	ıs F	alls Par ryland	kway	ral Ho	omes, Inc.
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	OR AS A CONSE	OUENCE O	P): P):	din	M-CU	lan	J dish	av		Interval Between Onset and Daath
SE	d		_								+
PHYSICIAN: MEDICAL	PART II. Other algniticent conditions contributing to deeth but not resulting in the underlying cause given in Par						PE	AS AN AUTOPSY PREPARED? ES 2 XNO	All CC	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			ОТНЕ	_	ACE OF DE	EATH (C/	neck only one)			
YSI	1 X YES 2 NO 1 Inpetient 2	ER/Outpatient 3	□ DOA			e 5 N Res	sidence	6 Other (Specif)	-		
	27. MANNER DF DEATH  1 Netural 5 Pending (Month, D.	INJURY ay, Year)	28b. TIR	ME DF JURY M		URY AT PRK? YES 2	NO NO	28d. DESCRIBE	O YRULNI WO	CURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  28s. PLACE OF INJURY — At home, farm, street, factory, office City or Fown, State)  28s. LOCATION (Street and Number or Rural Route Number, City or Fown, State)										
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of a MEDICAL EXAMINER: On the basis of a										nd manner ee stated.
BE (	296 SIGNATURE AND TITLE OF GERTIFIER	h.	1			29c. LICE			29d. DA		fonth, Day, Year)
TO E	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS	SE OF DEATH (ITE	M 27) (1/p)	e, Print)	-		0.C	.M.E.	03	/18/	9 1
	MARIO + GOLLO, JR., V	MO 1	11 P	ENN	STI	REET	, B A	LTIMORE	E, MARY	LAND	21201
	MAR 2 0 1991 . June 2	PS SIGNATURE	indell								



permit, Pages 1, 2, 3 should

should be detached for use as the burial-transit

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BE 2

מארווים, יווטווין אוטווין אוטווין	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hor	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact he find within 75 hours after death with the State Dect. of Health and Mental Hydrere prior to burial, cremation, or removal.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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2	ATTE	CTOR	28
DIVISION OF VITAL RECONDS, T.O. BOX 50150,	OR	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the face find within 25 hours after death with the State Deut, of Health and Mental Hydiene prior to burial, cremation, or removal.	Heli
	PITAL	ER Z	1
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	2	22	3

FOR STATE REGISTRAR		STATE OF I			MENT OF			MENTAL HYGIEN REG. NO.	<b>E</b> 9	İ	07370
1. DECEDENT'S NAME (F	irst, Middle, Last)						TIDE	2. DATE OF DEATH			3. TIME OF DEATH
MART	HA MA	ATILDA V	JINCENT					MONTH DA	9	YEAR	810 PM
4. SOCIAL SECURITY NU		5. SEX	6. AGE (In yrs. lea	t birthday)	IF UNDER 1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF BIRTH			IPLACE (State or Foreign
215-03-		1 🗆 M 2 15 F	82	YRS.	NONTHS DAYS	HOURS	MIN.	(Month, Day, Year) 5-05-19	09	Count	" MD
9e. FACILITY NAME (If no					9b. CITY, TOWN	OR LOCAT	ION OF D	EATH	9c. COU	NTY OF D	EATH
CHURCH RESIDENCE OF D	HOSPI	FAL COR	PORATIO	N	BALT	IMOR	E				11-70-2
10e. STATE	10b. COUNT	Υ		10c. CITY,	TOWN OR LOCA	TION		A 177		-	10d, INSIDE CITY
MD.				Bal	timor	a					LIMITS?
10e. STREET AND NUMB		LA			.1	M. ZIP COD	E		10g. CIT	IZEN OF	VHAT COUNTRY?
3029 W.	Lanva	le			:	2121	6		U	SA	
11. MARITAL STATUS  1 Never Merried 2  3 Wildowed 4 0	_	FORCES?	NT EVER IN U.S. AR I YES 2 XX N MAR OR DATES		if yes, s		en, Mexico	NIC ORIGIN? (Specify Yes en, Puerto Rican, etc.) fy:	or No	14. RACI Blac Spec	E - American Indian, k, White, atc.  Black
	DECEDENT'S EDI only highest grad		/G		ISUAL OCCUPAT		ing	16b. KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondar	y (0-12)	College (1-4 or 5	+)		stic						
17. FATHER'S NAME (First	t, Middle, Last)	1		est,	Section 1	18. MOT	HER'S NA	AME (First, Middle, Malden	Sumame)		
19e. INFORMANT'S NAME	E (Type/Print)		190	b. MAILING A	ADDRESS (Street	end Numbe	or Rural	Route Number, City or Tow	n. State. Zi	o Code)	
Mary Turr								t., Balto			21216
20er METHOD OF DISPO 1 Burlal 2 Crem 4 Donation 5 0	ation 3 🗆 Rer	noval from State			of disposition of their place)		ter	y 3-16 Ca	cation -		
21. SIGNATURE OF FUNE	ERAL SERVICE L	nell	). Bu	un	Jos 191	eph	н.	Brown Jr. 1timore S	P.	A. Bal	lto., MD.
		complications the			ot antar tha m	oda of d	ying, suc	ch as cardiac or resp	iratory a	rrest,	Approximate Interval Between
iMMEDIATE CAUSE ( disease or condition resulting in death)		1. /	Jul Da		a of	· 8	09	chaques			Onset and Death
	8	Sec.			Laural	ei					
Sequentially list con	ditions,	D. PUE TO	OR AS A CONSE								

Sequentially list condition if any, leading to immediately cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? 1 | YES 2 | NO 1 | YES 2 | NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO					26. PLACE OF DEATH (C	theck only one)	
		HOSPITAL: 1 Inpatient 2	ER/Outpetlent 3 DOA		OTHER: 4  Nursing Home 5  Residence 6  Other (Specify)		
1 Netural	ATH 5 Pending Investigation	28e. DATE OF (Month, De		ME OF IJURY M	28c, INJURY AT WORK? 1 YES 2 NO	284. DEŞCRIBE HOW INJURY OCCURED	
2 Accident Investigation 3 Suicide 6 Could not be		28e. PLACE Of building,	F INJURY — At home, farm atc. (Specify)	, street, fe	ctory, office	281. LOCATION (Street end Number or Rural Route Number, City or Town, State)	

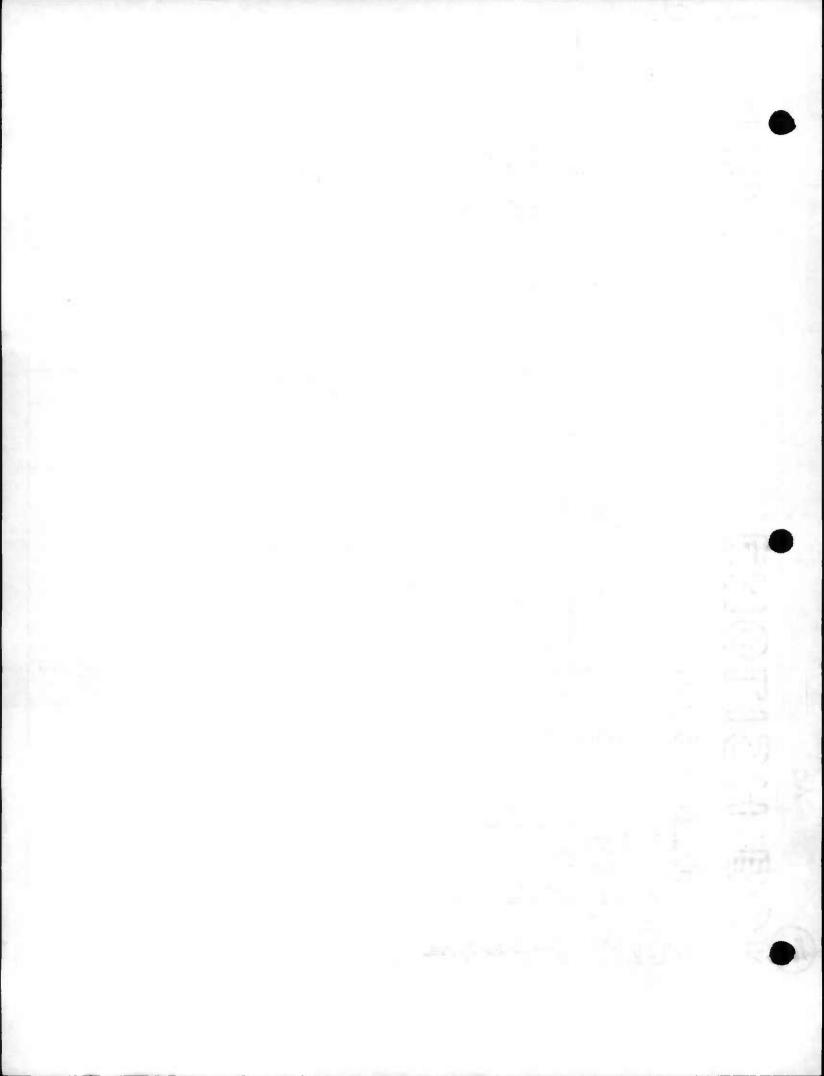
29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end pieca, end due to the cause(e) end menner se stated.

2 MEDICAL EXAMINER: On the basic of examination and/or investigation	ation, in my opinion, death occured at the time, date and piece,	and due to the cause(e) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	29c, LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)

(blavarion	D40 354	▶ 3,
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	0 01/1/	

32. REGISTRAR'S SIGNATURE





DALINONE, MANIENTO	TO THE HOSPITAL OF AREBOUND PHYSICIAN: The law requires that the death certificate be executed within 2-cours after death. Page 6 may be retained by the host	TO THE FUNERAL CHARACH AND THE CALL CHARACH AND SEED STORED BY the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 harmonal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
2	rtificate	g physic	ther tr
	eath cer	sttendin Ital Hygi	f, or 0
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	ires tha	signed l	ws any
Ú	aw requ	spt. of h	3 sho
7	The f	cate har	item 2
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DIMENOL VIEWE RECORDS, F.O. BOA 19149,	THE PHYS	Anny this	marked
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	HOSP	FUNE	TANT
	THE OT	De fied	IMPOR

	FOR 1 - STATE REGISTRAR	STATE OF M	ARYLAND /	DEPAR ERTIFI	TMENT	OF H	EALTH AND N DEATH		GIENE 9	07	1371
	1, DECEDENT'S NAME (First, Middle, Last)				OAIL		DEATH	2. DATE OF DEA		1	3. TIME OF DEATH
1	Lydia M. Volz							MONTH	DAY	YEAR	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	a biomata a	IF UNDER	. NEAD	IF UNDER 24 HRS.	7. DATE OF BIR			1:23 A M
	213-30-0360	1 □ M 2 📡 F	85	YRS.	MONTHS	DAYS	HOURE MIN.	(Month, Day, ) 11–14-	-05	Geri	nany
	9e. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY,	TOWN O	R LOCATION OF DE	ATH	9c. COU	NTY OF DEA	ATH
DIRECTOR	Meridian N. H		een			I	ong Gree	en	I	Baltin	more
#	18a. STATE 10b. COUNTY			10c, CITY	, TOWN O	R LOCAT	ION			1	IOd. INSIDE CITY
ā	Maryland Bal	timore		M	iddl	e Ri	ver			1	YES 25 (NO
FUNERAL	100. STREET AND NUMBER 9918 Bird River	Rd.				10f.	ZIP CODE 2122(	)	10g. CITI	ZEN OF WH	A COUNTRY?
	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT FORCES? 1	YES 2	MED	1	yes, spe	ENDENT OF HISPAN Helfy Cuban, Mexican 2 NO Specify	n, Puerto Rican, a	ify Yee or No—	14. RACE - Black,	- American Indian, White, etc.
ВУ	Widowed 4 Divorced	ir rea, dive vi	TH OR DAILS			Ŭ 4E2	2 DCNO Specify	<i></i>		Specify:	nite
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(G	CEDENT'S live kind of w . Do NOT us	ork done o		N st of working	16b. KIND	OF BUSINESS/INC	DUSTRY	
립	Elevitoritally (or lay	college (1-V c) 3 Y		House	wife			НС	memakir	ıg	
ğ	17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S NA	ME (First, Middle, I	Asiden Surname)		
BE 0	Emil Boerner						Alma	Richte	er		
10 B	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street a	nd Number or Rural F	Poute Number, City	or Town, State, Zip	Code)	-
F	Alma Smith			1025	Rox	leig	h Rd. To	wson, N	aryland	212	204
	20s. METHOO OF DISPOSITION  1	oval from State	other pi	ace)			inetery, crematory or Inc.		oc. LOCATION — Baltimor		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Met.	TO CT			D ADDRESS OF FA		XXII GIIIIOI	.e, M	alytana
	* Lasacho	Tunere	U Hor	30		Lass	ahn Fune Belair	eral Hon		Md.	21236
	23. PART i. Enter the diseases, or o	omplications that	caused the de	ath. Do n							Approximate
	ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in daeth)				ta	22	of De	nerefe	d		Intarval Between Onset and Death
		DUE TO	OR AS A CONSE	OUENCE OF	n: 00		7				
ERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	DUE TO	OR AS A CONSE	OUENCE OF	7):						
J.	CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CONSE	OUENCE OF	7):						1
E	resulting in death) LAST	d.									
ᄬ											
MEDICAL	PART II. Other eignificent condition	oses		reaulting	n the un	derlying	ceuse given in	F	ERFORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	Perilife	ule	ers								1 TYES 2 110
NA I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HORBITAL					ACE OF DEATH (Ch	eck only one)			
SIG	1 VES 2 NO	HOSPITAL:	ER/Outpetient 3	DOA	OTHER		e 5 🗆 Residence	6 Other (Spec	(y)		
Y PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	26e. DATE OF (Month, De	INJURY ly, Year)	28b. TIM INJ	E OF URY M		URY AT RK7 res 2 \( \) NO	28d. DESCRIBE	HOW INJURY OC	CURED	
ETED BY	2 Accident Investigation 3 Suicide 6 Could not be determined		F INJURY — At he etc. (Specify)	ome, farm, s	street, fact	ory, offic	•	261. LOCATION City or Town	(Street and Number, State)	r or Rural Ro	ute Number,
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DESCRIPTION ON THE CERTIFYING PHYSIC DESCRIPTION OF THE CERTIFICATION OF THE CERTIFICAT										end manner ee stated.
Ü Ш	29b. SIGNATURE AND TITLE OF CENTURE	N.					29c. LICENSE NUI	MBER	29d, DAT	E SIGNED	Month, Day, Year)
TO B	38. NAME AND ADDRESS OF PERSON WH	O COMPLETED O	DE DE DE LE	14 on ~	Direction of the control of the cont		D0897	D338	97 >	3/19	/1/

N. Charles Street Balto., Md. 21218

HO COMPLETEO CAUSE OF OEATH (ITEM 27) (Type, Print)

4300

M.D.

Robert J. Vissing

31. DATE FILED (Morith, Day, Year)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	-
	Depta of ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 in
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	1. DECEOENT'S NAME (First, Middle, L.	ast)				2. DATE O	DAY	YEAR	3. TIME OF DEATH
	QUENTIN 4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In vrs. last birthday)	WALTERS IF UNDER 1 YEAR	T I I I I I I I I I I I I I I I I I I I	03	12	1991	12:20 THPLACE (State or Foreign
- 13	4. SOCIAL SECONITY NUMBER	1 M 2 D F	YRS.	MONTHS DAYS	HOURS MIN.	7. DATE Of	Day, Year)	Soun	(m)
	9a. FACILITY NAME (If not institution, g	live street and number)	70	9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. CO	UNTY OF	DEATH
OB	UNIVERSITY HOS	PITAL		BALT	IMORE /	11/4	BA	LTIM	ORE
DIRECTOR	RESIDENCE OF DECEDENT		10c. CIT	TY, TOWN OR LOCA	TION	7			10d. INSIDE CITY
DIR	maruland			5A11,	more	,			1 YES 2 N
3AL	10e. STREET AND NUMBER	- 77-		10	of. ZIP CODE	4	10g. C	TIZEN OF	WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT E	EVED IN HIS ADMED	42 WAS DE	CENDENT OF HISDA	)	(Specify Yea or No-	11000	CE — American Indian.
	1 Never Married 2 Married		YES 2 NO	If yes, s	pecify Cuban, Maxic	en, Puerto Rk		Blac	ck, White, etc.
B √	3 Widowed 4 Olvorced							15	BCK
ETED	15. DECEDENT'S (Specify only highest of	grade completed)		S USUAL OCCUPATI work done during m ise retired.)		16b. F	UND OF BUSINESS/I	NDUSTRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	1	hild					
COMPL	17. FATHER'S NAME (First, Middle, Last	) 1 14		7	18 MOTHER'S N	AME (First, Mi	ddle, Maiden Surmame	///	
BE (	VACIOR	WAITE			MIC	heli	le H.	1 - 12	Ace
5	19a. INFORMANT'S NAME (Type/Print)	101==00	19b. MAILING	9/100		Route Numbe	Sty or Town, State,	Zip Code)	7/7//
	20a, METHOD OF DISPOSITION	ALTERS	20b. PLACE ANO OAT	-	WOOD I	DATE	20c. LOCATION	- City or 1	Town, State
	1 Description 2 Cremation 3 4 Donation 5 Other (Specify)	Ramoval from State	of certification of certification of certification of certification of the certification of the certification of certificatio	v or other place)	CEM		BALT	- 4	
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE			AND ADDRESS OF F	ACILITY E	4		
	Loseph	L. Rus	2)	2223	W. No	ATH I	Pur 21.	211	
	23. PART I. Enter the diseases,	an annual making about						~ 6	
	W at and and and follows			not entar the m					
	IMMEDIATE CAUSE (Final	ure. List only one cause		not entar the m					Interval Bet
	the Commission of the Control of the	a. Owki	on each lina.	falopi					Interval Bet
	IMMEDIATE CAUSE (Final disease or condition	a. Owki		falopi					Interval Bet
NOI	immediate cause (Final disease or condition resulting in death)  Sequentially list conditions,	a. OVE TO (0	on each lina.	halopa)					Interval Bet
CATION	immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. OVE TO (0	O ON GOCH IIINA.	halopa)					Interval Bet
TIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. OVE TO (0	O ON GOCH IIINA.	falori Pri					Interval Bet
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. OVE TO (0	P AS A CONSEQUENCE O	falori Pri					Interval Be
S	IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. OUE TO (O  c. DUE TO (O  d.	P AS A CONSEQUENCE OF AS A CONSEQUENCE OF	Paloto Pri: Pri:	oda of dying, sur	ch aa cardi		errest,	Interval Be Onset and
SICAL C	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. OUE TO (O  c. DUE TO (O  d.	P AS A CONSEQUENCE OF AS A CONSEQUENCE OF	Paloto Pri: Pri:	oda of dying, sur	n Part I.	ac or respiratory	errest,	Interval Bet Onset and
MEDICAL C	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. OUE TO (O  c. DUE TO (O  d.	P AS A CONSEQUENCE OF AS A CONSEQUENCE OF	Paloto Pri: Pri:	oda of dying, sur	n Part I.	ac or respiratory	errest,	Interval Bet Onset and
AN: MEDICAL C	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions.	a. OUE TO (0  b. OUE TO (0  c. OUE TO (0  d. OUE TO (0	P AS A CONSEQUENCE OF AS A CONSEQUENCE OF	DEP: DEP: In the underlying	ng cause given in	n Part I.	24a. WAS AN AUTOPS PERFORMED?  1 VES 2 NO	errest,	Interval Ber Onset and
AN: MEDICAL C	IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (O  d. DUE TO (O  d. HOSPITAL:	P AS A CONSEQUENCE OF AS A CONSEQUENCE OF	OF):  OF):  In the underlyle  26.1	oda of dying, sur	n Part I.	24a. WAS AN AUTOPS PERFORMED?	errest,	Interval Bet Onset and
IYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  PART II. Other algnificent conductions are caused in the conduction of the cause of	a. OUE TO (O  b. OUE TO (O  d.	R AS A CONSEQUENCE OF AS A	OF):  OF):  In the underlyle  26.1  OTHER: 4 □ Nursing Ho  ME OF □ 28c. (h)	ng cause given in	n Part I.	24a. WAS AN AUTOPS PERFORMED?	errest,	Interval Ber Onset and
IYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent conductions are conducted to the conducted to the cause of the cause	a	e on each line.  PR AS A CONSEQUENCE OF AS A C	OFF):  OFF):  OFF):  OFF):  OTHER: 4   Nursing Ho Nursi	PLACE OF DEATH (Come 5 Residence AUGHY AT OVER 2 NO	n Part I.	24a. WAS AN AUTOPS PERFORMED? 1 XYES 2 NO (Specify) CRIBE HOW INJURY (CAN AN AUTOPS PERFORMED?	DCCURED SE	1 XYES 2 🗆 NO
D BY PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  PART II. Other aignificent cond  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	a	PR AS A CONSEQUENCE OF AS	DF):  26. In the underlyle  OTHER: 4   Nursing Ho  ME OF 120 M 1 1, street, factory, off	PLACE OF DEATH (Come 5 Residence AUGHY AT OVER 2 NO	heck only one  6 Other  28d. DESC SUBJE 28f. LOCA City on	24a. WAS AN AUTOPS PERFORMED?  1 Ves 2 NO  (Specify)  CRIBE HOW INJURY OF THOM (Street and Numr Yours, State)	DOCCURED OF OF AUTO DOCCURED OF OF AUTO DOCCURED OF AUTO	Interval Bet Onset and  4b. WERE AUTOPSY FIN ANALABLE PRIOR T COMPLETION OF CO OF DEATH?  1 YES 2 N.
ETED BY PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  PART II. Other algnificent cond  25. WAS CASE REFERREO TO MEDIC EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigate 1 Natural 2 Accident 3 Suicide 6 Could not detarming the conditions of the could not detarming the conditions of the could not detarming the conditions of the could not detarming the could not deta	a. DUE TO (O  d.	en eech line.  PR AS A CONSEQUENCE OF AS A CON	OF):  OF):  OF):  OF):  OF):  OTHER: 4   Nursing Ho  ME OF   28c. if	PLACE OF DEATH (Come 5 Residence NORKY AT NORKY 1 YES 2 NO lice	theck only one  6 Other  28d. DESC SUBJE 29r. LOCA City o	24a. WAS AN AUTOPS PERFORMED?  1 VES 2 NO  (Specify)  CRIBE HOW INJURY OF THE COMMON STATE)  TION (Street and Num Y Town, State)	occureo D SE ber or Rura YETT	Interval Bet Onset and
MPLETED BY PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  PART II. Other algnificent cond  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investiges 3 Suicide 6 Could not datarmin  29a. CERTIFIER (Check only	a. DUE TO (O  d.	en eech line.  PR AS A CONSEQUENCE OF AS A CON	OF):  OF):  OF):  OF):  OF):  OF):  OTHER: 4   Nursing Ho  ME OF 28c. If  LURY W  2 2 0 M 1    street, factory, off  OME  med at the time, day	PLACE OF DEATH (Come 5 Residence NUMBY AT ORK?  YES 2 NO lice	theck only one  6 Other  28d. DESC SUBJE 28f. LOCA City of	24a. WAS AN AUTOPS PERFORMED?  1 VES 2 NO  (Specify)  CRIBE HOW INJURY OF THE PROPERTY OF THE	DOCCURED OF THE STATE OF THE ST	Interval Bet Onset and  the Werre Autopsy Fin Awail Able Prior To Completion of Co of Death?  The Wes 2 Note Number,  E STREET
TED BY PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  PART II. Other algnificent cond  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investiges 3 Suicide 6 Could not datarmin  29a. CERTIFIER (Check only	a. OUE TO (O  b. OUE TO (O  c. OUE TO (O  d.	en eech line.  PR AS A CONSEQUENCE OF AS A CON	OF):  OF):  OF):  OF):  OF):  OF):  OTHER: 4   Nursing Ho  ME OF 28c. If  LURY W  2 2 0 M 1    street, factory, off  OME  med at the time, day	PLACE OF DEATH (Come 5 Residence NUMBY AT ORK?  YES 2 NO lice	heck only one  6 Other  28d. DESC SUBJE  201. LOCA CON 2 0 34	24a. WAS AN AUTOPS PERFORMED?  1 Ves 2 NO  (Specify)  FRIBE HOW INJURY OF THOM (Street and Numry Vown, State)  4 WEST FA  14 WEST FA  16 year and manner as and place, and due to	DOCCURED DE DE OT PRINTE STATE DE LA COURSE DE	Interval Bet Onset and  the Werre Autopsy Fin Awail Able Prior To Completion of Co of Death?  The Wes 2 Note Number,  E STREET

111 PENN STREET



31. DATE FILED (Morith, Day, Year)
MAR 2 0 199

BALTIMORE, MARYLAND 21201

26/19

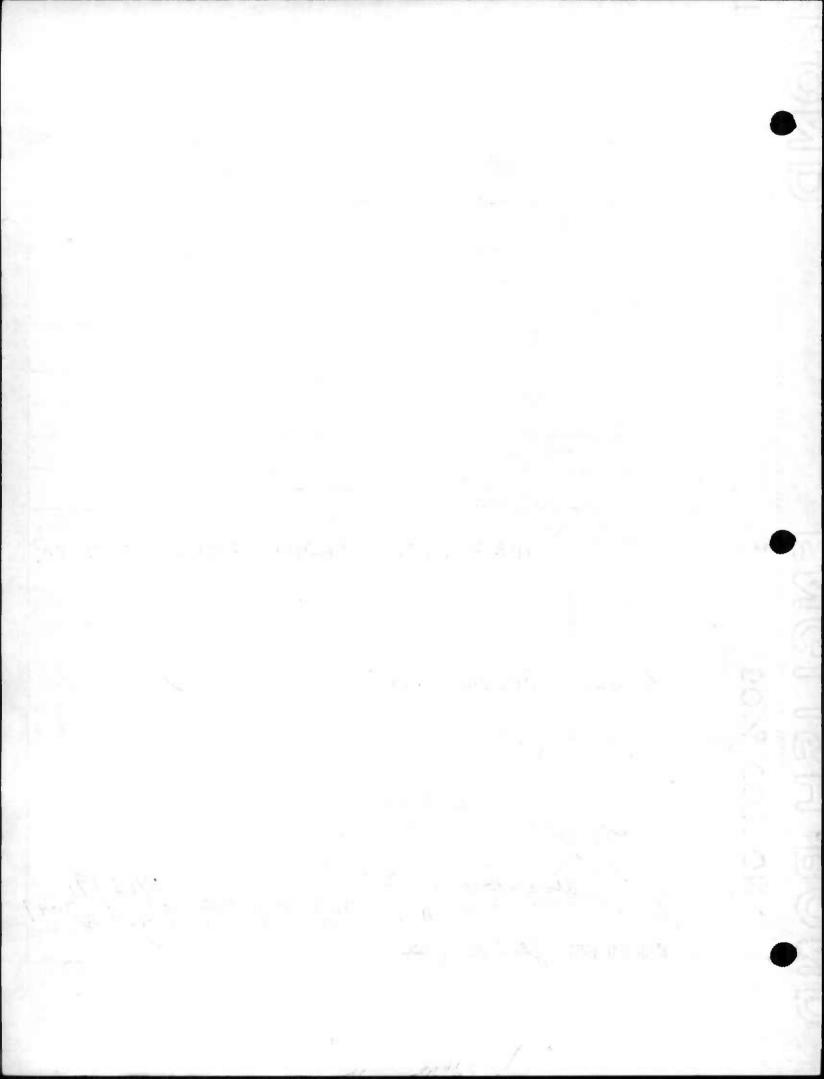
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1 - FOR STATE REGISTRAR	STATE OF MARY		ICATE OF		REG. NO	).	9   073	
1. DECEDENT'S NAME (First, Middle, Last)  CATHERIA	IE W		10111	15	4 0	DAY	YEAR 3. TIME OF DE	
4. SOCIAL SECURITY NUMSER		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH	5 -	6. BIRTHPLACE (State or	Foreign
103-38-6936	1 D M 2 X F 44	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) Nov . 26 . 1	946	West Va.	burg
90. FACILITY NAME (If not institution, give structured for the structu	i	TAL	96. CITY, TOWN	OR LOCATION OF D	EATH		HEORD	
10e. STATE 10b. COUNTY	arren	20000	, TOWN OR LOCA				10d. INSIDE CI LIMITS? 1 YES 2 [	/
10a. STREET AND NUMBER 8475	Sunfish Lar	ne	10	DI. ZIP CODE	39		S.A.	?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 NO	If yes, s		NIC ORIGIN? (Specify Young, Puerto Ricen, etc.)		14. RACE — American in Black, White, etc. Specify:	dlen,
15. DECEDENT'S EDUC	ATION	16a, DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF BI	USINESS/IN	white white	
(Specify only highest grade of Elementary/Secondary (0-12) 12 Yrs.	College (1-4 or 5+) 4 YIS.	- (Give kind of ville). Do NOT us	work done during m retired.)	nost of working	Ohio	0	Public Scho	ol (
17. FATHER'S NAME (First, Middle, Last)	7 113.	1 TOUCH	ICI	18. MOTHER'S N	AME (First, Middle, Maide		FUULTE SCOL	
Ra	ymond R. Da	lbke		He.	linda	Whit	e	
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or To			
Mr. Daniel L. Wi	llis	8475	Sunfish	Lane. N	Maineville	Ohi	n 45039	
20e. METHOD OF DISPOSITION  1  Burtel 2 Cremation 3 Remo  4  Donation 5  Other (Specify)	val from State	PLACE AND OATI		N (Name			- City or Town, Stata	
21. SIGNATURE OF MAYERAL SERVICE LICE		the second	,	AND ADDRESS OF F	ACILITY		ore,Md. 212	
23. PART I. Enter the diseases, or conshock, or heart failure. L	omplications that cause on	ded the death. Do reach line.	22. NAME A	50 Belain oda of dylng, su	E.F.Las Rd.Kings ch as cardiac or rea	ssahn ville piratory ar	Funeral Ho Md 21087  rest,   Approxi	mate Betwe
23. PART I. Entar tha diseases, or co	omplications that cause on the course on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause of the	ded the death. Do reach line.	1175 not anter tha m	50 Belain oda of dylng, su	E.F.Las	ssahn ville piratory ar	Funeral Ho Md 21087  rest,   Approxi	mate Between
23. PART I. Enter the diseases, or conshock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	omplications that cause ist only one cause on DUE TO (OR AS	sed the death. Do reach line.  STAT 1  S A CONSEQUENCE OF	not anter tha m	50 Belain oda of dylng, su	E.F.Las Rd.Kings ch as cardiac or rea	ssahn ville piratory ar	Funeral Ho Md 21087  rest,   Approxi	mate Between
23. PART I. Enter the diseases, or conshock, or heart failure. In immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	omplications that cause ist only one cause on DUE TO (OR AS	ed the death. Do reach line.	not anter tha m	50 Belain oda of dylng, su	E.F.Las Rd.Kings ch as cardiac or rea	ssahn ville piratory ar	Funeral Ho Md 21087  rest,   Approxi	mate Between
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23. PART I. Enter the diseases, or conshock, or heart failure. Learning in the second state of the second	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  OUE TO (OR AS	ed the death. Do reach line.  STAT I S A CONSEQUENCE OF S A CONSEQUENC	The street, factory, off	DO Belain oda of dying, su  REAST  The property of the property of the property of the property of the property of the property of the end place, and defined the end place, and defined the end place, and defined the property of the property of the property of the property of the end place, and defined the property of the end place, and defined the property of the	Rd. Kings: ch as cardiac or rea  CAN  Part I. 24a. Was a PERFC  1  YES  Check only one)  28d. DESCRIBE HOW  28d. DESCRIBE HOW  28d. LOCATION (Stree City or Rown, State Leaves(e) and make the cause(e	N AUTOPSY OR NO. 1 NJURY OF The Property of th	Funeral Ho Md. 21087  Md. 21087  Approxi Interval Onset a 7  24b. WERE AUTOPSY AMAILABLE PRIN COMPLETION 0 OF DEATH? 1 YES 2 []	mate Between I Finding Finding No No

22. REGISTRAR'S SIGNATURE

MAR 2 0 1991



FOR STATE REGISTRAR

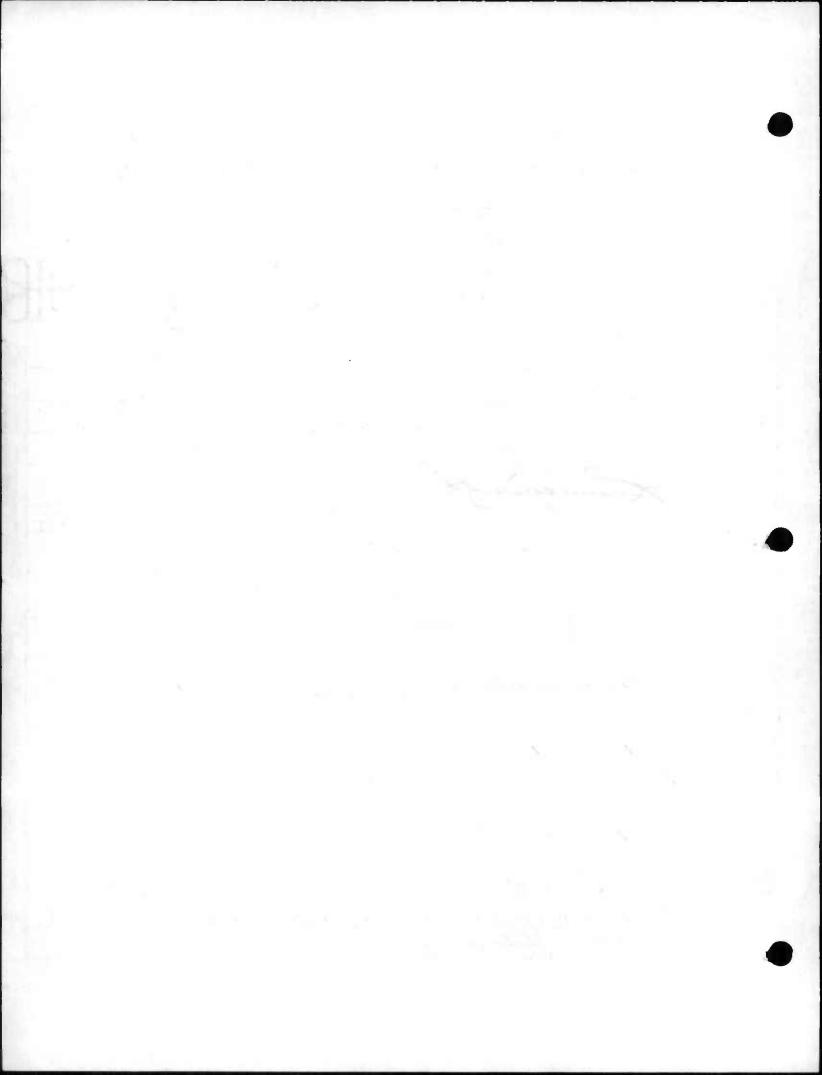
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	certificate
	death
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7	The
DIVISION OF VIEW RECORDS, T. C. BOX 10110;	ENDING PHYSICIAN: The law requires that the death certificate be executed within 2-7 .10
200	ALTENDING
5	8

1. DECEOENT'S N	AME (First, Middle, Last) EV ANS		ERSON					2. DATE O	OF DEATH 3	/18/91 & <b>(9</b>	YEAR	6 SO P
4. SOCIAL SECUR	10-0941	5. SEX	6. AGE (In yrs. les	t birthday) IF U	NOER 1 YE		ER 24 HRS.	7. DATE (Month)	Dey, Year)		Country)	ACE (State or Foreign
ST. AC	E (If not institution, give of NES H	treet end number) OSPITA	H	9b.	-	HN OR LOCA				9c. COUNT	Y OF DEA	гн
10a. STATE	10b. COUNT	LTIMOR	2 <i>F</i> -	10c. CITY, TO		OCATION	E					Od. INSIDE CITY LIMITS?
			24 BARDS			101. ZIP CC	ODE				N OF WH	AT COUNTRY?
10e. STREET AND 11. MARITAL STAT 1 Never Merrie 3 Widowed	d 2 Merried	12. WAS DECEDEN	T EVER IN U.S. AF YES 2 1	MED	13. WAS		OF HISPAN	n, Puerto F	? (Specify Yelican, etc.)	s or No- 1	4. RACE - Black, 1 Specify:	- American Indien, White, etc. WHITE
Elementary/Se	15. DECEDENT'S EDU Specify only highest grade		16a. DE	CEDENT'S USUA	AL OCCUI	PATION og most of wo	rking	16b.	KINO OF BU	SINESS/INDU	STRY	
	condary (0-12)	College (1-4 or 5	4)	TILE				1	VON	TIL	EC	OMPANY
5	IE (First, Middle, Last)	CD.							fiddle, Maider			
19e, INFORMANT	ANDERSON S NAME (Type/Print)	SR.	19	b. MAILING ADD	RESS (St				URHAM er, City or Tov		Code)	
P HILDEO	ARDE ANDEI	RSON (WIE	E)	124 B	API	SWE	LL RO	DAO	BAL	TO M	Da	1228
	DISPOSITION  Cremation 3 - Rem  5 - Other (Specify)	novat from State		OF DISPOSITION (SEE )						OCATION — CI		MARYLAND
1	ter the diseases, or	ewe	at caused the di		LERO 1630	EDMO	& RUS	SSELL N AVE	NUE, C	ATONS	ILLE	ERAL HOME:
iMMEDIATE Codisease or corresulting in de  Sequentially if from its first cause. Enter to cause. Enter to cause.	at conditions, to immediats	s. DUE TO	O (OR AS A CONSE	OUENCE OF):	diff	erit fith	reter	3 "	arci	nma	tas	Interval Betwe
that initiated e	vents	d.	O (OR AS A CONSE	OUENCE OF):								
PART II. Other	PART II. Other significent conditions contributing to death but not resulting in the underly  Squares Cell Carcina L  resected 19						e given in	Part i.		N AUTOPSY ORMED? 2 NO		WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
O EXAMINER?	FERRED TO MEDICAL	HOSPITAL:	□ EB/Outpetlant	2   DOA   OT	THER:			t (Check only one)				
T W Natural					28b. TIME OF 28c. INJURY AT WORK? WORK? 1 1 YES 2 NO			e 6 ☐ Other (Specify)  28d. OESCRIBE HOW INJURY OCCURED				
3 Suicide	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)						281, LOCATION (Street and Number or Rural Route Number, City or Town, State)					
29e. CERTIFIER (Check only one)	1 CERTIFYING PHYS	SICIAN: To the best										end manner es atatec
M 296. SIGNATURE	ANO TITLE OF CERTIFIC	milla	mo			29c.	DOG	MBER 698	2	29d. DATE	SIGNED (	(Month, Day, Year)
2 30. NAME AND A	PH HM	SIER N		EM 27) (Type, Pri	") ATT	DNI	AVE	8	als-	mie	21	2 29 Md

32. REGISTRAR'S SIGNATURE

MAR 2 1 1991

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

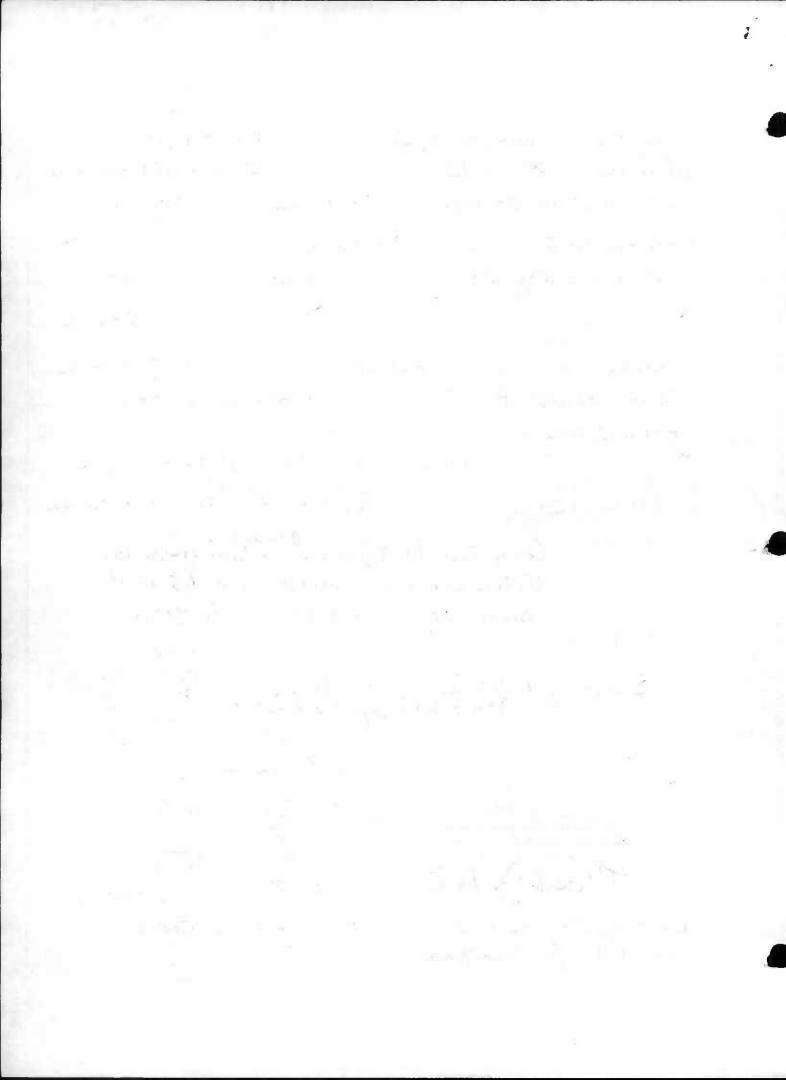


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	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		
al or attending physician.	for use as the burial-transit		
ay be retained by the hospit	page 5 should be detached		be notified at once.
VSICIAN: The law requires that the death certhicate be executed within 2. hours after death. Mage 6 may be retained by the hospital or attending physician.	led in by the funeral director,	, or removal.	I, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ficate be executed within 2.	physician and completely fill	th the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	her traumatic event, the
requires that the death certi-	sen signed by the attending	of Health and Mental Hygie	shows any injury, or ot
IDING PHYSICIAN: The law I	: After this certificate has be	death with the State Dept.	2
TO THE HOSPITAL DR ATTEN	TO THE FUNERAL DIRECTOR.	be filed within 72 hours after death with the	IMPORTANT: If item 28 is marke

07375 91 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	for 1 - STATE REGISTRAR	STATE OF MARYLAND	O / DEPARTMENT (		MENTAL HYGIEN		0/3/5		
Ī	1. DECEDENT'S NAME (First, Middle, Last)	ARMST ROA	6.5R.		2. DATE OF DEATH DON'TH DARCH	NS 1991	3. TIME OF DEATH		
	217 26 1358	6. SEX 6. AGE (In yrs	YRS. I I UNDER 1 Y	AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1917 19	THPLACE (State or Foreign intry) ARYLANO		
TOR	98. FACILITY NAME (If not institution, give stre	WORTH ROAC		ARKVILLS	EATH	BALT	imore		
FUNERAL DIRECTOR	100. STATE 100. COUNTY	Timore	10c. CITY, TOWN OR I	LOCATION			10d. INSIDE CITY LIMITS? 1 YES 25 NO		
NERAL	100. STREET AND NUMBER 2504 WS.O.T	WORTH R	CAO	101. ZIP CODE 21234	-	V.5	WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2, IF YES, GIVE WAR OR DATES	NO If y	S DECENDENT OF HISPAI es, specify Cuben, Mexica YES 2 NO Specif	in, Puerto Rican, etc.)	Sp	American Indian, ack, White, etc.		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	TION 16a mpleted) College (1-4 or 5 +)	DECEDENT'S USUAL OCCI (Give kind of work done duri life. Do NOT use retired.)		156. KIND OF BU	ISINESS/INDUSTRY			
M	17. FATHER'S NAME (First, Middle, Last)		LARRIER	18 MOTHER'S NA	ME (First, Middle, Maider	Sumama	OFFICE		
BE C	JOHN HEAR	Y ARMST	Ronb	MAR	y Louis	SE HA	Rison		
TO B	19a. INFORMANT'S NAME (Type/Print) FACULY REC	oros	196. MAILING ADDRESS (S	A. 00	Route Number, City or Tox	vn, State, Zip Code)			
	20e, METHOD OF DISPOSITION  CM Burlel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	al from State	ACE AND DATE OF DISPOS tary, crematory or other place	Ism. PAR	3-19 6	ARKVIL	Town, State		
	21. SIGNATURE OF PUNERAL SERVICE LICE	NSEE .	٤٧	ME AND ADDRESS OF FA AN CHAR 800 HAR	OST OF L	emori	ARKVILL		
	23. PART I. Enter the diseases, or co ahock, or heert feliure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	mpilcations that caused the at Dniy one cause on each	death. Do not enter th	e mode of dying, suc Con	ch as cardiac or resp	oiratory arrest,	Approximate Interval Between Onset and Death		
NO	Sequentially list conditions,	arerose	brotic C	ardiovas	culord	iseare			
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury								
CERTI	that initieted events resulting in desth) LAST								
PHYSICIAN: MEDICAL	PART II. Other significent conditions	contributing to death but no contributing to Colcilia with Jun Jun	not resulting in the under the Muld Taulin Dape	orlying cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
CIA		HOSPITAL:	OTHER:	26. PLACE OF DEATH (C)	heck only one)				
HYS	1 YES 2 LNO	1 ☐ Inpatient 2 ☐ ER/Outpatier 28s. DATE OF INJURY	29b. TIME OF 2	g Home 55 Residence	8 ☐ Other (Specify)	INJURY OCCURED			
ВУ Р	1 Natural 5 Pseeding	(Month, Day, Har)	MUUNY	1 YES 2 NO					
	3 Suicitée 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A building, etc. (Specify)	4 home, farm, atrest, factory	v. oruce	28f. LOCATION (Street City or Reviv. State	and boother or Ru	el Poute Mimber		
COMPLETED	nesi	AN: To the best of my knowledge					se(e) end manner ee stated.		
BE	29b. SIGNATURE AND THE OCCUPIER	k & 4n.	ð	DO 8	MBER 192	29d. DATE SIGN	RCH 18 1991		
0	DR. FRACK TO	COMPLETED CAUSE OF BEATH	(ITEM 27) (Type, Print)	1ARFORD	ROAD -	PARKY	112		
	31. DATE FILED (Month, Day, Year) MAR 9 1 1991 Su	32. REGISTRAR'S SIGNATURE Davidson-Randa	RE	,		N VI V			



	24 hours
NON OF VITAL RECORDS, P.O. BOA 86789,	MOING PHYSICIAN: The law requires that the death certificate be executed within 24 hours
5	2
	certificate
7	death
2	the
5	that
7	requires
_	W
1	The
2 70	PHYSICIAN:
200	MOING

DNG PHYSICIAN: The law requires that the death certificate be executed within 24 Fours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	3	÷
TO THE HOSPITAL OR APTEMBING PHYSICIAN: Th	TO THE FUNERAL DIRECTOR: After this certificate	be filed within 72 hours after death with the State	MADODTANT: If Hem 28 is marked or Hem

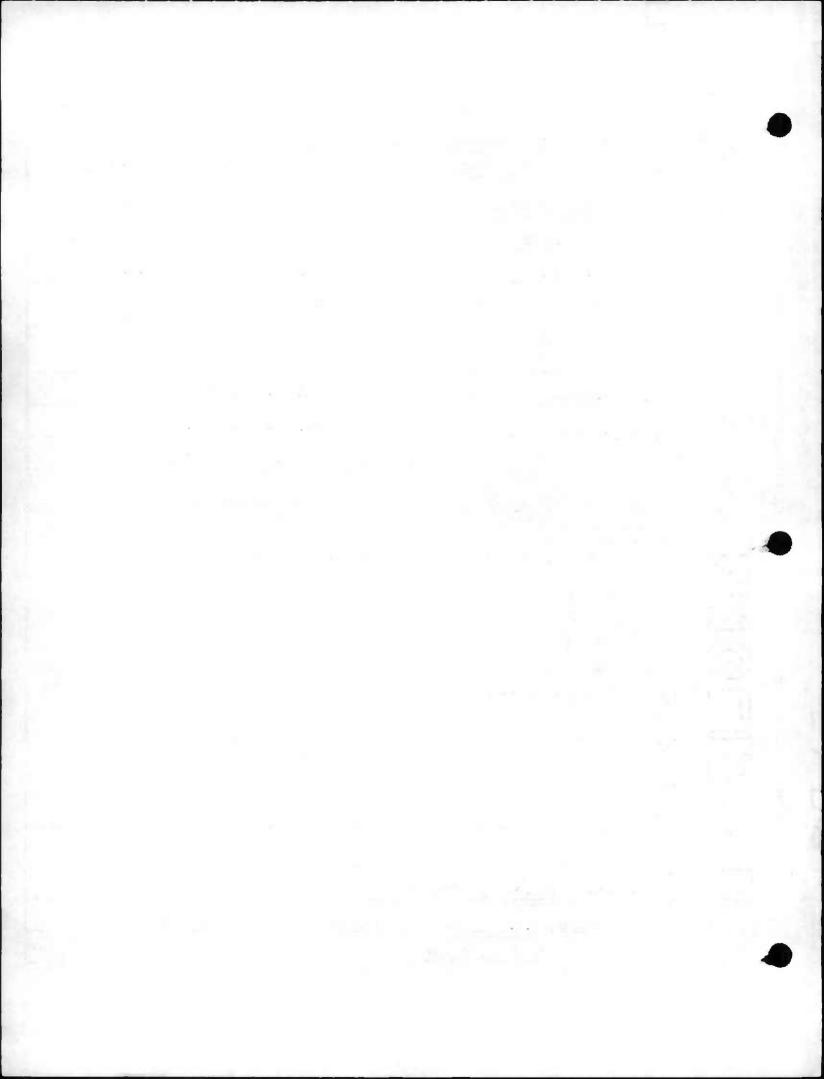
	et, Middle, Last)						2. DATE	OF DEATH	Y	YEAR	3. TIME OF DEATH		
JEANNET'	re	E. BI	LANEY					h 19,			M		
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. I		IF UNDER 1 YEAR	7. DATE (Month	7. DATE OF BIRTH (Month, Day, Year) 8-20-29		8. BIRTHPLACE (State or Foreign Country)				
215-28-482		_ 01						Maryland					
9a. FACILITY NAME (If not						OR LOCATION OF E	DEATH				COUNTY OF DEATH		
1605 Chesaco Avenue RESIDENCE OF DECEDENT 106. STATE 106. COUNTY					Rose			ore					
					10c. CITY, TOWN OR LOCATION					100			
Maryland Baltimore				Ro	sedale				LIMITS?				
10e. STREET AND NUMBER				10			10g. CITIZEN OF WNAT COU						
1605 Ches		e.				21237			U.				
11. MARITAL STATUS			WAS DECEDENT EVER IN U.S. ARMED			13. WAS DECENDENT OF HISPAN					- American Indian		
1 Never Married 2 X 3 Widowed 4 Div	YES 2.X	2 X NO If yes, specify Cuban, Mexic				an, Puerto Rican, etc.)			- 14. RACE — American Indian, Black, White, etc. Specify: White				
	CEDENT'S EDU		16a. l	DECEDENT'S	USUAL OCCUPATI	ON	16b	KIND OF BUS	SINESS/IND	USTRY			
Elementary/Secondary	nly highest grade (0-12)	College (1-4 or 5			vork done during m se retired.)	ost of working							
12 yrs			Housewi			fe			Own Home				
	Walter J. Hook							MCClelland					
19a. INFORMANT'S NAME	(Type/Print)					and Number or Rura							
Wilbur G.	B1 ane	y		1605	Chesaco	Ave. Ro	sedal	e, Md.	212	37			
20a. METHOD OF DISPOSI	TION				OF OISPOSITION	N (Name	DATE 20c. LOCATION — City or Town, State						
	1 M Buriel 2 Cremetion 3 Removal from State of Cemetary cremetory NEW Cather						draT <sup>olhe</sup> Tolace) 3-22-91 Baltimore, Md.						
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
- / //		/ // -	-/		22. NAME A	ND ADDRESS OF F	ACILITY			1.0	EO Vouls Do		
> //	1	1/1/11	-					1 77-					
22 BART i Enter the	A.)	acmolications the	and the	death De	Ruck	Towson F	unera			nc.Te	wson,Md.21		
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ahock, or	heart fellure. Inal	Liet only one ce	use on each II	ne.	Ruck not anter the m	Towson E	Funera	diac or respi	iratory an	nc.Te	Approximata		
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shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or injury that initiated events	heart fellure.	a. Due To	O (OR AS A CONS	BEOUENCE O	Ruck not anter the more than t	Towson E	Funera	diac or respi	iratory an	nc.Te	Approximata		
shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or injury that initiated events	itions, ediate ying structure.	b. Due To	USE ON EACH II	SEQUENCE O	Ruck not anter the more first the mo	Towson Fode of dying, su	Funera ch as cam	24a, WAS AN	AUTOPSY	nc . To	Approximate interval Between Onset and Deat   Y  WERE AUTOPSY FINDINGS		
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ahock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list condit any, leading to imm cause. Enter UNDERL' CAUSE (Disease or in that initiated events resulting in death) LA	itions, ediate ying structure.	a. Due To  Due To  Due To  Due To  C. Due To  d	O (OR AS A CONS	SEQUENCE O	Ruck not anter the m	Towson Fode of dying, su	Funera ch as cam	24a, WAS AN PERFOR	AUTOPSY MMED?	nc . To	WSON, Md. 21 Approximate Interval Between Onset and Death  WERE AUTOPSY FINDINGS ANALIABLE PRIOR TO COMPLETION OF CAUSE		
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ahock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list condit f any, leading to immediate the cause. Enter UNDERL'CAUSE (Disease or in that initiated events resulting in deeth) LA  PART II. Other algnification of the cause of the c	heart fellure. inal  Itions, editate tying jury st  To MEDICAL  Pending investigation	b. DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  A  DUE	D (OR AS A CONS D (OR AS A CON	SEQUENCE O SEQUENCE O SEQUENCE O SEQUENCE O	Ruck not anter the management of the management	Towson E	n Part I.	24e. WAS AN PERFOF  1 YES 2  CATION (Street	AUTOPSY BMED?	24b.	WSON, Md. 21 Approximate Interval Between Onset and Death  WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
ahock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list condit f any, leading to immediate the cause. Enter UNDERL'CAUSE (Disease or in that initiated events resulting in deeth) LA  PART II. Other algnification of the cause of the c	itions, ediate ying lury ST Cant condition	b. DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  A  DUE	D (OR AS A CONS D (OR AS A CON	SEQUENCE O SEQUENCE O SEQUENCE O SEQUENCE O	Ruck not anter the management of the management	Towson E	n Part I.	24a, WAS AN PERFOR	AUTOPSY BMED?	24b.	WSON, Md. 21 Approximate Interval Between Onset and Deat  WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
ahock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LA  PART II, Other aignific  25. WAS CASE REFERRED EXAMINER?  1  YES 2 NO  27. MANNEP-OF DEATH  1  Netural 6	tions, ediate ying jury ST Cant condition To MEDICAL  Pending investigation Could not be determined	b. DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  A  DUE TO  DUE TO  A  DUE TO  A  DUE TO  DUE TO  A	D (OR AS A CONS D (OR AS A CON	SEQUENCE O SEQUENCE O SEQUENCE O SEQUENCE O SEQUENCE O SEQUENCE O SEQUENCE O SEQUENCE O SEQUENCE O SEQUENCE O SEQUENCE O SEQUENCE O SEQUENCE O SEQUENCE O SEQUENCE O	Ruck not anter the management of the management	Towson Fode of dying, su	n Part I.  Check only of 28d. DE 28f. LOC	24a. WAS AN PERFOR 1 YES 2  ATION (Street or Town, State)	AUTOPSY IMED?	24b.	WSON, Md. 21 Approximate Interval Between Onset and Death  WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
ahock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in deeth) LA  PART II, Other aignific  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER-OF DEATH  1 Netural 6 Accident  2 Accident  3 Suicide 6 Memicide  29a. CERTIFIER (Check only)	itions, ediate ving lury stron	b. DUE TO  C. DUE TO  d	D (OR AS A CONS D (OR AS A CON	SEQUENCE O SEQUENCE O	Ruck not anter the management of the management	Towson Foods of dying, sure of dying, sure of opening cause given in the cause given in t	n Part I.  Check only or  281. LOC City  use to the ca	24a. WAS AN PERFOR 1 VES 2  TO SCRIBE HOW I OF TOWN, State)	AUTOPSY IMED?	24b.	WSON, Md. 21 Approximate Interval Between Onset and Death  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		

Arthur Serpick
31. DATE FILED (Month, Day, Year) 8

1991

1.D. St. Joseph Hospital
32. REGISTRAR'S SIGNATURE M.D.

Towson, Maryland 21204



6. AGE (In yrs. last birthday)

79

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

19

YEAR

3. TIME OF DEATH

10d. INSIDE CITY

1991 2:30PM w

8. BIRTHPLACE (State or Foreign MARYLAND

03/27/1911 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH

9e. FACILITY NAME (If not institution, give street and number) G.B.M.C., 6701 N. CHARLES STREET

TOWSON

10c. CITY, TOWN OR LOCATION

IF UNDER 1 YEAR

DAYS

BALTIMORE

U.S.A.

RESIDENCE OF DECEDENT

A SOCIAL SECURITY NUMBER

214-01-2391

MARYLAND

BALTIMORE

BALTIMORE

1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY?

10e. STREET AND NUMBER

1 Never Merried 2 Married

3703 DELVERNE ROAD 11. MARITAL STATUS

DOLORES

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES

21218 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify:

03

IF UNDER 24 HRS.

MIN

HOURS

101. ZIP CODE

7. DATE OF BIRTH (Month, Day, Year

14. RACE — American Indien, Black, White, atc. White

3 🖟 Widowed 4 🗌 Divorced

Elementary/Seco

12 yrs

15. DECEDENT'S EDUCATION (Specify only highest grade complete

College (1-4 or 5+)

M BOWERS

1 □ M 2 F

5. SEX

18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working (Give kind of work done life. Do NOT use retired. Homemaker

18b. KIND OF BUSINESS/INDUSTRY

Own Home

17. FATHER'S NAME (First, Middle, Last)

Edward F. Murphy

ary (0-12)

18. MOTHER'S NAME (First, Middle, Maiden Surname)

Elizabeth Wasserman

19e. INFORMANT'S NAME (Type/Print)

19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

Gary Bowers

20b. PLACE ANO DATE OF DISPOSITION (Name

12300 Woodcrest Lane Long Green, Md. 21092 20c. LOCATION - City or Town, State OATE

20e. METHOD OF DISPOSITION
1 | Burlel 2 | Cremation 3 | Remoyal from State
4 | Donation SX Other (Specify) | FITO | DIMEN T

Dulaney Valley

3-22-91 Timonium, Md. 22. NAME AND ADORESS OF FACILITY
Ruck Towson Funeral Home, Inc.

21. SIGNATURE OF FUNERAL SERVICE LICENSEE

shock, or heart failure. List only one cause on each ilna.

1050 York Rd. Towson, Md. 21204 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

disease or condition resulting in dasth) Sequentisity list conditions.

IMMEDIATE CAUSE (Fine)

METASTATIC MELANOMA DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.

if sny, lasding to immediata e. Enter UNDERLYING CAUSE (Disease or injury resulting in death) LAST

	N AUTOPSY ORMED?
1 TYES	2 NO

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

**Approximata** 

**Onset and Death** 

+ 1 MONTH

1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL 1 YES 2 NO

6 Could not be determined

27. MANNER OF DEATH

Natural

2 Accident

3 Suicide

4 Homicide

HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA 28a. DATE OF INJURY (Month, Day, Year)

OTHER: 4 - Nursing Home 5 - Raeldenca 8 - Other (Specify) 28b. TIME OF 28c. INJURY AT WORK?

28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO

29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner as stated.

28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)

2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER the ML

29c. LICENSE NUMBER D1950.

26. PLACE OF OEATH (Check only one)

29d. DATE SIGNED (Month, Day, Year) 20

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Edward Costlow M.D. 10 Gerard Ave. Suite 214

32 REGISTRANE SIGNATURE

0

TO THE HOSPITAL OR ATTENDING PHYS.
TO THE FUNERAL DIRECTOR: After tals or
be fred within 72 hours after death with
IMPORTANT: If Hem 28 is marked,

ystician and completely filted in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should prior to burial, remarkon, or removal.

notified at

å

must

examiner

medical

the

event.

traumatic

other

6 injury,

shows any

23

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

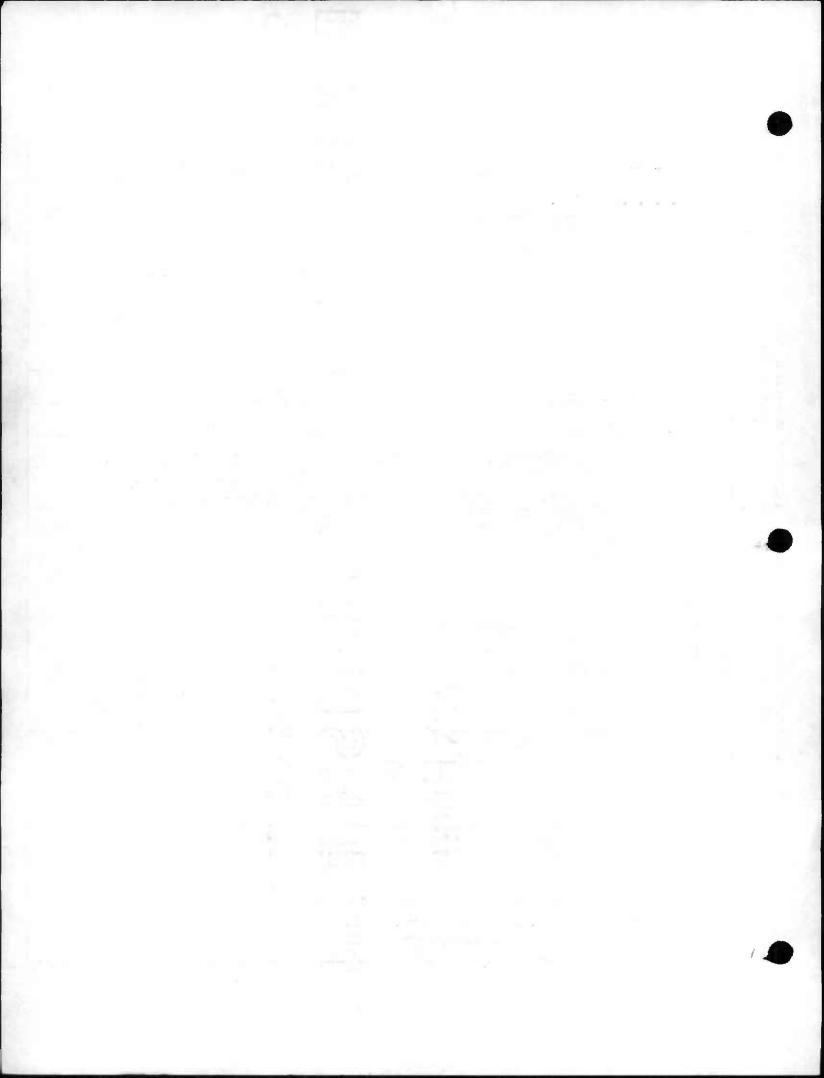
ours after death. Page 6 may be retained by the hospital or attending physician.

In requires that the death certificate be executed within

been signed by the attending physician it, of Health and Mental Hygiene prior to

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

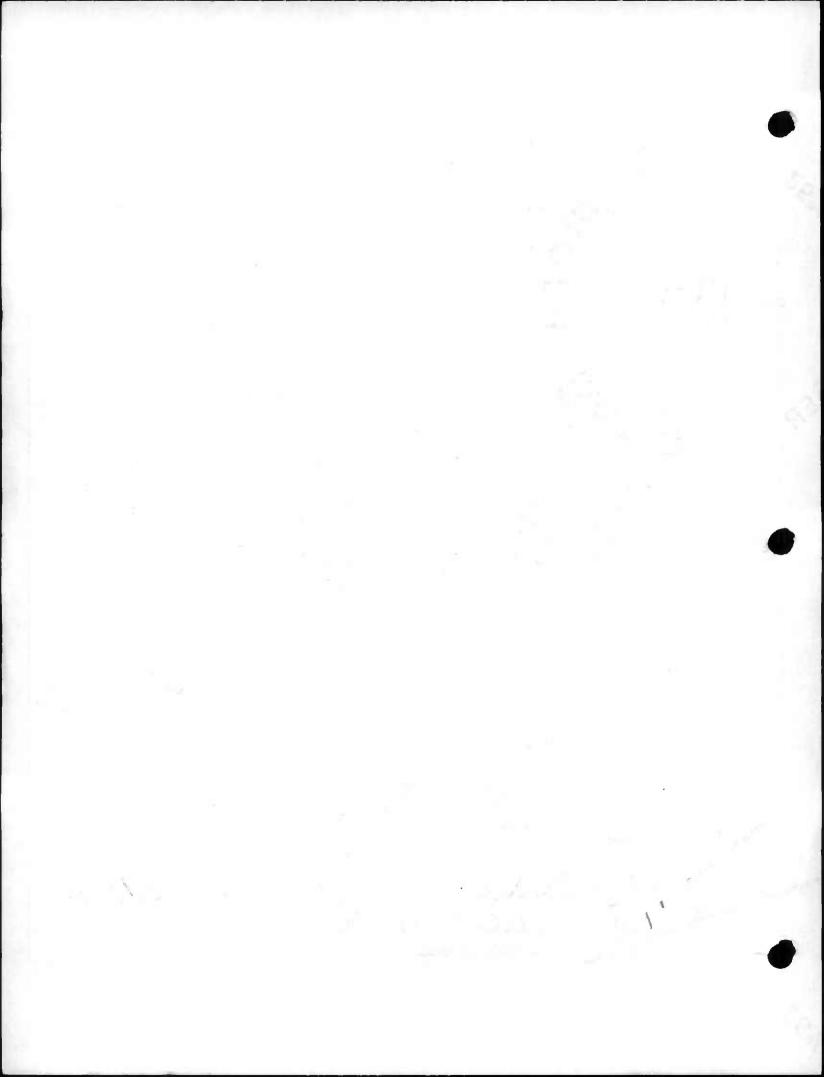
	* REGISTRAR		CI	EKIIF	ICALE	OF I	DEAL	Н	RE	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH MONTH DAY YEAR				3. TIME OF DEATH		
	William Miles	BURTO	N						March			1 2 4 1	4.05 n M
	4. SOCIAL SECURITY NUMBER	AGE (In yrs. les		UNDER 1 YEAR   IF UNDER 24 HRS.		7. DATE OF BIRTH		6. BIRTHPL		IPLACE (State or Foreign			
	213-10 -5036	1 💢 M 2 🗆 F	76	YRS.	MONTHS	DAYS	HOURE	MIN.	Month, Day	2-19	14	Mar	ÿland
	9a. FACILITY NAME (If not institution, give at	reet end number)			9b. CITY, 1	TOWN OR	LOCATIO	ON OF DE/				NTY OF D	·
Œ	Franklin Square H	dosnital			Ros	svil	۱۵						
6	RESIDENCE OF DECEDENT	103p1 tu1			1103	3411	. 10				Bal	time	re
Ä	10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN OR	LOCATIO	ON						10d. INSIDE CITY LIMITS?
5	Maryland Balt	Fullerton						1 TYES 2 NO					
4	10e. STREET AND NUMBER					101.	ZIP CODE				10g. CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL DIRECTOR	8106 Ridgetown D	21236					U.S.A.						
N	11. MARITAL STATUS	H.	N U.S. ARMED 13. WAS DECENDENT OF HISPANIC O					C ORIGIN? (Specify Yea or No. 14, BACE				E — American Indian,	
F	1 Never Married 2 Merried	YES 2 X	S 2 X NO			If yes, specify Cuban, Mexican, Puer 1 YES 2 X NO Specify:			Puerto Rican, etc.)			Black, Whita, atc.	
BY	3 Widowed 4 Divorced	11.01.01.01	TON DATES	I I I Y			Z M	opecity.				Whi	te
G	15. DECEDENT'S EDUC		16a. DI	CEDENT'S	USUAL OCC	UPATION	N		16b. KIN	OF BUS	INESS/IN	DUSTRY	
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)		(Give kind of work done during most of working life. Do NOT use retired.)				025.24 (2322) (2327)					
7	8 Yrs.		Cr	auff	eur				Exxon				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	-					16. MOTI	HER'S NAM	AE (First, Middle	, Maiden	Sumame)		
C	Andrew M. Bu							egel					
BE	19e. INFORMANT'S NAME (Type/Print)	19	b. MAILING	ADDRESS (	Street and	d Number	or Rural R	oute Number, C	umber, City or Town, State, Zip Code)				
2	Stephanie Bur	8	106	Ridge	towr	n Dr	. , Ar	ot H.,	Bal	to.,	Md.	21236	
					SITION (Nam								own, State
	20a, METHOD OF DISPOSITION 1 () Burlal 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	ovel from State	other p	lace)	Faith (				3_91		dale.		
	21. SIGNATURE OF FUNERAL SERVICE LIC	13 01 1				8S OF FAC		1000	Julie	1 101			
	Roy H. Cather						1 11 -0 7 11 1						
	Royyl. Ca												alto., Md. 21214
	23. PART I. Enter the diseases, pro ahock, or heart failure.	complications that	caused the d	eath. Do r	not enter t	he mod	e of dy	ing, auch	ae cerdiec	or reapi	ratory e	reet,	Approximate interval Batween
	IMMEDIATE CAUSE (Finel	Liat Only One Cade	Dir daçir ilti										Onset and Death
	disease or condition reaulting in death)	. Massive	Gastro	ointe	stina	1 B	leed						
	reading in dailing		OR AS A CONSE										
z		. Metasta	tic Co	lon_C	ancer								
5	Sequentially list conditions, if any, leading to immediate	Metasta	OR AS A CONSE	OUENCE O	F):								
CA	cause. Enter UNDERLYING CAUSE (Disease or injury	Left Ve	ntricu	af F	ai lur	e							
E	riter lutriare/ dyalics	DUE TO (	OR AS A CONSE	OUENCE O	F):								
ER	reaulting in death) LAST	d											
EDICAL CERTIFICATION	PART II. Other significant condition	e contributing to d	eath but not	resulting	in the und	iariving	cause	given in i	Part I. 24s	. WAS AN	AUTOPSY	24	b. WERE AUTOPSY FINDINGS
CAI										PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
ā	_ Coronary Arter		11/00001					1 YES 2 X NO			OF DEATH?		
		on					- 1				1 YES 2 NO		
PHYSICIAN: M													
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (Check only one) OTHER:										
YS	1 Tes 2 No	1 M Inpatient 2   28a. DATE OF I			4 🗆 Nursi	ng Home		aldence	6 Other (Sp				
PH	27. MANNER OF DEATH	28b. TIN	URY :	28c. INJU WOF	RK?		28d. DEŞCRH	BE HOW I	NJURY O	CCURED			
BY	1 Natural 6 Pending 2 Accident Investigation				М		ES 2	NO					
	3 Suicide 6 Could not be	28e. PLACE OF building, a	INJURY — At h tc. (Specify)	ome, tarm,	street, facto	ry, office				N (Street I		er or Rural	Route Number,
1	4 Homicida datarmined												
PLE	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of r	ny knowledga, d	eath occur	red at the tir	ne, data	and place	, and dua	to the cause(a	) and mai	nner aa at	sted.	
-	(Check only			I down attended	on, in my op	inion, da	ath occu	red at the	time, data and	placa, an	d dua to	the cause	(a) and manner as stated.
5	Constant army	R: On the basis of ax	mination and/or	miveaugen	29c. LICENSE NUMBER						29d. DATE SIGNED (Munth, Day, Your)		
COMPLETED	Constant army		mination and/or	niveaugan		Т	29c. LIC	ENSE NUM	ABER	- 1	29d. DA	TE SIGN	D (Munth, Day, Your)
BE	2 MEDICAL EXAMINE		mination and/or	4				/ 4	ABER		29d. DA	3	O (Munch, Day, Your)
	29b. SIGNAT RE AND TITLE OF CENTRE		Lou	*	a, Print)			N/A	IBER		29d. DA	3/	0 (Manth, Day, Your)
BE	29b. SIGNAT RE AND TITLE OF CENTRE	Very	Lou	*	Print)			N/A			•	3/1	9/9/
BE	29b. SIGNATURE AND TULE OF CENTURE 36. NAME AND KOORESS OF PERSON WH	E OMPLETED CAUS	COL E OF DEATH (IT)	*	1 -	90		N/A	klin S	quar	•	3/1	9/9/
BE	29b. SIGNAT RE AND TITLE OF CENTRE	IO COMPLETED CAUSI	E OF DEATH (ITT	1 (M) 27) (M) 28	1 -	90		N/A		ouar	•	3/1	9/9/
BE	29b. SIGNATURE AND TULE OF CENTURE 36. NAME AND KOORESS OF PERSON WH	E OMPLETED CAUS	E OF DEATH (ITT	1 (M) 27) (M) 28	1 -	.90		N/A		quar	•	3/1	9/9/

DIVISION OF VITAL RECORDS, P.O. BOX 13146,
TO THE HOSPITAL OF ATTENDIA PHYSICIAN: The law requires that the death certificate be executed within a completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 him. The matry with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item the find of item 23 shows any injury, or other traumatile event, the medical examiner must be notified at once.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.7 yours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2. 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Hem 28 is marked, or Hem. 23 shows any Injury, or other traumatic event, the medical examiner must be nettified at once.
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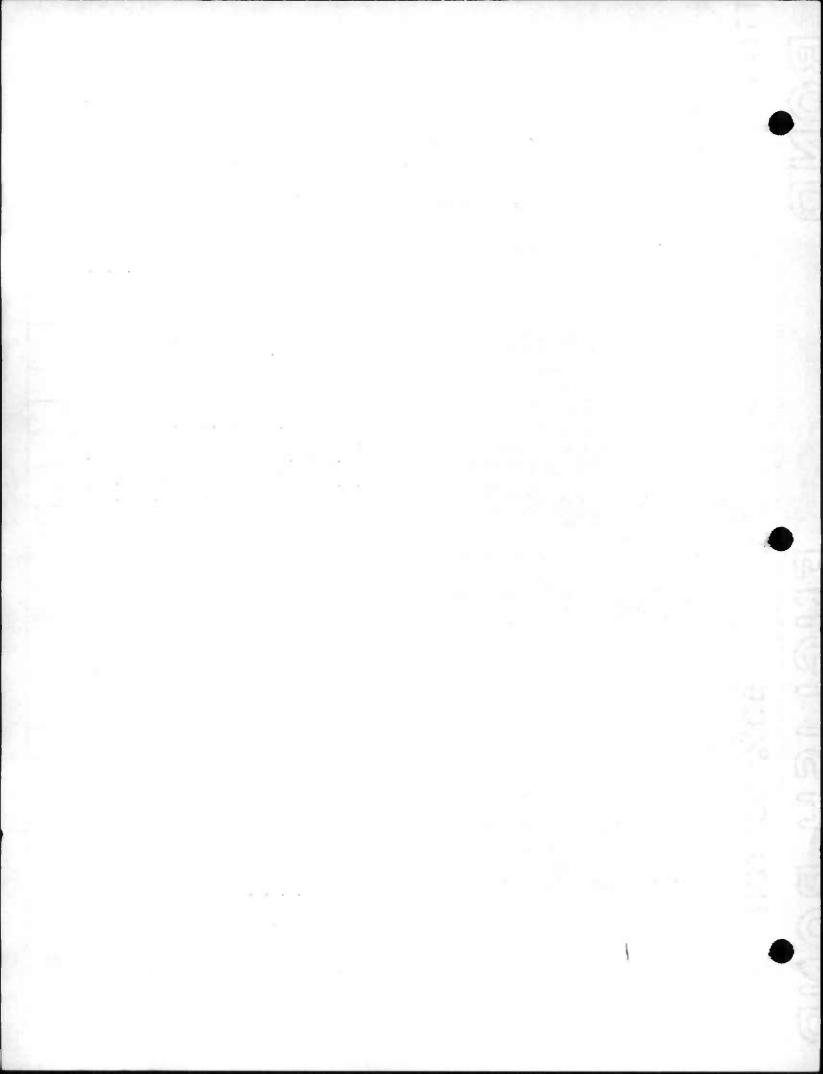
	FOR 1 STATE		STATE OF I							MENTAI	. HYGIEN	E	)	07379
-	REGISTRAR				ERTIF	ICATE	OF	DEA	ГН		REG. NO.			
	1. OECEOENT'S NAME (First,		ROTHY B	ERMAN						MONTE	OF DEATH DA			3. TIME OF DEATH 4:30 A.M
COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUME	IER	5. SEX		E (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAY'S HOURS MIN.								8. BIRTH Countr	PLACE (State or Foreign y)
	214-14-824		1 □ M 2 XXF	70	70 YRS.					7-20-1920				MARYLAND
	9a. FACILITY NAME (If not in	stitution, give st	reet and number)		9b. CITY, TOWN OR LOCATION OF DEA								INTY OF O	EATH
٥	8617 LI	CERNE	RD.			R	ANDA	LLST	NWO				BALT	IMORE
မှု	10a. STATE	10b. COUNTY		-	10c. CIT	Y, TOWN O	R LOCAT	NOF						10d. INSIDE CITY LIMITS?
	MARYLAND	BA	LTIMORE			RAI	NDAL	LSTC	NM					XX YES 2 NO
ERAL	10s. STREET AND NUMBER 8617 LI	UCERNE.	RD.				101	ZIP COD		.133		10g. CIT		WHAT COUNTRY?
B¥	11. MARITAL STATUS 1 Never Merried  3 Widowed 4 Divo	NT EVER IN U.S. I YES 25 WAR OR DATES	ARMED		If yes, sp		n, Mexica	in, Puarlo I	I? (Specify Yes Rican, etc.)	or No-	14. RACI Blaci Spec	E — American Indian, k, White, etc. My: WHITE		
입	15. DEC	EDENT'S EDU	CATION	16a,	DECEDENT'S	USUAL O	CCUPATIO	ON worki	na	16b	KIND OF BUS	SINESS/IN	DUSTRY	
	Elementary/Secondary (C		College (1-4 or 5		life. Do NOT u	ise retired.)	outing mo	of OF WORK	19					
<u>Ā</u>	12				CLER	K				SO	CIAL S	SECUE	RITY	ADMIN.
8	17. FATHER'S NAME (First, M		TDDM333					18. MOT		ME (First, I	Middle, Maiden			
出	LOU.		IEDMAN		405 84411 1011	ADDRESS	D (Ct = 1)	1			ber, City or Tow		in Code)	
임	MR. HARRY										STOWN,		211	.33
	AND METHOD OF DISPOSIT	TON		20b. PLA	CE OF DISPO					101100			- City or To	own, State
	XX Buriel 2 ☐ Cremelic 4 ☐ Donation 8 ☐ Other 21, SIGNATURS—OF FUNERA	(Specify)		SHA	AAREI			IG.	3-20					DALE, MD
	23. PART i Enjoy this	Lu	ins			6	010	REIS	STERS	NWOTE	RD.,	BALT	10.,	BROS., INC. MD 21215
CERTIFICATION	IMMEDIATE CAUSE (Fit disease or condition resulting in death)  Sequentially list condit if any, isading to immecause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	tions, diete	b. OUE TO	O (OR AS A CONTO	SEQUENCE C		en. Fer	4	l re	st				interval Between Onset and Death
	PART II. Other significa	ent condition	ns contributing to	o desth but no	ot resulting	In the ur	ndertvin	g cause	given in	Part I.	24a, WAS AN	AUTOPSY	241	b. WERE AUTOPSY FINDINGS
DICA											PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL														1   YES 2   NO
) ICI	25. WAS CASE REFERRED T EXAMINER? 1 YES 2 10	O MEDICAL	HOSPITAL:	□ EB/Outpuble at	2 🗆 🗆	OTHE	R:	LACE OF						
HYS	27, MANNER OF DEATH				28b. TI	1			residence	e Othe	SCRIBE HOW	INJURY O	CCURED	· <del></del>
BY PI		Pending Investigation	28a. DATE O (Month)	J/A	14	12"	1 🗆	JURY AT ORK? YES 2	□ NO					0
TED	3 Suicide 6 4 Homicide	Could not be determined	bullding	OF INJURY AI g, atc. (Specify)	nome, sarmi,	7	to, office,	ca .			CATION (Street or Town, State		er or Hurai	Houte Number,
COMPLETED	one)		ICIAN: To the best of											(a) and menner as stated.
TO BE	200. SIGNATURE AND DO NO. NAME AND ADDRESS	MA	XM	E OF DEATH	TEM 27)	m, Print)		Z)	ON SERVICE	37	'Z	29d. DA	3/	1/91
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	MAR 2 1 199			AAR'S SIGNATUR										
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PHYS	this c	with	rked,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mount after death. Page 6 may be makined by the hospital or amending phys	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the fun.	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the imedical anaminer must be neutified at once.
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REGISTRAR  1. DECEDENT'S NAME (Fin	st, Middle, Last)			CERTIF	ICATE	OF	DEA	ın		REG. NO	AY	WEAD	3. TIME OF DEATH
Keith		W.	Bar	low					03			1991	11:42
1. SOCIAL SECURITY NUM 218-64-23	1 <b>BER</b> 07	5. SEX	6. AGE (In yrs.		IF UNDER 1	YEAR DAYS	IF UNDER	R 24 HRS. MIN.	7 3	-29-58 <b>-28-5</b>			aryland
De. FACILITY NAME (# not	institution, give				9b. CITY, 1	TOWN O	R LOCATI	ION OF DE				JNTY OF C	
601 White			nartmen	t E	Balt:						J 550		, LAIT
RESIDENCE OF DE	CEDENT		Jul Chieff										r
MD.	10b. COUNT	•		10c. CI	ry, town on Balt								10d. INSIDE CITY LIMITS? 1
11D .	R				Dare		ZIP COD	E			10g. CIT	FIZEN OF	WHAT COUNTRY?
2209 Cal	low A	venue					212	217				U.	S.A.
11. MARRITAL STATUS    Never Married 2 [   Widowed 4   Di	Merried	NT EVER IN U.S.	ARMED MNO	11	yes, spe	city Cube		in, Puerto	IN? (Specify Yes Rican, atc.)	e or No—	Blec	E – American Indian, ck, White, etc.	
15, DE	ECEDENT'S EDI	UCATION	16a.	DECEDENT'S	S USUAL OCC	CUPATIO	ON et of words	ina	16	b. KINO OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary	Cori	work done du use retired.) CECTI	ona	al C	off.		Sta	te					
7. FATHER'S NAME (First,	Middle, Last)						18. MOT			Middle, Malden	,		
Norman		.OW						Dor	oth	y Bos	t		
o. INFORMANT'S NAME Kim Barl	(Type/Print)									mber, City or Tow			7
						_		Je.		to.,M			
Buriel 2 Cremate Donation 5 Oth	tion 3 🗆 Res	moval from State	of cemel Ma	tary, cremator	ry of other pla	SITION	Men	n.3-	oate 20c. LOCATION — City or Town, State 19-91 Laurel, MD.			MD .	
1. SIGNATURE OF FUNER				_					_				
4				JL2 Q 1	22. N	AME AN	D ADDRE	SS OF FA	CILITY	/H 17	21-1	27 N	Monroe
23. PART i. Enter the ahock, or IMMEDIATE CAUSE (F disease or condition	discesse, or haert fellure	complications the	at ceused that	lina.	not enter t	the mo				Ва	lto.	.,MD	Monroe 21217 Approximata interval Betwoonset and D
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE	OF DEATH		REG. NO.	•
	1. DECEDENT'S NAME (First, Middle, Last)	-44	, 121	=X/	Carl	2. DATE OF MONTH		3. TIME OF DEATH
ŀ	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	F UNDER 1 Y	EAR IF UNDER 24 HRS.	7. DATE OF	BIRTH 8	BIRTHPLACE (State or Foreign
i	220-18-2565	2		ONTHS D	AYS HOURS MIN.	NOV.	5, 1897	Couples.
ı	9e. FACILITY NAME (If not institution, give a			b. CITY, TO	OWN OR LOCATION OF DE	EATH		Y OF DEATH
	Shady Grove	Adventist	HOSPITAL	RC	CKVILLE		MOI	NTGOMERY
ŀ	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT		10c. CITY,	TOWN OR I	OCATION			10d. INSIDE CITY
	MD. MONT	GOMERY	DAI	MASCU	JS			LIMITS?
	10e. STREET AND NUMBER		-		10f. ZIP CODE	N OF WHAT COUNTRY?		
	000/1 00222100	DRIVE			20872			USA
ı	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	2 XNO	If yo	B DECENDENT OF HISPA DE, specify Cuban, Maxica	en, Puerto Ric	(Specify Yes or No — 14 an, etc.)	I. RACE — American Indian, Black, White, etc.
	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	DATES	1 [	YES 2 NO Specif	fy:		Specify: WHITE
I	15. DECEDENT'S EDU (Specify only highest grade	CATION COMPONENTS	16a. DECEDENT'S US	BUAL OCCL	IPATION ng most of working	16b. K	IND OF BUSINESS/INDUS	STRY
I	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Ille. Do NOT use i	retired.)			mrouser Tug	MILIME OF HEALT
	8		LAB. TE	CHNI				TIUTE OF HEALT
	17. FATHER'S NAME (First, Middle, Last) CHARLES EDWAR	ED BENSON			18. MOTHER'S NA		tidle, Maiden Surname)	
ŀ	19a. INFORMANT'S NAME (Type/Print)		105 MAILING A	DODESS /S			; City or Town, State, Zip C	orial
	FRANCES B. CRABI	LL		- 101	AS # 10	riode ramos	2007	
ľ	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Rem	20			of cemetery, cremetory or		20c. LOCATION — CI	y or Town, Stata
	4 Donation 6 Other (Specify)	oval from State	LAYTONSVI					ILLE, MD.
į	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE // /	- /	22. NA MUI	ME AND ADDRESS OF FA	RBER F	TUNERAL HOM	E
	murei	14-15a	rner					ONSVILLE, MD. 20
	23. PART i. Enter the diseases, pr	complications that cause List only one cause on	nd the death. Do not	entar th	a mode of dying, suc	ch as cardle	c or respiratory arres	Approximate
	IMMEDIATE CAUSE (Final	Liat biny one cause bin	aacii iilia.					Onset and Death
	disease or condition resulting in death)	· Stral	( -					10 min
		DUE TO (OR AS	A CONSEQUENCE OF):	,				
	Sequentially list conditions,		A CONSEQUENCE OF:	70.				1 mente
	if any, leading to immediate cause. Enter UNDERLYING	· Bread-	+ Lac	0 ( +	<i>(</i>			2 x = nr.1
	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):					1/
	resulting in death) LAST	d						
	PART II. Other algnificant condition	na contributing to death	but not reaulting in	the unde	riying cause given in	Part I. 2	24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO
	Antmia						1 TES 2 THO	COMPLETION OF CAUSE OF DEATH?
	Azotemi	n						1 - YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF DEATH (C	heck only one)		
	1 YES 2 NO	1 Inpatient 2 ER/Ou 26a. DATE OF INJURY			g Homa 6 - Raeldence Bc. INJURY AT	_	(Specify) RIBE HOW INJURY OCCU	IRED
	1 Natural 5 Pending	(Month, Day, Year)	INJUI	RY	WORK?	260. DESC	AIBE NOW INJURY OCCU	NED
	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF INJUS	tY — At home, farm, atr				TION (Street and Number of	r Aurel Aoute Number,
i i	4 Homicide detarmined	building, etc. (Sp	ecity)			City or	Town, State)	
	29e. CERTIFIER Check only	BICIAN: To the beat of my kno	wledge, death occurred	at the time	e, data and place, and du	e to the caus	e(e) and manner as stated	1.
1	and a	ER: On the basia of examinati	ion and/or investigation,	In my opir	nion, death occured at the	e time, data a	nd place, and due to the	cause(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	iR .	-		29c. LICENSE NU	IMBER	29d. DATE	SIGNED (Month, Day, Year)
	Christy Co	And mo			0318	39	▶ 3/	16/91
	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF D			615 WE	14 B	nontrod	of no
	Christoph 6/	Count	ord m	0	Roller	110	mg	20850
	MAR 2 1 1191 4	una Davidson-Ra					V	
- 11	WILL IN T INNI	140010-110	inenc					

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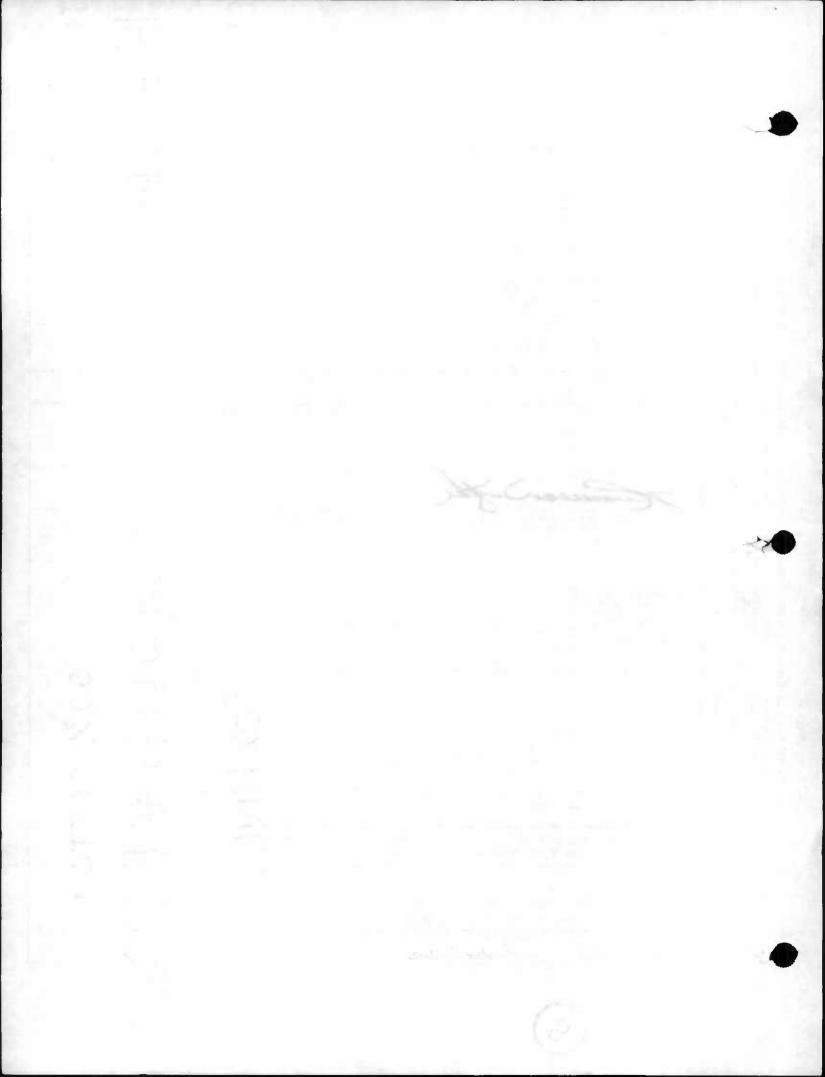
DHMH-15 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

BALTIMORE, MARYLAND 21215-0020	Acours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Memai Hyglene prior to burial, cremation, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within J. Arours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filligo in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

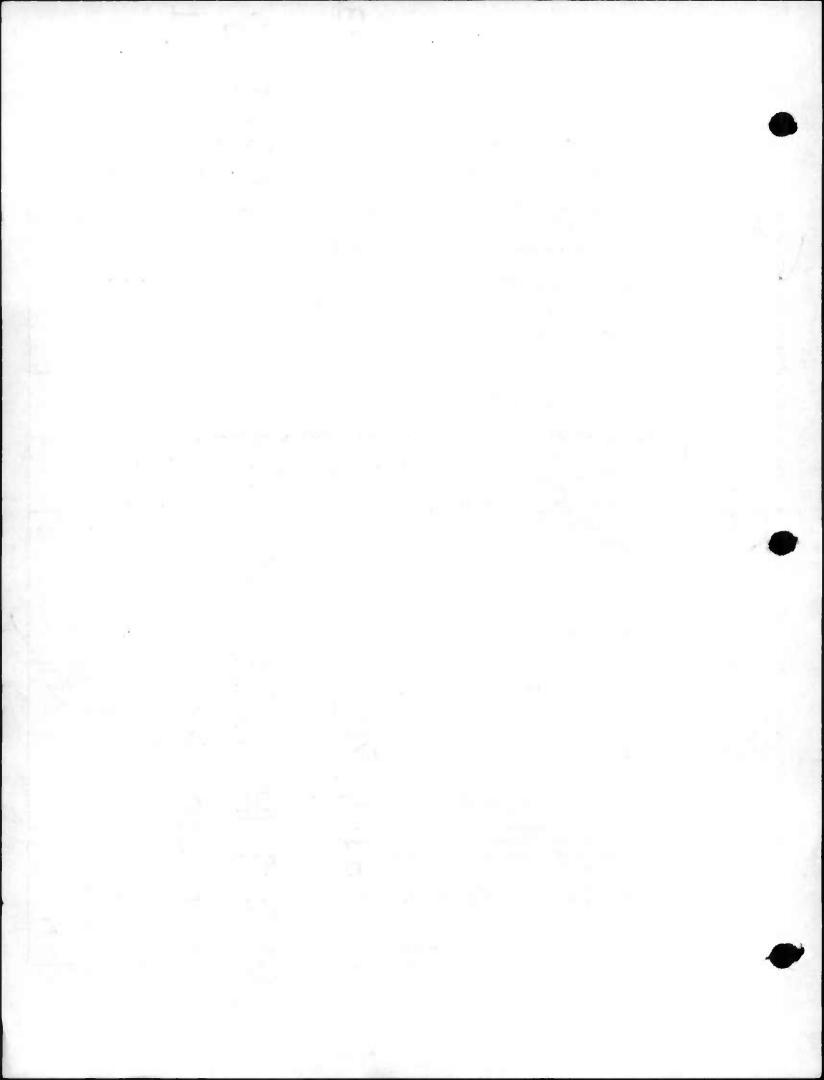
	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR					ENTAL HYGIEN	E	. (	11002
	1. DECEDENT'S NAME (First, Middle, La:  Beverly	BEVERLY MAR	IE CLARK					2. DATE OF DEATH 3	71979	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212-30-9758		(In yrs. lest birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) FEB. 2, 193	32 M	6. BIRTHPL Country) LARYL	ACE (State or Foreign
IOR	90. FACILITY NAME (If not institution, gh ST. AGNES HOSPI	TAL				R LOCATION MORE	тн	9c. COUNTY OF DEATH			
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 100. COU MARYLAND			Y, TOWN O							DI. INSIDE CITY LIMITS?
	100. STREET AND NUMBER 617 LONGVIEW DR	IVE		101. ZIP CODE 21228						S.A.	AT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Divorced	12. WAS DECEDENT EVER I FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 NO	1	f yes, sp	city Cuba		C ORIGIN? (Specify Yes Puerto Rican, etc.)	or No— 1	Black, V Specify:	American Indien, White, etc.
PLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 1.2	EDUCATION aide completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done o			g	166. KIND OF BUS		JSTRY	
BE COMPLET	17. FATHER'S NAME (First, Middle, Last) JENNINGS MITCHE	BLL				MA	RIE H	E (First, Middle, Maiden IELD	Surname)		
10		(HUSBAND)	617 L	ONGV	LEW	DRIV	E, CAT	ONSVILLE,	MARYL	AND 2	
	20g METHOD OF DISPOSITION 1 Description   Method	emoval from State	T. JOHN	S'CE	ÆTE	RY		OATE 20c. LO 3/22/91 ELL	ICOTT	CIT	Y,MD.
	21. SIGNATURE OF PUNERAL SERVICE	1 8	K					ELL C. WI AVENUE, CA			
ERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such ea cardiec or respiratory arrest, abock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):										Approximate Interval Between Onset and Death
MEDICAL C	PART II. Other significent conditions	lons contributing to death	but not resulting	In the un	deriyin	g ceuse (	given in F	Part I. 24s. WAS AN PERFOR	MED?	A C	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE IF DEATH?  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER		ACE OF 0	EATH (Chec	ok only one)	-	1	- 14
BY PHYS	1 YES 2 NO  27. MANNER OF DEATH  1 Netural 8 Pending Investigate	1 Inpetient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year)	patient 3 DOA		28c. IN.			Other (Specify)  28d. DESCRIBE HOW I	NJURY OCCI	URED	0
	2 Accident investigate 3 Suicide 8 Could not 4 Homicide determined	28e. PLACE OF INJUR	Y — At home, ferm,	street, fact	tory, offic	•		281. LOCATION (Street and City or Town, State)	and Number o	or Rural Rou	rte Number,
COMPLETED	CONDUCTORINY	HYSICIAN: To the best of my know									and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTI	mans 4	EBUPH		D	29c. LIC	ENSE NUM	BER		19/9	Aonth, Day, Year)
	31. DATE FILED (Month, Day, Year)	JEGOVAH  J32. REGISTRAR'S SIG	MI	e, Print)	ST.	AGN	ES HO	OSPITAL, BA	LTIMO	ORE,	MARYLAND
	MAR 2 1 1991	Junia Davidson	-Randell								





irs after death. Page 6 may be retained by the hospital or attending physician.	n by the funeral director, page 5 should be detached for use as the burial-transit memoval.	the medical examiner must be notified at once.	
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 5 should be detached for use as the burlat-transit abe filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlat, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	OMIL OF MARTIE	CERTIFIC	ATE OF	DEATH	ENTAL HYGIEN REG. NO.	5 7 1	01000	
1. DECEDENT'S NAME (First, Middle, Les Lula G.	Cavacos				03/18/91		3. TIME OF DEATN	
4. SOCIAL SECURITY NUMBER  216 44 4812  9a. FACILITY NAME (II not institution, give	1 □ M 2 📈 F 89	YRS. MON	UNDER 1 YEAR NTHS DAYS	HOURS MIN.		1901 G		
Sykesville El	der care		Sykesv	ille		Carro	oll County	
10a. STATE 10b. COUN			altimor			10g. CITIZEN	10d. INSIDE CITY LIMITS?  1) YES 2 NO  1 OF WHAT COUNTRY?	
Wyman Park Ar  11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 X NO	If yes, spe	21211  ENDENT OF NISPANIC city Cuban, Maxican, 2 NO Specify:	ORIGIN? (Specify Yea Puerto Rican, etc.)		S.A.  RACE — American Indian, Black, White, etc.  Specify: White	
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)		16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret Homema	done during mos tired.)		166. KIND OF BUS	memake		
17. FATHER'S NAME (First, Middle, Last)	John Clentz			18. MOTHER'S NAM	E (First, Middle, Melden Eufrosy	Surname)		
19s. INFORMANT'S NAME (Type/Print)  Eufrosyne Bresk 20s. METHOD OF DISPOSITION 1 OXBuriel 2 Cremetton 3 - Re	emoval from State of	5805 Ro	oland A	venue. B	ltimore.			
4 Donation 5 Other (Specify)		Woodlawn C	22, NAME AN	D ADDRESS OF FACE Burge	e-Henss F	l Home Maryland 2121		
23. PART I. Enter the diseases, o abook, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. List only one cause/on a	ed the death. Do not seach line.				retory arrest	t, Approximate Interval Between Onset and Da	
Sequentially list conditions,	DUE TO (OR AS	A CONSEQUENCE OF):						
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):						
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	d.		tha undarfying	cause given in P	art I. 24a. WAS AN PERFOR 1 PES 2	RMED?	AVAILABLE PRIOR TO	
Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH	d.    Ions contributing to death	but not resulting in t	26. PL THER: Nursing Hom	ACE OF DEATN (Chec	PERFOI	RMED?	AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1 YES 2 NO	
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Out 28s. DATE OF INJURY (Morth, Day, Year) be	tpetient 3 DOA (4)	26. PL THER:    Nursing Hom   PF	ACE OF DEATN (Chec	PERFOI  1 YES 2  k only one)  Other (Specify)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO	
Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not determined  29a. CERTIFIER (Check only)  1 CERTIFYING PM	HOSPITAL: 1   Inpetient 2   ER/Out 28s. DATE OF INJURY (Morth, Day, Year) be	tpstient 3 DOA 4  28b. TIME 0 INJURY — At home, farm, streecity)	26. PL THER:  Nursing Hom F	ACE OF DEATN (Checked of S - Residence 6 TRICK)  WITH AT RICK?  ES 2 NO RESIDENCE 1 NO RESIDENCE	PERFOI  I YES 2  Other (Specify)  2ed. DESCRIBE NOW I  City or Town, State,  the cause(a) and ma	INJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1 YES 2 NO  RED  Rural Route Number,	
Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not determined  29a. CERTIFIER (Check only)  1 CERTIFYING PM	HOSPITAL:  1 Inpetient 2 ER/Out  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Special Control of the best of my known in the best of axamination of the best of axamination of the best of axamination of the best of axamination of the best of axamination of the best of axamination of the best of axamination of the best of axamination of the best of axamination of the best of the be	tpstient 3 DOA 4  28b. TIME 0 INJURY  At home, farm, streeterity)  wiedge, death occurred a con and/or investigation, i	26. PL THER:  Nursing Hom PF 28c. INJ WJ M 1	ACE OF DEATN (Checked of S - Residence 6 TRICK)  WITH AT RICK?  ES 2 NO RESIDENCE 1 NO RESIDENCE	PERFOI  I YES 2  Other (Specify)  2ed. DESCRIBE NOW I  281. LOCATION (Street City or Town, State)  the cause(a) and maima, data and place, as	INJURY OCCUR	COMPLETION OF CAUSO OF DEATH?  1 YES 2 NO  RED	



TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF		DEPAR ERTIF					MENTAL HYGIEN REG. NO		91	0/384	
1. DECEDENT'S NAME (First, Middle	ROBERTA	ъ C	APLA	Ŋ	П			2. DATE OF DEATH MONTH D. MARCH 18,		YEAR	3. TIME OF DEATH 3:55A M	
4. SOCIAL SECURITY NUMBER	5. SEX 1 ☐ M 3√√ F	6. AGE (In yrs. In	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-3-193		8. BIRTH Country	8. BIRTHPLACE (State or Foreign Country) MARYLAND	
219-30-4339 9a. FACILITY NAME (If not institution		33		9b. CITY	, TOWN (	OR LOCATI	ON OF D			NTY OF D		
THE JOHNS H		ITAL		BA	LTI	MORE						
	COUNTY		10c. CIT	y, town o		IMORI	3			10d. INSIDE CITY LIMITS?  XX YES 2 \( \text{NO}\)		
100. STREET AND NUMBER	ARLES ST., U	NTT 160	5		101	I. ZIP COD	-	 218	10g. CIT		JSA	
11. MARITAL STATUS  1 Never Merried XX Merrie  3 Widowed 4 Divorced	12. WAS DECEDE		If yes, sp		OF HISPA In, Maxico	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No—	14. RACE	— American Indian, r, White, atc.			
15. DECEDEN	T'S EDUCATION est grade completed)	(0	ECEDENT'S	work done	CCUPATH during mo	ON ost of worki	ng	16b. KIND OF BU	SINESS/INI	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5	- 16	n. Do NOT us	e retired.)				INDUST			MMERCIAL CASING	
17. FATHER'S NAME (First, Middle, LEX	Last) ONARD PICKI	STT				1		AME (First, Middle, Malden				
19a. INFORMANT'S NAME (Type/Pri	int)	11	Db. MAILING	ADDRESS	S (Street t	and Numbe	r or Rural	Route Number, City or You		_		
MR. MARTIN	CAPLAN		4000	N. C	HARI	LES S	ST.,	UNIT 1605	, BAI	TO.,	MD 21218	
20a. METHOD OF DISPOSITION    Surial 2   Cremation 3   4   Donation 8   Other (Special Control of the Control o	☐ Ramoval from State		E ANO OAT y, crematory GTON	or other p	ilace)	AMUN	IO)		CATION —			
21. SIGNATURE OF FUNERAL SER	-	*	02011			ND ADDRE					BROS., INC	
* Algebrery	h stille	an		60	10 F	REIST	ERS'	IOWN RD.,	BALTC	)., M	D 21215	
23. PART I. Enter the disease shock, or heart in IMMEDIATE CAUSE (Final	es, or complications the			not anter	tha mo	oda of dy	ing, suc	ch as cardiac or resp	iratory sr	rest,	Approximate interval Between Onset and Death	
disease or condition resulting in death)	s. Pulmo	O (OR AS A CONS	erto								5-7 days	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. Cane	O (OR AS A CONSE	ne)	asta P:	he	to lu	ng,	liver			3 years	
that initiated events resulting in desth) LAST	d	O (OR AS A CONSE	EOUENCE O	F):								
PART II. Other significant co	onditiona contributing to		_			_	_			24b	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
25. WAS CASE REFERRED TO MEI	HOSPITAL:					LACE OF	DEATH (C	heck only one)			647	
1 TYES 2 NO	1 Inpatient 2	☐ ER/Outpetlent	1		sing Hor		lasidence	8 Other (Specify)				
27. MANNER OF DEATH  1 Natural 5 Pendi 2 Accident Invest	28a. DATE ( (Month,	PF INJURY Day, Year)	28b. TIA	IE OF JURY M	W	JURY AT ORK? YES 2	□ NO	28d, DESCRIBE HOW	INJURY OC	CURED		
3 Suicide 8 Coute 4 Homicide determ	not be buildin	OF INJURY At h g, etc. (Specify)	ome, farm,	street, fac	tory, offic	CO		281. LOCATION (Street City or Town, State		er or Rural i	Route Number,	
and only	G PHYSICIAN: To the best EXAMINER: On the basis of										a) and manner as stated.	
29b. SIGNATURE AND TITLE OF C	1161	OM 30	the De	Di	blu	29c. LIC	ENSE NU	IMBER	29d, DA	TE SIGNEC	(Month, Day, Year)	
30. NAME AND ADDRESS OF PER	Kroke MD	USE OF DEATH (IT	EM 27V PP	No at all	St	rlau	Me R	John Hapk	1212	050+	n	
31. DATE FILED (Month, Del Your) MAR 2 1 1991		san's signature bon-Aande		6								

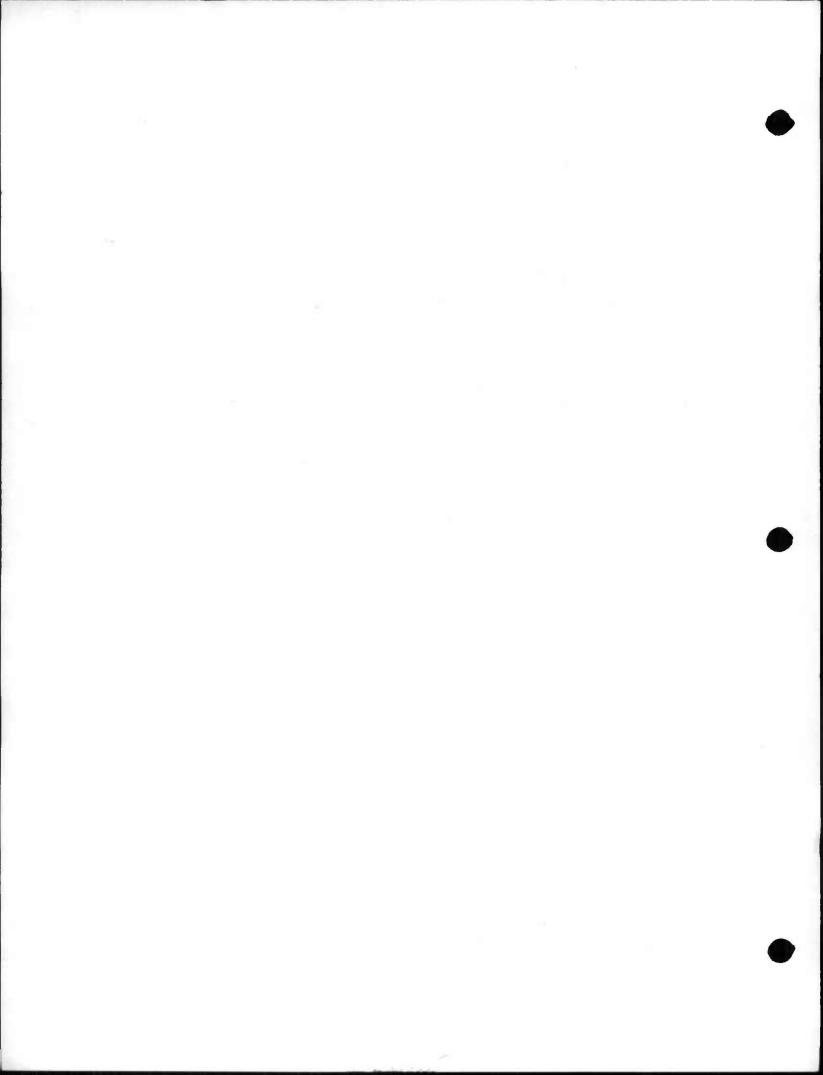
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TO THE HOSPITAL OR ATTENDIAGE PAYSLOAN. The new requires that the death certificate be executed within 2 years after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR AND UNDESTROOM TO SET THE SIGNED BY the attending physician and completely filled in by the funeral director, page 5 should be detached and within 72 hours.	IMPORTANT: If Item 22 is number or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND	1	DEPARTMENT	0F	HEALTH	AND	<b>MENTAL</b>	HYGIE	٩E
		C	E	ERTIFICATE	0	F DEAT	TH		REG. NO	٥.

	FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT			IENTAL HYGIEN REG. NO.	E	1 0 1 3 0 3
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Betty		Clayt	on		March 1	, 199	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.		R 1 YEAR IF L	UNDER 24 HRS.	7. DATE OF BIRTH	6. E	BIRTHPLACE (State or Foreign
	218-58-4481	10 H 2 X 5 L	YRS. MONTHS	DAYS HOU		5-18-34	<i>f</i>	ON IC.
~	9a. FACILITY NAME (If not institution, give str		9b. CITY		CATION OF DEA		9c. COUNTY	OF DEATH
FUNERAL DIRECTOR	Maryland Genera.	I HOSPITAL		Ва	ltimor	e City		
입	10s. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATION				10d. INSIDE CITY
E	$m\Omega$ .		Be	1/10				LIMITS?
	10e, STREET AND NUMBER		- 011	101, ZIP	CODE		10a, CITIZEN	OF WHAT COUNTRY?
RA	1344116	ectas 6		10.11	2171	2	1	
쀨	11, MARITAL STATUS	12. WAS DECEDENT EVER IN U.S.	ABMED 13	WAS DECENDE	ENT OF HISPANI	C ORIGIN? (Specify Yea	or No.— 14.	RACE — American Indian,
3	1 Never Married 2 Married		NO	It yes, specify	Cuban, Maxican	, Puarto Rican, atc.)		Black, White, atc.
₽	3 Widowed 4 Divorced	IF 1ES, GIVE HAR OR DATES		1 TYES 2	Specify:			Specify:
	15. DECEDENT'S EDUC		DECEDENT'S USUAL C			16b. KIND OF BU	SINESS/INDUST	'RY
	(Specify only highest grade Elamentary/Secondar (0-12)	College (1-4 or 5 +)	(Give kind of work done life. Do NOT use retired.)	during most or	worlang			
립			COOK					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	0		16.	MOTHER'S NAM	AE (First, Middle, Maiden	Surname)	
	Runnies E	Sennett			my	TIP (	-ax	
BE	19a_INFORMANT'S NAME (Type/Print)		196. MAILING ADDRES	S (Street and N	umber or Aural R	oute Number, City or Tow	n, State, Zip Coo	10) # 2/21/
2	Delves A	370LK	3337	741	NSO	or AU	1. 151	10 ma
	20a. METHOD OF DISPOSITION	20b. PLA	CE OF DISPOSITION (N	lame of cemetery	y, cremetory or	20c. LO	CATION — City	or Town, State
	20a. METHOD OF DISPOSITION  1 Burial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	eval from Stata	PHONE TUE	Men	PK	1	Alt	· mal
	21. SIGNATURE OF FUNERAL SERVICE LIC		22	. NAME AND A	DDRESS OF FAC	CILITY		
	+ Betts Fu	inexal th	me .	11251	N. C.	Anoli.	16 5	1
	23. PART i. Enter the diseasea, or o			r the mode o	of dying, such	sa cardisc or resp	iratory srrest.	
	shock, or heart fallure.	List only one cause on each i	line.					Interval Between Onset and Death
	diseasa or condition							
	resulting in death)	DUE TO (OR AS A CON	SEQUENCE OF):					1
_	_	Uncontrol	led hyper	tensio	n			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CON			-			
¥	cause. Enter UNDERLYING	c						
E	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CON	SEOUENCE OF):					
FT	resulting in death) LAST	d.						
	DART II Oak I Missan		- s tel te et-	Excess -				
AL	PART II. Other aignificant condition	s contributing to death but no	ot resulting in the u	inderlying ca	iuse given in i	Part I. 24s. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
20						1 YES :	≥ NO	COMPLETION OF CAUSE OF DEATH?
M						_		1 TYES 2 NO
BY PHYSICIAN: MEDIC								
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHE		OF DEATH (Che	eck only one)		
/SI	1 TYES 2 XNO	1 1 Inpetient 2 □ ER/Outpetien	H 3 DOA 4 N		☐ Raeldenca	6 Other (Specify)		
H	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY WORK?	AT	28d. DESCRIBE HOW	INJURY OCCUR	ED
2	Netural 5 Pending investigation		М	1 TYES	2 🗌 NO			
	3 Suicide 6 Could not be	26a. PLACE OF INJURY — A building, etc. (Specify)	it home, farm, street, fa	ctory, offica		281. LOCATION (Street City or Town, State	and Number or I	Rural Route Number,
E	4 Homicide detarmined							
COMPLETED	29a. CEMBFIER (Check only 1 ST GERTIFYING PHYSI	ICIAN: To the best of my knowledge	e, death occurred at the	time, date and	I place, and dus	to the cause(s) and me	nner as stated.	
ME	ana)	R: On the basis of sxamination and						ause(s) and manner as stated.
	29h_BIGNATURE AND TITLE OF CERTIFIE	A		20.	c. LICENSE NUN	IRER	29d DATE B	IGNED (Month, Day, Year)
BE	1 1428.0	MACHKHA	9 100	29	n/a	4.1	DATE SI	3/19/91
2	30. NAME AND ADDRESS OF PERSON WH	717	(ITEM 27) (Type Print)		,			31 23132
•			The second of the second of					
	Hazem Machkhas,		c/o Mary]	Land Ge	eneral	<u>Hospital</u>		
	MAR 2 1 1991	1 32. HEGISTBAR'S SIGNATUR	ule:					



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

nithin wours after death. Page 6 may be retained by the hospital or att	letely swed in by the funeral director, page 5 should be detached for use emation, or remeval	of, the medical examiner must be notified at once
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within wours after death. Page 6 may be retained by the hospital or attended to the hospital or attend	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be detached for use as be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or remem	IMPORTANT: If he marked or Hem 23 shows any Injury or other traumatic event, the medical examiner must be notified at once

		1	C	11 07386
	1 - FOR STATE OF MARYLAND / REGISTRAR	DEPARTMENT OF HEALTH AND ERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	1 0,000
	1. DECEDENT'S NAME (First, Middle, Last)	ENTITIOATE OF BEATTI	2. DATE OF DEATH	3. TIME OF DEATH
		2001	MONTH DAY YE	AR 1.21
			3 16 9	/ AM
	4. SOCIAL SECURITY (HIMBER 6. SEX 6. AGE (In yrs. Int. $229-01-0211A$ 1 $2 = 6$	et birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. YRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5 3 09	BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN OR LOCATION OF E	DEATH 9c. COUNTY	OF DEATH
DIRECTOR	Fallston Ceneral Hospital	Fallston	H 9,	rtord
Ш	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION		10d. INSIDE CITY
	MD. HARFORD	Forest Hill		1 TYES 2 NO
FUNERAL	10e. STREET AND NUMBER	101. ZIP CODE 2.1050	10g. CITIZEN	OF WNAT COUNTRY?
뿔	1432 SHARON ACRE RD,			
BY FU	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 FIF YES, GIVE WAR OR DATES	NO  13. WAS DECENDENT OF HISPA If yes, specify Cuben, Maxic  1  YES 2 NO Spec	an, Puarto Rican, atc.)	RACE — American Indian, Black, White, etc. Specify:
				WHITE
ETED	(Specify only highest grade completed) (6	ECEDENT'S USUAL OCCUPATION  Give kind of work done during most of working  B. Do NOT use retired.)	16b. KIND OF BUSINESS/INDUST	RY
_	Elementary/Secondary (0-12)   College (1-4 or 5 +)		GRASMICK LU	mber Cu
<u>N</u>	10	UTTER, Lumber		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
COMPL	17. FATHER'S NAME (First, Middle, Last)  TRA C. Earheart	18. MOTHER'S N	AME (First, Middle, Malden Surname)	
B		Pb. MAILING ADDRESS (Street and Number or Rural	ARA Grubb	rie)
2	Family Records			~
		OF DISPOSITION (Name of cemetery, crematory or	20c. LOCATION — City	or Town State
	1 (ABurial 2 Cremation 3 Removal from State offier p	Beldir Memorial (		
ĺ	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF F	ACILITY	
	Gold W. Gara	EVANS CHA 2325 York	REL OF CHIMES	n, Mp. 21093
	23. PART I. Enter the diseases, or complications that caused the di	eath. Do not enter the mode of dying, au		
- [	ahock, or heart failure. List only one cause on each line	е.		Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	MARIA		Onset and Death
-	resulting in death)	1 COPD		1090
	DUE TO (OR AS A CONSE	EOUENCE OF):		
중	Sequentially list conditions, b			
Ĕ	if any, leading to immediate	EOUENCE OF):		
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury			
<b>E</b>	that initiated events DUE TO (OR AS A CONSE	EOUENCE OF):		
H	d			
O	PART II. Other significant conditions contributing to death but not	monthly to the control of the control of the first	Book I are maken manager	
₹	PART N. Other agricultural contributing to death but not	resulting in the underlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
8			1 TYES 2 NO	OF DEATH?
WE S				1 TYES 2 NO
-			_	~
₹	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (C	Sheck only one)	
PHYSICIAN: MEDICAL	EXAMINER?  1 YES 2 NO 1 Inpatient 2 ER/Outpetient	OTHER:		
۲	1 YES 2 KINO 1 Inpetient 2 ER/Outpetient :			45
4	1 Natural 8 Pending	INJURY WORK?	28d. DESCRIBE HOW INJURY OCCUR	ED
B	2 Accident Investigation	M 1 YES 2 NO		
m l		ome, farm, street, factory, office	261, LOCATION (Street and Number or I City or Town, State)	Rural Route Number,
	3 Buicide 8 Could not be 28e. PLACE OF INJURY — At h			
	3 Ruicide 28e. PLACE OF INJURY — At h			
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At h building, etc. (Specify)  29a. CERTIFIER 1 CASESTIEVING BAYERCIAN. To the host of St. Navel dec.	leath occurred at the time, data and place, and du	is to the cause(s) and manner as stated,	
	3 Sulcide 8 Could not be 4 Hemickle determined 28e. PLACE OF INJURY — At he building, etc. (Specify)			ause(s) and manner sa stated.
COMPLETED	3 Suicide 4 Homicide 8 Could not be determined  29a. CERTIFIER (Check only one) 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, december of the best of my knowledge, december of the best of stamination and/or	r investigation, in my opinion, death occured at th	ne time, data and place, and due to the co	
E COMPLETED	3 Suicide 4 Homicide 8 Could not be determined  29e. PLACE OF INJURY — At he building, etc. (Specify)  29e. CERTIFIER (Check only)		UMBER 29d. DATE BI	GNED (Month, Day, Year)
BE COMPLETED	3 Sulcide 4 Homicide 8 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, decreased and substitution and/or control of the best of a samination and control of the best of a samination and control of the best of a samination and control of the best of a samination and control of the best of a samination and control of the best of a samination and control of the best of a samination and control of the best of a samination and control of the best of the best of a samination and control of the best o	r Investigation, in my opinion, death occured at the 29c. LICENSE NI	we time, date and place, and due to the co	
TO BE COMPLETED B	3 Sulcide 4 Homicide 8 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, decreased and substitution and/or control of the best of a samination and control of the best of a samination and control of the best of a samination and control of the best of a samination and control of the best of a samination and control of the best of a samination and control of the best of a samination and control of the best of a samination and control of the best of the best of a samination and control of the best o	r Investigation, in my opinion, death occured at the	we time, date and place, and due to the co	GNED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE his Newidson-Pandall



DHMH-16 Rev 1/89



Scott S. Haswell
31. DATE FILED (MORIN, Dev. Year)
MAR 2 1 1991
MAR 2 1 1991



BALTIMORE, MARYLAND 21215-0020

The faw requires that the death certificate be executed within E WITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL OR ATTENDING PROPERTY THE NAW requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the h	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deta	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at onc
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG NO 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 03 DELLA JUANITA FLYNN 18 91 80 A SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year 5. SEX 8. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 220 22 8380 1 M 2 X F 09 21 1913 BALTIMORE , MD 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY DF DEATH GREATER BALTIMORE MEDICAL CENTER DIRECTOR TOWSON BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN DR LOCATION 10d. INSIDE CITY MD BALTIMORE TIMONIUM 1 YES 2 ND 10a. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN DF WHAT COUNTRY? 106 CASTLETOWN RD #202 21093 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC DRIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Ric FDRCES? 1 YES 22
IF YES, GIVE WAR OR DATES 2X ND 1 Never Married 2 X Married Specify: BY 3 Widowed 4 Divorced White COMPLETED 16a, DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only highe State of Maryland Elementary/Secondary (0-12) College (1-4 or 5 +) 12 Clerical Dept.of Motor Vehicles 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Kenneth Button Lucy Nelson BE 19a. INFDRMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Same as #10 Joseph R. Flynn, Sr. ě 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE DF OISPOSITION (Name 20c. LOCATION — City or Town, State OATE 20s. METHOD OF DISPOSITION

1 💢 Buriel 2 

Cremation 3 

Removal from State

4 

Donation 5 

Other (Specify) Valley Mem.Gdns. 3/22/91 Timonium, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. 1050 York Rd., Towson, Md. 21204 23. PART i. Enter the diseases, Dr complications that caused the deeth. Do not sater the mode of dying, such as cardiac or reapiratory arrest, Approximata Interval Between ehock, or heart feilure. List only one cause on each line IMMEDIATE CAUSE (Fine) Onset and Death disease or condition ë GI BLEED resulting in death) DUE TO (OR AS A CONSEDUENCE OF): DUODENAL ULCER CERTIFICATION Sequentielly list conditions, DUE TO (DR AS A CONSEQUENCE OF): if eny, leeding to immediate cause. Enter UNDERLYING COPD CAUSE (Diseese or injury that initiated events OUE TO (DR AS A CONSEDUENCE OF): resulting in deeth) LAST 6 PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? aux COPD 1 TYES 2 ND 1 TES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one) Hem OTHER: 1 TYES 2 ND 1 Inpatient 2 ER/Outpatient 3 DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) marked, or 27. MANNER OF DEATH 28a. DATE DF INJURY (Month, Day, Year) 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 28c. INJURY AT WORK? 1 Natural 5 Pending 1 YES 2 ND BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 6 Could not be determined -00 COMPLETED 4 Homicide 28 29e. CERTIFIER

Thank and the CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dus to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death oc ured at the time, data and place, and due to the cause(s) and menner as stated.

29c. LICENSE NUMBER

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Towson, Maryland 21204

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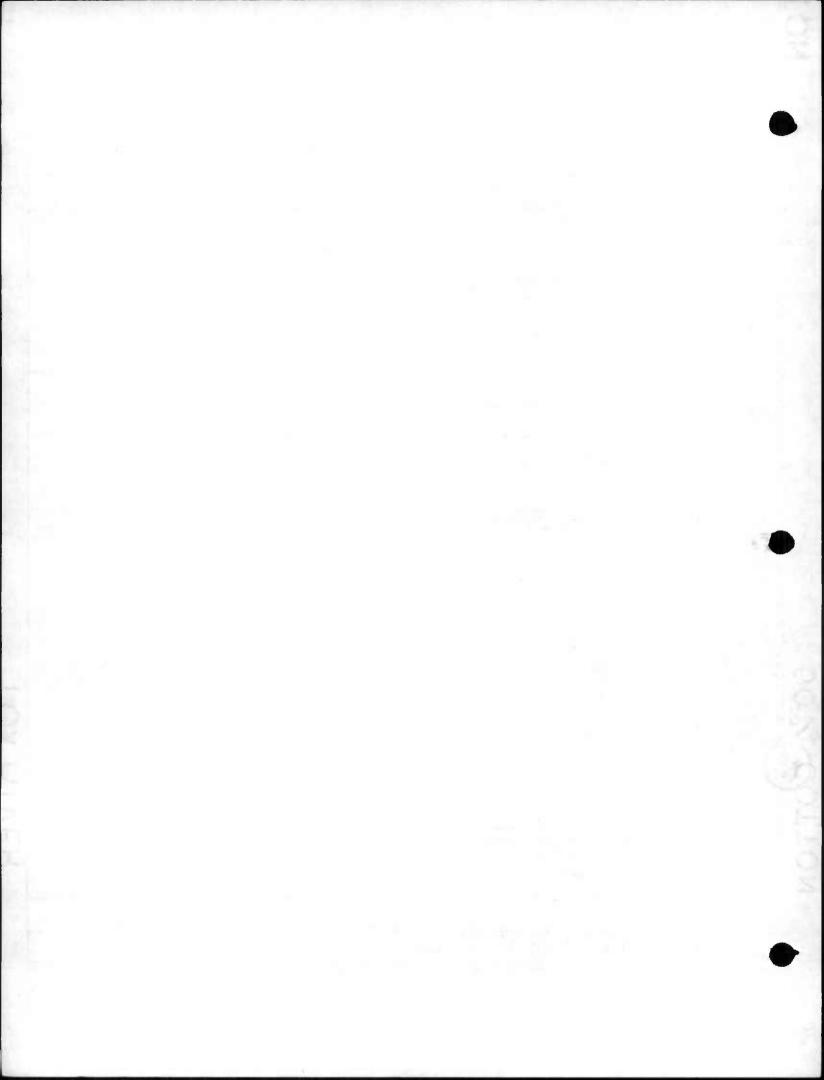
29b. SIGNATURE AND TITLE OF CERTIFIER

30. NAME AND ADDRESS OF PERSON

Greater Baltimore Medical Center 32. REGISTRAR'S SIGNATURE ia Davidson-Bandell

WHD COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

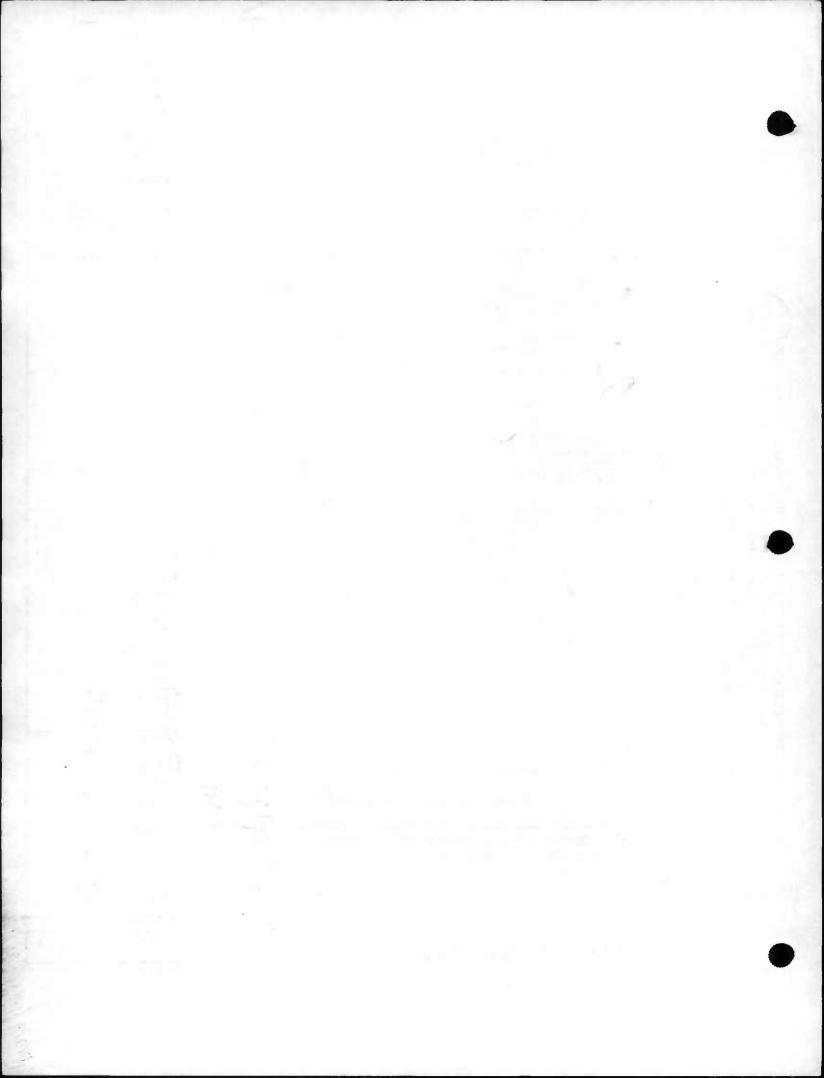
29d, DATE SIGNED (Month, Day, Year)



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 <sup>rd</sup> hours after death. Page 6 may be retained by the hospital of att TO THE FUNERAL DIRECTOR: After this certificate has been signed by the density of the hospital of the higher price of the following of the funeral director, page 5 should be detached for the filed within 72 hours after death with the State begin of Health and Mental Hygine prior to burial, cremation, or removal.  IN PROPERATIVE IT HEM 28 is married or item 23 shows any injury. Or other traumatic event, the medical examiner must be notified at once.	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de. TO THE FUNEXLA DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funex effect within 72 hours after death with the State Dept. of Health and Memai Hygiene prior to burial, cremation, or removal. IMPORTMAT: If Herm 28 is marked, or Health 32 shows any Injury, or other traumatic event, the medical east.	

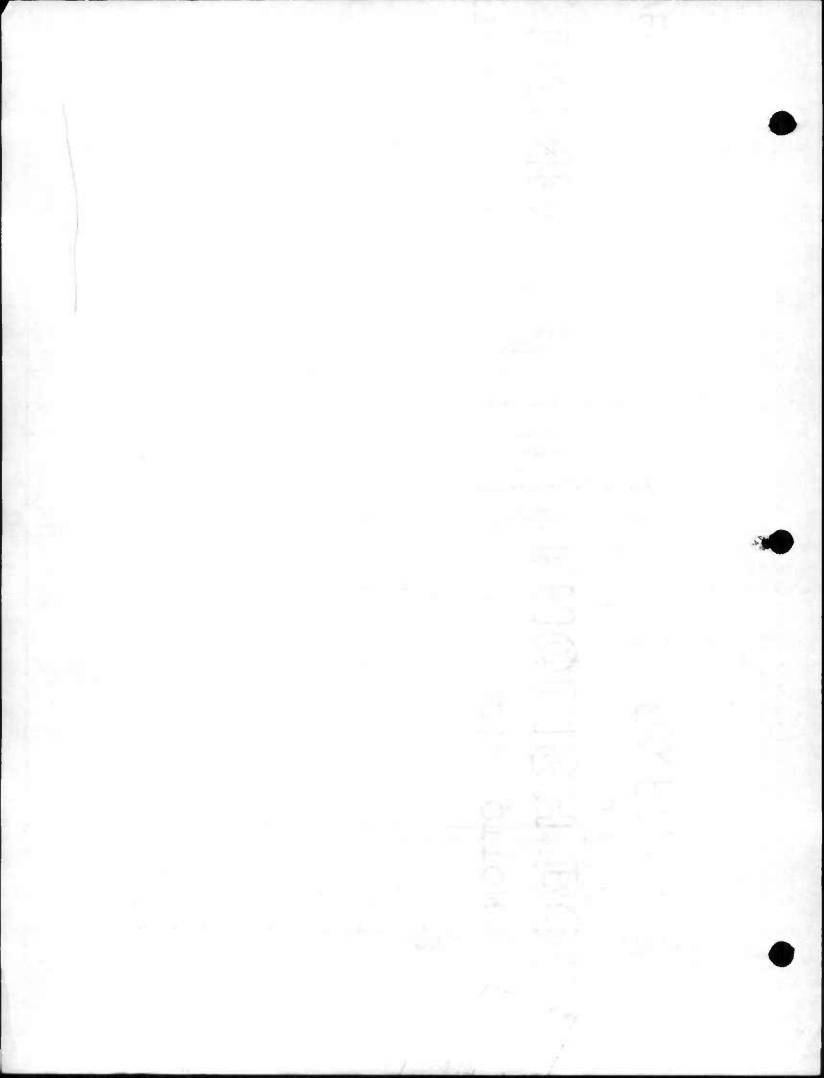
transit permit. Pages 1, 2, 3 should

JEROME N.	FORBES				2. DATE OF DEATH DO 03 - 19 -	AY YEA	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 215-12-4888		[ (In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. B	IRTHPLACE (State or Foreign ountry)		
99. FACILITY NAME (If not institution, give s 2462 NEVEDA		12		DR LOCATION OF DE		9c. COUNTY	M D DF DEATH		
RESIDENCE OF DECEDENT  100. STATE    10b. COUNTY	Y		Y, TOWN OR LOCAT	RE, CIT	Υ	,	10d. INSIDE CITY LIMITS? 1 XYES 2 NO		
100. STREET AND NUMBER 2462 NEVEDA	STREET		101	21230		10g. CITIZEN	OF WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES	S 2 NO	If yes, sp		NIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)		RACE — American Indian, Black, White, atc. Specify: BLACK		
15. DECEDENT'S EDU (Specify only highesi grade Elementary/Secondary (0-12) 1 2 t h	CATION	16a. DECEDENT'S (Give kind of life. Do NOT ut	USUAL OCCUPATION Work done during more retired.)  POST (	ost of working	16b. KIND OF BU	SINESS/INDUST			
17. FATHER'S NAME (First, Middle, Lest) GEORGE FORBE	S			MAR		ΞY			
194. INFORMANT'S NAME (Type/Print) LEONARD FORE		4918	GILRA	AY DRIV	Route Number, City or Tow E / B A L T I M (	DRE, M	D.21214		
20e, METHOD OF OISPOSITION 1	loval from State	Medical And DAT				AUREL,			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  WM.C. MARCH F.H. 1101 E.NORTH AVE									
diseese or condition			- A .	1 1	00		Onset end D		
Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE O	F): ( )	I wife wensite	henr b	rease	1 1		
Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	F):			AUTOPSY RMED?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO		
Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	DUE TO (OR AS  DUE TO (OR AS  d	A CONSEQUENCE O	F):  In the underlyIn  .  26. P	g ceuse given in	Part I. 24a. WAS AN PERFO 1 YES :	AUTOPSY RMED?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?		
Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in deeth) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANUER OF DEATH  1 Netural 6 Pending	DUE TO (OR AS	A CONSEQUENCE OF A CONS	F):  In the underlyIn  26. P  OTHER: 4   Nursing Hor  RE OF   28c. IN. WW	g ceuse given in	Part I. 24a. WAS AT PERFO	AAJTOPSY RMED? 2 DNO	24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO		
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Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Intitleted events resulting in deeth) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANUER OF DEATH  1 Netural 6 Pending Investigation 3 Suleide 6 Could not be detarmined  29a. CERTIFIER (Check only)	DUE TO (OR AS  C. DUE TO (OR AS  d. DUE TO (OR AS  HOSPITAL: 1   Inpatient 2   ER/O  28e. DATE OF INJUR (Month, Day, Year  28e. PLACE OF INJUR	A CONSEQUENCE O  A CONSEQUENCE O  B A CONSEQUENCE O  B DUT NOT reculting  Utpatient 3 DOA  Y  26b. Tilk IN  RY — At home, farm,  pocify)	F):  In the underlyin  26. P  OTHER: 4   Nursing Hor RE OF 28c. IN. JURY M 1   street, factory, officered at the time, date	LACE OF DEATH (C/	Part I. 24a. WAS AN PERFO  1 YES :  October (Specify)  28d. DESCRIBE HOW  26f. LOCATION (Street City or Town, State	I AUTOPSY RMED?  2 (D NO  INJURY OCCUR!  and Number or R	24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO		
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TO BE COMP	TO BE COMBI ETED BY BUYSICIAN: MEDICA! CEBTISICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
įė	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
ne funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
r death. Page 6 may be retained by the hospit	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a Jours after death. Page 6 may be retained by the hospit

1. DECEDENT'S NAME (First, Willi				CRIII	IOAII	- 01	DEAT	ın.		REG. NO.			
	Middle, Last)								2. DATE O	F DEATH	NY.	YEAR	3. TIME OF DEATH
	am_	Clv	de	F	Fulle	r				ch 15			
		. SEX	6. AGE (In yrs. le	isl birthday)	_	1 YEAR	IF UNDER		7. DATE O			8. BIRTHP Country	LACE (State or Foreign
247-40-537	8 1	XM 2 □ F		YRS.	MONTHS	DAYS	HOURS	MIN.		il 3, 1	031	Oh	
9a. FACILITY NAME (If not institution, give street and number)  9				9b. CITY	, TOWN	R LOCATIO	ON OF DE		11 3,1		VTY OF DE		
St. Joseph's Hospital				-						Da	14:		
RESIDENCE OF DEC	EDENT	Spitai				ows	on_				Da	ltimo	re
10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
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10e. STREET AND NUMBER	Dartin	IOI C					ZIP CODI	E			10g, CITU		HAT COUNTRY?
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1 Never Married 2 X		FORCES? 1	XYES 2	NO		If yes, sp	ecify Cuba	m, Maxica	n, Puerto Ri		I OF NO.	Black,	White, stc.
3 Widowed 4 Divor	H11 - 300	IF YES, GIVE W	AR OR DATES			1 TYES	2 X NO	Specify	7.			Specify	White
46 0500	DENT'S EDUCAT	TON	40. 0	ECEDENT'S	l Herrar o	OOLIDATI	N		400	CIND OF BUS		LIBTON	
	highest grade cor		(	Give kind of le. Do NOT u	work done	during mo		ng	160.	(IND OF BU	SINE 35/IND	DUSTRY	
Elementary/Secondary (0-	12)	College (1-4 or 5 +	) "										
				Ele	ctric	al E	ngin				tingh	ouse	
17. FATHER'S NAME (First, Mic							16. MOTI	HER'S NA	ME (First, Mi	ddie, Maiden	Surname)		
William Cly	de Ful	ler, Sr						athe	rine	Nunn	Ros	elli	
19a. INFORMANT'S NAME (Ty	pe/Print)		1	9b. MAILING	ADDRES	S (Street a				r, City or Tow			
Mrs. Edith	B. Ful	ler		315	Qual	cer	Rida	e Re	1 T	imoni	IIm	Md	21093
20a. METHOD OF DISPOSITION	ON	1100	20b. PLAC	E AND DAT	E OF DISE	POSITION	(Name		DATE	20c. LO	CATION -		
1 N Buriel 2 Cremation 4 Donation 5 Other		I from State	Of cemetar	y, cremator	/alle	place)	am.	Crd	15.		Timo	nium	. Md
21, SIGNATURE OF FUNDRAL	SHEWICK LICEN	SEE	Daidi	icy	22	NAME A	ND ADDRE	SS OF FA	CILITY		LIIIO	пиш	WIG
Mashin	XXX	wan_	-			Len	mon	-Mit	chell-	Wiede	efeld	Inc	
Martin	D. Law	son				10	W. P	ado	nia R	Wiede oad	Tir	nonit	ım 21093
Sequentially list condition if any, leading to immediate. Enter UNDERLY!! CAUSE (Disease or Injuithat initiated events	ons, state NG ry		OR AS A CONSI	IZ D	) A (		1 1	UFF	720	TION	1		
resulting in death) LAST	d.												
PART II. Other significant		5 1							Part I.	24s. WAS AN PERFOI 1 YES 2	RMED?	245.	WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION DF CAU OF DEATH?  1 YES 2 NO
	MEDICAL					26. D	LACE OF F	DEATH (C)	eck only one	1			
25. WAS CASE REFERRED TO	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL: OTHER:									THE TOTAL			
EXAMINER?		1   Inpatient 2   ER/Outpatient 3   DOA   4   Nursing Home 5   Residence 8   Other (Specify)									(A) (I) (II) (A -	OUR TO	
EXAMINER?		1 000 0000		28b. TII	WE OF	W	JURY AT DRK?		280. DE\$	CRIBE HOW	INJUHY OC	CUMED	
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	1	28e. DATE OF (Month, D		IN	24								
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural a   2 Accident  3 Suicide 8		(Month, D			M		YES 2 [	_ NO	28f. LOCA City o	TION (Street r Town, State	and Number	r or Rural R	oute Number,
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural a   2 Accident  3 Suicide 8   4 Homicide  29a. CERTIFIER (Check only)	Pending Investigation Could not be determined	(Month, E)  26a. PLACE O building,  AN: To the best of	F INJURY — At I atc. (Specify)  my knowledge,	home, farm,	M street, fee	time, det	a and place	a, and due	City of	r Town, State,	nner aa sta	ted.	
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural a 2  2 Accident 3 Suicide 8 4 Homicide  29a. CERTIFIER (Check only	Pending meetingston Could not be determined IFYINO PHYSICIA CAL EXAMINER:	(Month, E)  26a. PLACE O building,  AN: To the best of	F INJURY — At I atc. (Specify)  my knowledge,	home, farm,	M street, fee	time, det	and place	a, and due	to the cause	r Town, State,	) inner as sta nd due to ti	ited. he ceuse(a)	
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural a   2 Accident a suicide a   4 Homicide  29a. CERTIFIER (Check only one) 2 MEDI	Pending meetingston Could not be determined IFYINO PHYSICIA CAL EXAMINER:	(Month, E)  26a. PLACE O building,  AN: To the best of	F INJURY — At I atc. (Specify)  my knowledge,	home, farm,	M street, fee	time, det	and place	a, and due	to the cause	r Town, State,	) inner as sta nd due to ti	ited. he ceuse(a)	end menner es atate

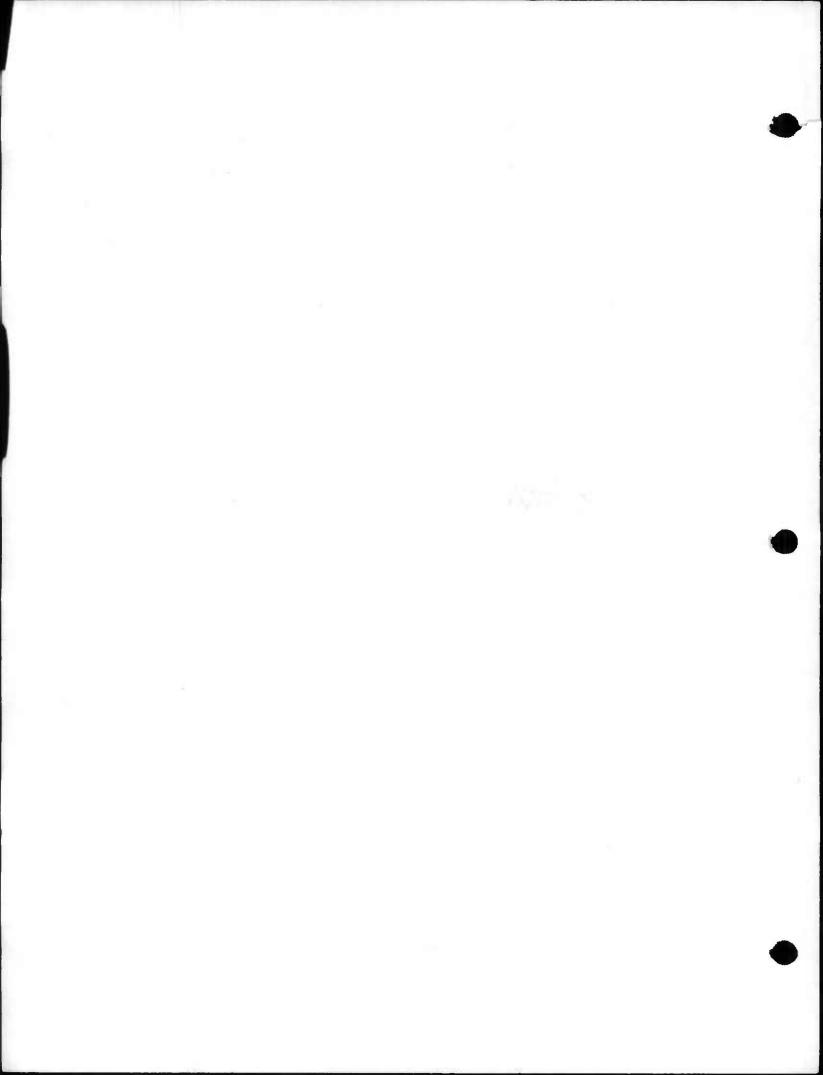


BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	<b>HYGIENE</b>
CERTIFICATE OF DEATH	REG. NO.

	- SIAIE	OCOTICIO	MENT OF HEALTH AND N CATE OF DEATH	MENTAL HYGIENE REG. NO.	1 07000
	1. DECEDENT'S NAME (First, Middle, Lest) MARG	ARET DAY FISHER	Fisher	2. DATE OF OEATH 3/20/91 MONTH DAY 20 9	
	4. SOCIAL SECURITY NUMBER 5. SEX 1 \( \text{ M 2 } \)	6. AGE (In yrs. last birthday)  YRS.	F UNDER 1 YEAR	7-21-10 N	BIRTHPLACE (State or Foreign Country) IEW YORK
TOR	98. FACILITY NAME (If not institution, give street and number 5973 Grand Banks RESIDENCE OF DECEDENT		Columbia		ward
DIRECTOR	10a. STATE 10b. COUNTY		TOWN OR LOCATION Columbia		10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	10s. STREET AND NUMBER 5973 Gra	nd Banks	Pd. 101. ZIP CODE ZIC		USA-
B	1 Name Married 2 W Married FORCES	CEDENT EVER IN U.S. ARMED  1 YES 2 TO NO  SIVE WAR OR DATES	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexicar 1 YES 2 NO Specify	n, Puerto Rican, atc.)	RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4	life Do MOT use	rk done during most of working	166. KIND OF BUSINESS/INDUS	TRY
BE COMF	17. FATHER'S NAME (First, Middle, Last)	NCIS DAY		ME (First, Middle, Maiden Surname)	
TO B	19a. INFORMANT'S NAME (Type/Print) OCTAVIUS FISHER (HUSBA	ND) 5973 G	RAND BANKS ROAD	noute Number, City or Town, State, Zip Co, COLUMBIA, MARYLA	AND 21044
	20a. METHOD OF DISPOSITION  1	20b. PLACE OF DISPOSITION Of the Place) METRO CREM			JE, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	e.		SSELL C. WITZKE LLS ROAD, COLUMBI	
NO	Sequentielly list conditions,	ngestive H ue to Joh as a consequence on y ocarchial J	eart Failur	re	Approximate Interval Between Onset and Death  Grunns
CERTIFICATION	If any, leading to immediata cause. Enter UNDERLYING	theroscleratic ue to (or as a consequence of):	Cardiovascul	an Tisease	Years
PHYSICIAN: MEDICAL	PART II. Other algnificant conditions contribute	ng to death but not resulting in	the underlying cause given in	Part I. 24e. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  Yes 2  NO 1 Inputier		26. PLACE OF DEATH (Chi OTHER: 4 □ Nursing Home 5 💢 Residence		
ВУ РНУ		Orth, Day, Year) 28b. TIME INJU		28d. OESCRIBE HOW INJURY OCCUP	RED
	3 Suicide 28e. PL	ACE OF INJURY — At home, farm, stillding, etc. (Specify)	reet, factory, office	281. LOCATION (Street and Number or City or Town, Stata)	Rural Route Number,
COMPLETED	(Critical Critical			to the cause(s) and manner as stated. time, date and place, and due to the c	The state of the s
TO BE C	29b. HIGHATURI AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO COMPLETE	D CAUSE OF DEATH (ITEM 27) (700)		173 > 3	20 9
	31. DATE FILED (Month, Day, Year) 9 32. RES	GISTRAR'S SIGNATURE	one way, till a	off City, MD 2100	3
	MAR 2 1 1991 Sula Da	vidson-Randell			



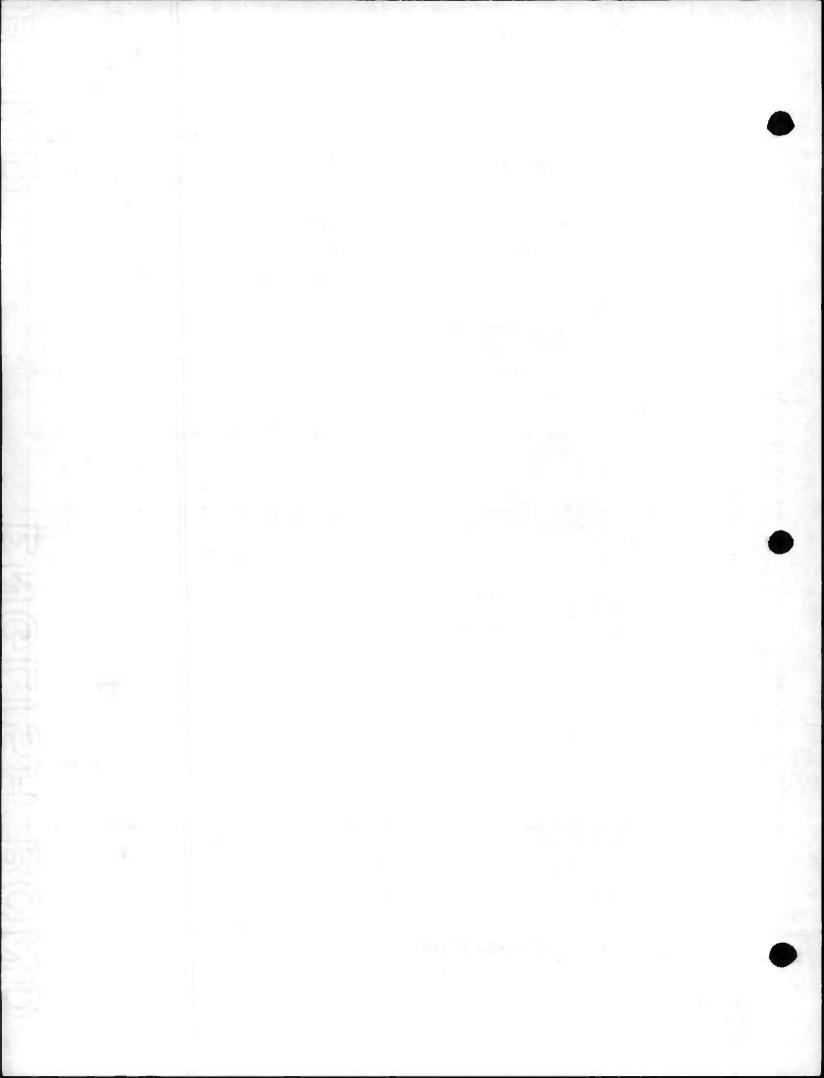
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALLIMOHE, MARYLAND 21215-0020	/
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	2, 3 should
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

1. DECEDENT'S NAME (First, Middle, Last)		CER	TIFICATE	OF DEATH	REG. No.	O.	YEAR 3.	TIME OF DEATH
VACE W	ILLIAM /	PIEL	DMAN			4-9	7/	3 24
4. SOCIAL SECURITY NUMBER		E (In yrs. lest birti			7. DATE OF BIRTH		8. BIRTHPLA	CE (State or Foreign
093-14-7663	1 M 2 🗆 F	70 Y	YRS. MONTHS	DAYS HOURS MIN	(Month, Day, Year) 5/20/1	920		NEW YORK
9a. FACILITY NAME (If not institution, give s	street and number)		9b. CITY,	TOWN OR LOCATION OF			ITY OF DEATI	Н
39 SHERATON	N RD.			RANDALLST	OWN		BALTI	MORE
RESIDENCE OF DECEDENT					<u> </u>		Dillia	10105
10s. STATE 10b. COUNTY	Υ	10	DC. CITY, TOWN OF	LOCATION			100	d. INSIDE CITY LIMITS?
MARYLAND	BALTIMORE		RAI	NDALLSTOWN			1 [	∑XES 2 □ NO
10e. STREET AND NUMBER				101. ZIP CODE		10g. CITI	ZEN OF WHAT	T COUNTRY?
39 SHERATON RD.				21133		U	ISA	
11. MARITAL STATUS	12. WAS DECEDENT EVER				PANIC ORIGIN? (Specify )	fes or No-	14. RACE -	American Indian, hita, etc.
1 Never Married 2 Married	FORCES? 1 X YE			yes, specify Cuban, Mer YES 2 XNO Spe			Specify:	nite, etc.
3 Widowed 4 Divorced	WWII -	ATR FO						WHITE
15. DECEDENT'S EDU (Specify only highest grade		16a. OECED	ENT'S USUAL OC	CUPATION uring most of working	16b. KIND OF B	USINESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do	NOT use retired.)	and them of Bothing				
	5+	A	DMINIST	RATOR	COMMI	JNITY	COLLE	GE OF BAI
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	NAME (First, Middle, Maid	en Sumame)		
ISIDORE FRIE	DMAN				SOPHIE K	ARMAN		
19a. INFORMANT'S NAME (Type/Print)		19b. M/	AILINO ADDRESS	(Street and Number or Ru	ral Route Number, City or T	own, State, Zip	Code)	
MRS. A. IRENE FRIE	EDMAN	39	SHERAT	ON RD. RA	NDALLSTOWN	, MD	21133	3
20a. METHOO OF DISPOSITION		20b. PLACE AND	D DATE OF DISPO	SITION (Name		LOCATION -		
Buriel 2 Cremation 3 Rem	noval from State	PAT.TTM	ORE HEBI	ece)	3/17/91 RI	ट्राच्याच्य	COOLAL	MID
21. SIGNATURE OF FUNERAL SERVICE LIC						STOTEK	STOWN	MU
A 1 A	CENSEE		22. N	IAME AND ADDRESS OF	FACILITY		STOWN	MD
· allens	ustev	no	22. N	SOL LEVINS	FACILITY ON & BROS. RSTOWN RD.	, INC.	O.,MD	21215
23. PART I. Enter the diseases, or	complications that cause on List only one cause on	eech line.	22. No. 60	IAME AND ADDRESS OF SOL LEVINS O10 REISTE the mode of dying, a	FACILITY ON & BROS. RSTOWN RD.	, INC. BALT	O.,MD	
23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition	complications that cause on List only one cause on DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS D	eech line.	22. No. 60 (i. Do not enter the company of the corp.)	IAME AND ADDRESS OF SOL LEVINS O10 REISTE the mode of dying, a	FACILITY ON & BROS. RSTOWN RD. uch as cardlec or rea	, INC. BALT	O.,MD	21215 Approximate interval Between
23. PART I. Enter the disesses, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disesse or condition reaulting in deeth)  Sequentielly list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	complications that cause on List only one cause on DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS D	S A CONSEQUER	22. No. 60 (i. Do not enter the content of the cont	IAME AND ADDRESS OF SOL LEVINS OIO REISTE the mode of dying, a	FACILITY ON & BROS. RSTOWN RD. uch as cardlec or res	INC. BALT apiratory arr	24b. WE	21215 Approximate interval Betwee Onset and Decorate and
23. PART I. Enter the disesses, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disesse or condition reaulting in deeth)  Sequentielty list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disesse or Injury that initiated eventa resulting in deeth) LAST	complications that cause on List only one cause on DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS D	S A CONSEQUER	22. No. 60 (i. Do not enter the content of the cont	IAME AND ADDRESS OF SOL LEVINS OIO REISTE the mode of dying, a	FACILITY ON & BROS. RSTOWN RD. uch as cardlec or res	AN AUTOPSY ORMED?	24b. WE	21215 Approximate interval Betwee Onset and Decorate and
23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST  PART II. Other algnificent conditions.	complications that cause on List only one cause on a	S A CONSEQUER	22. No. 60  Do not enter to the control of the cont	IAME AND ADDRESS OF SOL LEVINS DIO REISTE the mode of dying, a deriying cause given 25. PLACE OF DEATH	FACILITY ON & BROS. RSTOWN RD. uch as cardiec or red  CCC  In Part I. 24a. WAS. PERF	AN AUTOPSY ORMED?	24b. WE	21215 Approximate interval Betwee Onset and De Sague.  Sague.  ERE AUTOPSY FINDIN AILABLE PRIOR TO MPLETION OF CAUSIT DEATH?
23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition reaulting in deeth)  Sequentielly list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST  PART II. Other aignificent conditions	complications that cause on List only one cause on DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS D	S A CONSEQUER S A CONSEQUER S A CONSEQUER h but not reeu	Do not enter to the company of the corp.  NCE OF):  NCE OF):  OTHER	IAME AND ADDRESS OF SOL LEVINS DIO REISTE the mode of dying, a deriying cause given 25. PLACE OF DEATH	In Part I. 24a. WAS. PERF 1 YES	AN AUTOPSY ORMED?	24b. WE	21215 Approximate interval Betwee Onset and De Supplier S
23. PART I. Enter the disease, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition reaulting in deeth)  Sequentielty list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST  PART II. Other algnificent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH	complications that cause in List only one cause on DUE TO (OR AS DUE TO	S A CONSEQUER S	22. N 60 60 Do not enter to the control of the cont	IAME AND ADDRESS OF SOL LEVINS DIO REISTE the mode of dying, a deriying cause given 26. PLACE OF DEATH : ing Home 6 @ Residen 28c, INJURY AT	In Part I. 24a. WAS. PERF 1 YES	AN AUTOPSY ORMED?	24b. WE AM CO	21215 Approximate interval Between Onset and De Sagran  Sagran  ERE AUTOPSY FINDIN AILABLE PRIOR TO MPLETION OF CAUSE TEATH?
23. PART I. Enter the diseeses, or shock, or heart failure.  IMMEDIATE CAUSE (Finel diseese or condition reaulting in deeth)  Sequentieity list conditions, if eny, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST  PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 6 Pending	complications that cause on List only one cause on a.  DUE TO (OR AS DUE	S A CONSEQUER S	DOA OTHER	deriying cause given  26. PLACE OF DEATH  The Home 6 President	In Part I. 24a. WAS. PERF 1 YES (Check only one)	AN AUTOPSY ORMED?	24b. WE AM CO	21215 Approximate interval Betwee Onset and Decorate and
23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition reaulting in deeth)  Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 6 Pending	complications that cause in List only one cause on DUE TO (OR AS DUE TO	S A CONSEQUER S A CONSEQUER S A CONSEQUER but not reeu  butpatient 3 12  TY 26  JRY — At home,	DOA OTHER HAUSE	AME AND ADDRESS OF SOL LEVINS DIO REISTE the mode of dying, a deriving cause given 25. PLACE OF DEATH : ing Home 6 Presiden 28c. INJURY AT WORK?	In Part I. 24a. WAS. PERF 1 YES (Check only one)	AN AUTOPSY ORMED?  2 NO	24b. WE AM OF 1 (	21215 Approximate interval Betwee Onset and Decorate and
23. PART I. Enter the diseeses, or shock, or heart failure.  IMMEDIATE CAUSE (Finel diseese or condition resulting in deeth)  Sequentielly list conditions, if eny, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 6 Pending Investigation 29 Accident 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only)  1 CERTIFYING PHYS	DUE TO (OR AS  DUE TO	S A CONSEQUER S A CONSEQUER S A CONSEQUER but not reeu  butpatient 3 2  butpatient 3 2  butpatient 3 consequer  butpatient 4 consequer  butpatient 5 c	DOA OTHER DOA OF INJURY M.	deriying cause given  26. PLACE OF DEATH  ing Home 6 Residen  28c. NUNY AT  WORK?  1 YES 2 NO  ory, office	In Part I. 24a. WAS. PERF  (Check only one)  28f. LOCATION (Stre-City or Town, Status of the cause(a) and reduced to the cause(b) and reduced to the cause(b) and reduced	AN AUTOPSY ORMED?  2 NO  N INJURY OCH et and Number ite)	24b. WE AM CO OF 1 (	21215 Approximate interval Between Onset and Deconstruction of Cause Prior to MPLETION OF CAUSE DEATH?  YES 2 NO
23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentielly list conditions, if eny, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 6 Pending Investigation  29 Accident 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only)  1 CERTIFYING PHYS	complications that cause on List only one cause on a. DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d. DUE	S A CONSEQUER S A CONSEQUER S A CONSEQUER but not reeu  butpatient 3 2  butpatient 3 2  butpatient 3 consequer  butpatient 4 consequer  butpatient 5 c	DOA OTHER DOA OF INJURY M.	deriying cause given  26. PLACE OF DEATH  ing Home 6 Residen  28c. NUNY AT  WORK?  1 YES 2 NO  ory, office	In Part I. 24a. WAS. PERF  (Check only one)  28d. DESCRIBE HON  28f. LOCATION (Stre City or Town, Ste due to the cause(a) and r	AN AUTOPSY ORMED?  2 NO W INJURY OCC et and Number tie)	24b. WE AM CO OF 1 (	21215 Approximate interval Between Onset and Deconstruction of Cause Prior To Implement of Cause of Death?  YES 2 NO



MAR 2 1 1991

Julia Daydson-Gandelle



## TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Secure after death. Page 6 may be retained by the intending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hydrene prior to burial, cremation, or removal. MPORTANT: If liem 28 is marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

8

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	<b>MENTAL</b>	HYGIENE
		C	ERTIFICATE	OF	- DEAT	TH		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL	HYGIENE REG. NO.	J 1	01036	
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH 3. TIME OF DEATH				
	Julia	F.	Fromkn	echt		Матс	h 19,	1991	10:55am M	
	4. SOCIAL SECURITY NUMBER 5	(In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.			7. DATE OF BIRTH 8. BIRTHPLACE (State or			THPLACE (State or Foreign		
	215-76-0093	YRS.				Sept. 28, 1906 Pen:				
œ	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF D									
DIRECTOR	Maryland General Hospital Baltimore City									
<u>n</u>							ty,Md		10d. INSIDE CITY LIMITS?	
F	Maryland	160	1½ We	bster S	t.		1 X YES 2 NO			
	10e. STREET AND NUMBER			101. ZIP CODE			1	WHAT COUNTRY?		
ER,	1601	1/2 Webster	St.		21230		1	US	A	
FUNERAL	11. MARITAL STATUS 1	2. WAS DECEDENT EVER IN	U.S. ARMED		ENDENT OF HISPAN			No- 14. RA	CE — American Indian,	
	1 Never Married 2 Married	FORCES? 1 YES			city Cuben, Mexica 2 NO Specifi		can, atc.)		ochy: White	
В В	3 Widowed 4 Divorced									
	15. DECEDENT'S EDUCAT (Specify only highest grade co.	TION mpleted)	16a. DECEDENT'S US (Give kind of work	done during mo		16b. R	CIND OF BUSIN	ESS/INDUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use n							
MP	12th.Grade			None						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Mic	ddle, Malden Su	rname)		
BE	Pancratus	L. Fro	mknecht		Emma		Ε.		aves	
TO E	19a. thFORMANT'S NAME (Type/Print)				nd Number or Rural					
-	Mrs.Effie E.Fr				Webster	St.				
	20e, METHOD OF DISPOSITION 1 □ Burlel XX Cremetion 3 □ Remove	al from State	pther place)	ON (Name of cer	netery, cremetory or			TION — City or	- I resident to the second sec	
	4 Donation 5 Other (Specify)		Metro Cr				Cat	onsvi	nsville,Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Balto.Md.21230								
	Vaniel a.	. 1 Keyli	72	McC	ully Fu	nera	1 Hom	e,130	E.fort Ave	
	shock, or heart fellure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in death)	Broncho	och line.  Opneumonia  A CONSEQUENCE OF):						Interval Batween Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL C	PART II. Other significant conditions	out not reaulting in	tha undariyin	g cauaa given in		24a. WAS AN AI PERFORM 1 X YES 2	ED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 X YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			28 D	LACE OF DEATH (C)	neck only on-	)			
2	EXAMINER?	HOSPITAL:		THER:						
ΙXS	27. MANNER OF DEATH	120 Inpatient 2 ☐ ER/Out	26b. TIME C		IURY AT	T	(Specify) CRIBE HOW INJ	IN HIPV CONTRED		
	1 Natural 5 Pending	(Month, Day, Year)	INJUR	Y WO	PRK?	100.000	JAIDE HOW HA	OIII OOOOIILD		
BY	2 Accident Investigation	28a PLACE OF INJUST	Y — At home form stre			984 1 DCSTION (Charle and Number or Burel Boyde Number				
ED	3 Suicide 6 Could not be 4 Homicide determined									
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.									
C	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER		29d. DATE SIGN	IED (Month, Day, Year)	
m	Thates	2.10				n/a			3/19/91	
2	30. NAME AND ADDRESS OF PERSON WHO WISSAM Chati	COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, P.		yland Ger		Hospi	tal	31 131 31	
	31. DATE FILED (Month, Day, Year) MAR 2, 1 1991	32. REGISTRAR'S SIGN								



07393 91

		FOR	
1	-	STATE	
•		REGISTRAR	

1 - STATE REGISTRAR	STATE OF MARY			OF DEATH	MENTAL	REG. NO.	21	01030			
1. DECEDENT'S NAME (First, Middle, Last)  FDD FREEM	AN	1 725			2. DATE (	B IS	YEAR 91	3. TIME OF DEATH  A.A.M. M			
4. SOCIAL SECURITY NUMBER 38 2-38-1938	1)(XM 2-)	(In yrs. lest birthday, 8 7 YRS.	MONTHS E	HOURS MIN.	8-	31-03	WE	XFORD ('b.			
9a. FACILITY NAME (If not institution, give si GOLDEN OAK RESIDENCE OF DECEDENT		16 Home		AUREL			ince	Georges			
10a. STATE 10b. COUNTY	ice George		TY, TOWN OR	REL, M	AR-YL	AND		10d. INSIDE CITY LIMITS? 1 YES 2 NO			
10e. STREET AND NUMBER	20700										
9001 Cherry Lane  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 XES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.)  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify Cuban, Maxican, Puerto Rican, etc.)  1 YES 2 NO Specify:  White											
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1.2		life. Do NOT	f work done dur	ing most of working		KIND OF BUSINESS					
17. FATHER'S NAME (First, Middle, Last) Chauncey J. Fr	eeman				Hafel	liddie, Maiden Suma C	me)				
19a. INFORMANT'S NAME (Type/Print) Jhaki Fitzgera	1d			mi Ct.,				3			
20a. METHOD OF DISPOSITION 1-X Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State	other place of bisperson Sherma	n-Mes	of cometery, cremetory of ick Ceme	tery	Mesic		chigan			
21. SIGNATURE OF FUNETIAL BETWICE LA	ENSEE		I V	me and address of a res-Pears lington,	on F		Home	s			
23. PART L Enter the diseases, or chock, or heert fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one couse on CAR	ed the deeth. Do eech line.	not enter th		ich aa cerd	iec or respirator		Approximata interval Between Onset and Death			
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
PART II. Other algnificent condition	e contributing to death	but not reauiting	in the unde	erlying cause given	in Part I.	24a. WAS AN AUTO PERFORMED? 1 YES 2 X		b. WERE AUTOPSY FINDINGS ANALLABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1  YES 2  NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 THO	HOSPITAL:	stretlest 3 🗆 DOA	OTHER:	26. PLACE OF OEATH (							
27. MANNER OF DEATH  Natural 5 Pending	28a. DATE OF INJUR (Month, Day, Year	7 26b. T	IME OF 2	g Home 5 Residence  Bc. INJURY AT WORK?  1 YES 2 NO		CRIBE HOW INJUR	Y OCCURED				
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU- building, etc. (S)	RY — At home, farm	, street, factor	y, offica		ATION (Street and No or Town, State)	imber or Rural	Route Number,			
onel	ICIAN: To the best of my known							(a) and manner as stated.			
296. SIGNATURE AND TITLE OF CERTIFIE	2	*?		29c, LICENSE N	UMBER	29d	. DATE, SIGNE	D (Month, Day, Year)			

31. DATE FILED (Month, MAR 2 1

2

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within A wours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

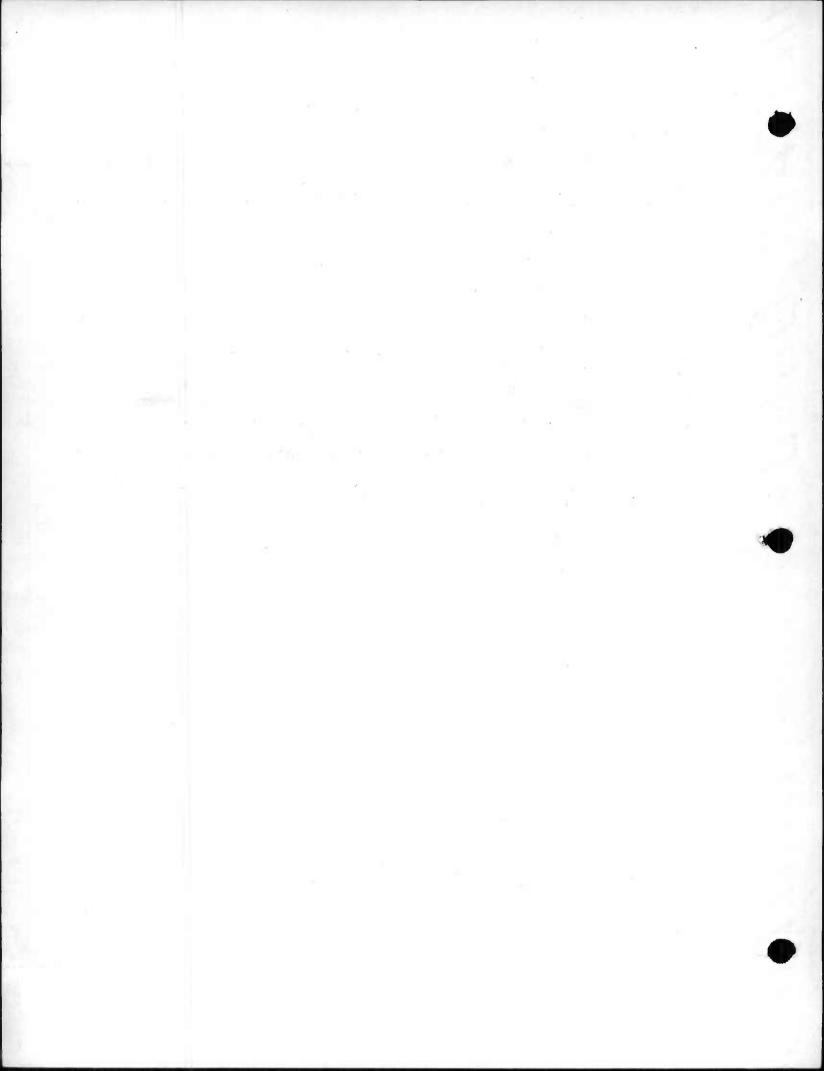
32. REGISTRAR'S SIG

-Randall

1991

DHMH-18 Rev 1/89

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DIRECTOR

FUNERAL

BY

COMPLETED

BE

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CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

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29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, Year)

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32. REGISTRAR'S SIGNATURE a Davidson-Randelle

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Page 6 may be retained by the hospital or attending physician. ald firector, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should funeral director, page 5 should be 1 notified å must examiner death. completely filled in by the rial, cremation, or removal. medicai the certificate be executed within traumatic event. been signed by the attending physician and con xt. of Health and Mental Hygiene prior to burial, other 6 the death injury, shows any requires that has be. Dept. HOSPITAL OR ATTENDING PHYSICIAN: The law 23 certificate h. 6 marked. this c L DIRECTOR: After the hours after death v 28 is IMPORTANT: If item FUNERAL E

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. STATE REGISTRAR 1 -1. DECEDENT'S NAME (First, Middle, Last) AMS3 FB 1050A M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS 218 22 DAYS HOURS 154M 2 | F 1886 86P PARY 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH ST JOSEPH HO BATTIMORE 01 10b. COUNT 10c, CITY, TOWH OR LOCATION 10d. INSIDE CITY PARYLAND BAI 1 YES 2 NO 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY! APT NAY 21234 7086 AVIN 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuben, Maxican, Puarto Rican, atc.) 1 Never Married 2 Married 1 - YES 2 NO Specify: Specify: 3 Widowed 4 Divorced ORIA 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) RUCK Jon-Dickinson 17. FATHER'S NAME (First, Middle, Lest) 16, MOTHER'S NAME (First, Middle, Maiden Surname) HEARY FREUN 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) FAMIL 20a, METHOD OF DISPOSITION

134 Burial 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, State ARK □ Donation 5 □ Other (Specify) 21. SIGNATURE OF PUNEFIAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ORIES EVANS CHAPIL 8800 HARFURD ARK 23. PART I. Enter the disesse, or complications that caused the deeth. Do not enter the mode of dying, such ee cardiec or respiretory arrest, Approximete ahock, or heert fellure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finei disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CONGESTIVE HEART FAKURE Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF): MYOCAMPIAL cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in deeth) LAST PART II. Other aigniticent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 1 NO OF DEATH? 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER 1 YES 2 NO 15€ Inpetient 2 □ ER/Outpetient 3 □ DOA 4 Nun g Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending М 1 YES 2 NO 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 4 🔲 Homicide 29a. CERTIFIER

(Chank only)

1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER

THE F

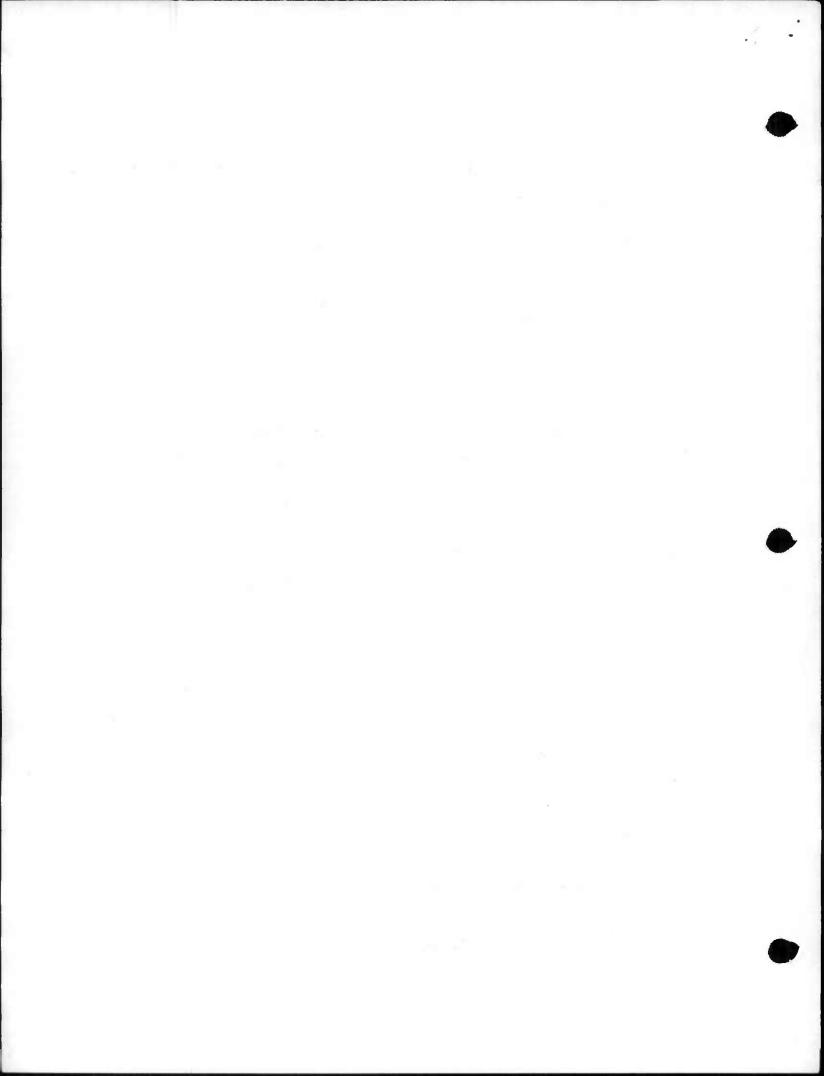
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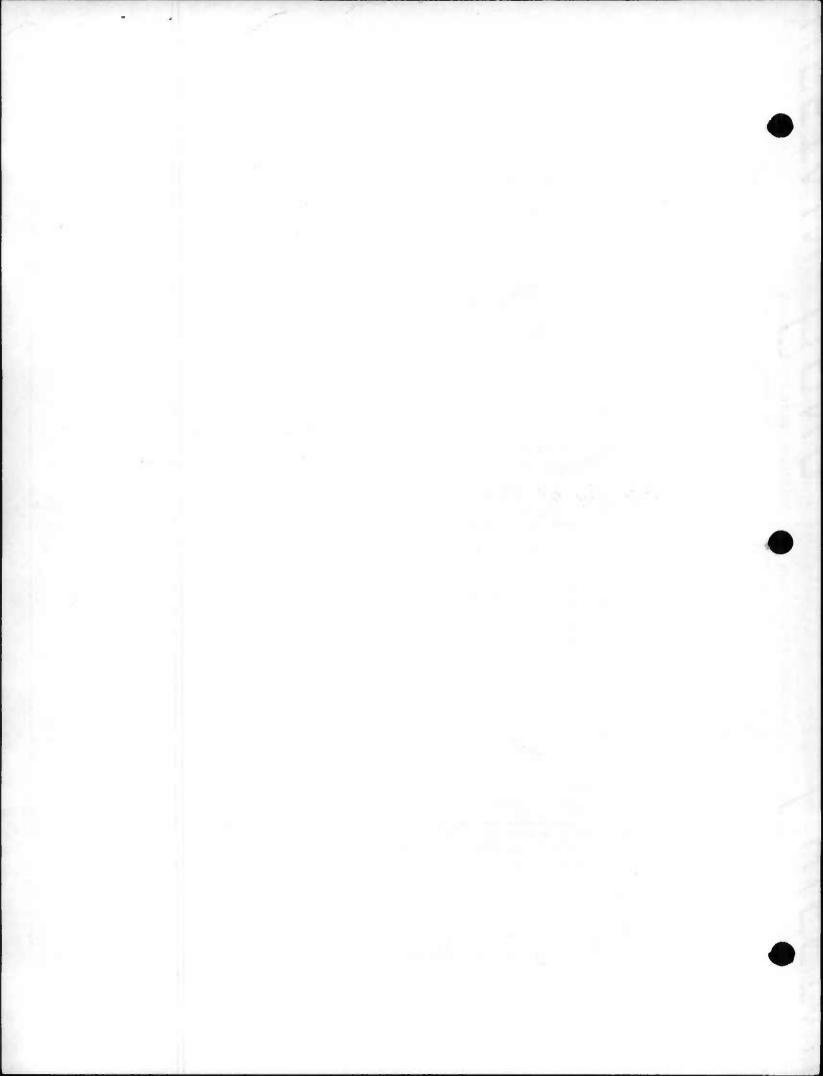
29d. DATE SIONED (Month, Day, Year)





	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a noun after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached an extension of removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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		filled on.	he
	hin	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fire surfain 20 burs after death with the State Deat, of Health and Mental Hydlene prior to burlal, cremation, or removal.	It, th
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIENE	21	0/393		
	1. DECEDENT'S NAME (First, Middle, Last)	st)				2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH				
	SHILLEY (	SRAY Shirl	ey A,G			3/201	191	O A M		
	219-30-2439A	1 M 2 DXF 56		IF UNDER 1 YEAR MONTHS DAYS	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cou	THPLACE (State or Foreign ntry)		
	9a. FACILITY NAME (If not institution, give		- 1300	9b. CITY, TOWN C	R LOCATION OF DE	Aug. 8, 19:	9c. COUNTY OF	laryland		
OR	Mercy Hospita	1 Center		Balto.	City, Mo					
ECI	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	10c, CIT	Y, TOWN OR LOCAT			10d. INSIDE CITY				
PHO	Haryrand	lto. Co.		Arbutu	s, Md.			LIMITS? 1 YES 2 NO		
FUNERAL DIRECTOR	38 Colony H	:11 Ot		101	ZIP CODE		10g. CITIZEN OF WHAT COU			
JNE	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	21227 ENDENT OF HISPAN	IC ORIGIN? (Specify Year)	USA			
BY FI	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	ZY NO	If yes, sp		i, Puerto Rican, etc.)	Yea or No-  14. RACE — American Indian, Black, White, etc.  Specify: White			
	15. DECEOENT'S EDU	ICATION	160 DECEDENT'S	USUAL OCCUPATION	NI .	16b. KIND OF BUSH				
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of a life. Do NOT us	work done during mo se retired.)	at of working	IOU, KIND OF BUSIN	NESS/INDUSTRY			
MPL	10th.Grade		Super	cvisor			ank			
8	17. FATHER'S NAME (First, Middle, Last) Fre	ederick W.Ho	odason	Sr	18. MOTHER'S NAI	ME (First, Middle, Meiden St				
BE	19a. INFORMANT'S NAME (Type/Print)					YS Noute Number, City or Town,		kels		
10	Mr.Gilbert F.(	Fray						227 Apt.2A		
	Mr. Gilbert F. Gray  38 Colony Hill Ct. Balto. Md. 21227 Apt. 2A  20a. METHOD OF DISPOSITION TO									
	4 Donation 6 Other (Specify) Cedar Hill Cemetery A.A.Co.Md.  21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
	stanley	M. Loews	ner	McCu	lly Fun	Bal aral Home	to.Md	.21230		
	23. PART I. LINES US OISOOSOS, OI	complications that caused. List only one cause on ea	the death. Do i	not enter the mo	de of dying, auci	as cardiec or reapire	story arrest,	Approximate		
	IMMEDIATE CAUSE (Finel disease or condition							Interval Between Onset and Death		
	resulting in death)									
z	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING  CAUSE OF INTERPORT OF INDICE  CAUSE OF INTERPORT OF INDICE  CONTINUE OF INTERPORT OF INDICE  CONTINUE OF INTERPORT OF INDICE  CONTINUE OF INDI									
OT										
F	CAUSE (Disease or Injury that initiated events	C. DUE TO (OR AS A	CONSEQUENCE O	f):	F	AIIVAG				
CERTIFICATION	resulting in death) LAST	d								
SAL CI	PART II. Other eignificent condition	ne contributing to death bu	It not resulting	in the underlyin	g cause given in			14b. WERE AUTOPSY FINDINGS		
SCA						1   YES 2 [		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEC								1   YES 2   NO		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			ne Pr	ACE OF DEATH (Ch					
SICI	EXAMINER? 1 YES 2 NO	HOSPITAL:	ntient 3 DOA	OTHER:	e 5 - Residence					
РНҮ	27. MANNER OF-DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM		URY AT	28d. DESCRIBE HOW IN.	JURY OCCURED			
ВУ	1 Natural 5 Pending 2 Accident Investigation	28e. PLACE OF INJURY	At home from		YES 2 NO					
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Speci		screen, factory, offic		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
PLE		SICIAN: To the best of my knowle	edge, death occurr	red at the time, date	and place, and due	to the cause(a) and mann	ter as stated,			
OM	one) 2 MEDICAL EXAMIN		On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.							
BE (	296. SIGNATURE AND TITLE OF CERTIFIE	in A	THENDI	~ h	29c. LICENSE NUM	ABER	29d. DATE SIGN	IED (Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	Print)	- / ( ) /	~ •	/	NED (Month, Day, Year)		
		POINER	MA	1147	5.	MANONER	57.	NALTO MO		
	31. DATE FILED (Morith, Day, Year)  MAR 2 1 / 1991	32 REGISTRAR'S SIGNA Fulia Javidson	ATURE					2/4		
	MIMIY 4 1/1331	7 una wavedson	-Handell							



rmit, Pages 1, 2, 3 should

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

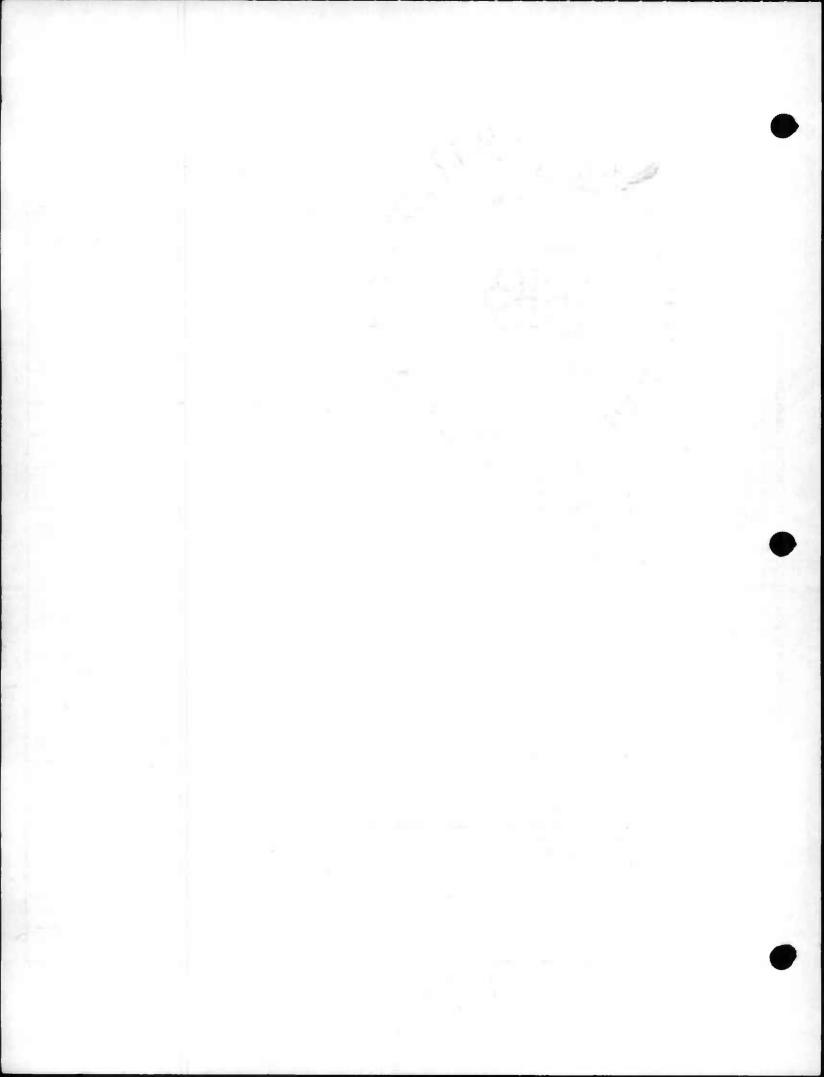
1	FOR STATE REGISTRAR	TATE OF MARYLAND / [CE	DEPARTMENT RTIFICATE	OF HEALTH AND N	BENTAL HYGIENI REG. NO.	9	07396				
	1. DECEDENT'S NAME (First, Middle, Lest)  ARTHUR W.	HARRIS			2. DATE OF DEATH MONTH 3	2 9/	3. TIME OF DEATH  1035 Am				
1	214509979	SEX 8. AGÉ (ig yrs. last i	YRS. MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	3	RTHPLACE (State or Foreign buntry)				
TOR RO	98. FACILITY NAME (If not institution, give street and number)  99. CITY, TOWN OR LOCATION OF DEATH  UNIVERSITY HOSPITAL  BALTIMORE, MD										
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  100. COUNTY  100. CITY, TOWN OR LOCATION  BALTIMORE, CITY  1 D Y										
EHAL	100. STREET AND NUMBER 2328 NEVEDA	STREET	The second	101. ZIP CODE 2 1 2 3 0		USA	OF WHAT COUNTRY?				
à l	11. MARITAL STATUS 12.  1	WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. V	WAS DECENDENT OF HISPAN  yes, specify Cuben, Mexicar  YES 2 NO Specify	, Puerto Rican, atc.)		RACE — American Indian, Black, White, etc. Specify: BLACK				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete the complete that the	pleted) (G/v		CUPATION Uring most of working	WAY DEPA						
	17. FATHER'S NAME (First, Middle, Lest) CEDRIC HARRIS		90		E HARRI						
TO BE	19a. INFORMANT'S NAME (Type/Print)  CLARA HARRIS			(Street and Number or Rural F SK RD./BAL							
	20s. METHOD OF DISPOSITION 1 & Burlel 2 Cremetion 3 Removal 4 Donation 5 Other (Specify)		cel	me of cometery, crematory or EMETERY		SDOWN	E, MD.				
	21, SIGNATURE OF FUNERAL SERVICE LICENS	K. Jon		M.C. MARCH		01 E.	NORTH AVE				
	23. PART I. Enter the diseases, or comshock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	plications that caused the decomposition on cause on each line.	probable	PULMONARY		ratory arrest,	Approximata interval Batween Onset and Death				
MOIT	Sequentially list conditions, b if any, leading to immediate	DUE TO (OR AS A CONSEO									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	UPER GASKOZ		Az HEMO	eamer						
MEDICAL	PART II. Other algnificant conditions of		esulting in the ur	derlying cause given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO				
PHYSICIAN:		OSPITAL:	OTHE	26. PLACE OF DEATH (Ch R: sing Home 5  Residence							
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M		Bed. DESCRIBE HOW INJURY OCCURED						
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY — At he building, etc. (Specify)	me, farm, street, fac	26f. LOCATION (Street City or Town, State	and Number or I	Rural Route Number,					
OMPLETED	(Check only	N: To the best of my knowledge, de On the basia of examination and/or					ause(a) and manner as stated.				
O BE CO	299. SENATURE AND TITLE OF CERTIFIER	Hest		29c. LICENSE NU	MBER	29d. DATE S	GNED (Month, Day, Year)				
IĔ	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Print)				7				

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32. REGISTRAR'S SIGNATURE Lia Davidson-Pandell

MAR 2 1 199

BALTEMORE



TO BE COMPLETED BY FUNERAL DIRECTOR

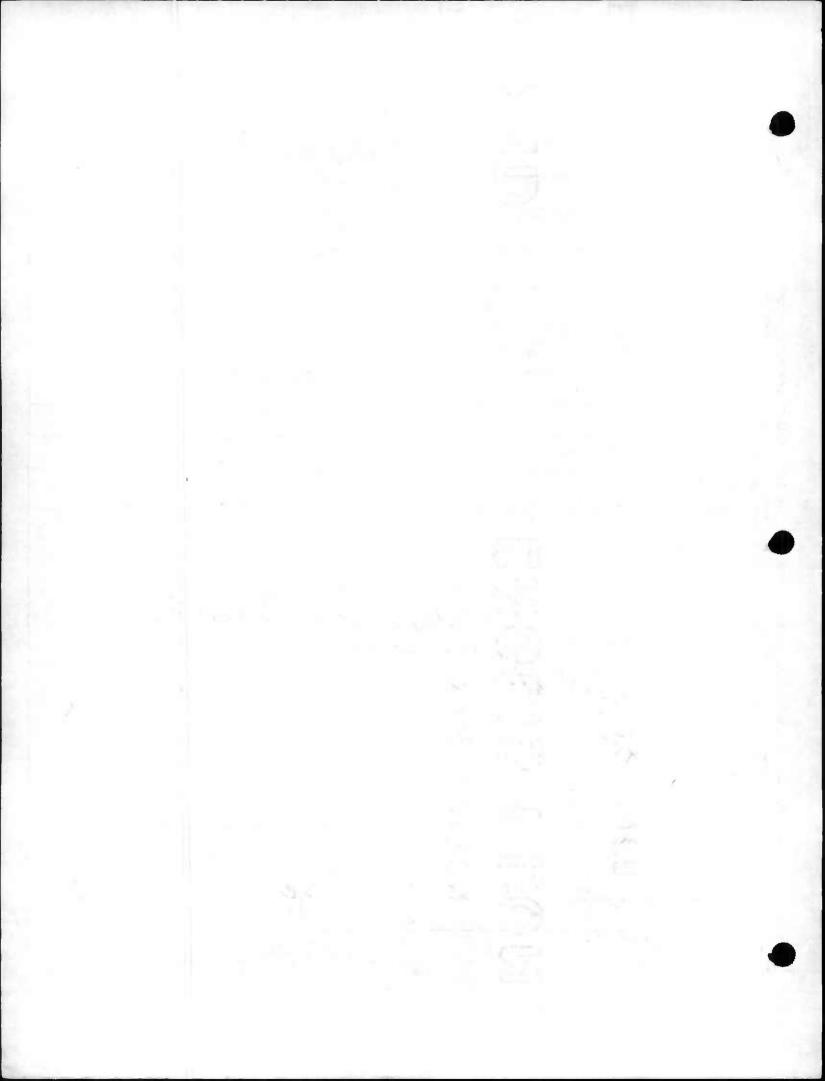
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

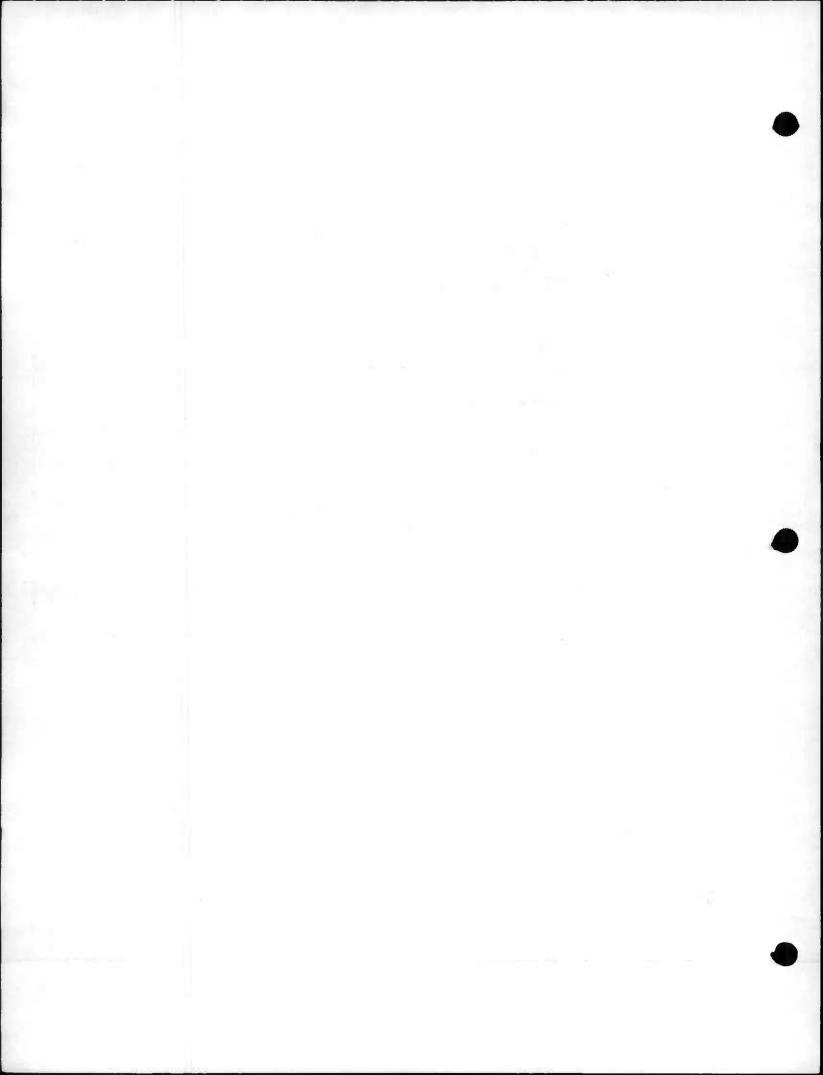
_ STATE REGISTRAR	ONAL OF INMITE	CERTIFIC	ATE OF DEATH	REG. NO.		
1. OECEOENT'S NAME (First, Middle	E V. HARK	2/5		2. DATE OF OEATH DAY	YEAR 91	3. TIME OF OEATH
4. SOCIAL SECURITY NUMBER 214-16-8412		The second second	F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-26-10	8. BIRTI Count	HPLACE (State or Foreign ry) VA.
	EDICAL HOSPIT		BALTIMORE,	EATH Sc.	COUNTY OF C	DEATH
RESIDENCE OF DECEDE  10a. STATE  10b.	COUNTY		TOWN OR LOCATION	V		10d. INSIDE CITY LIMITS?
1438 MAY	CT.	DAL	TIMORE, CIT		USA	WHAT COUNTRY?
11. MARITAL STATUS    Never Merried 2   Merrie   Widowed 4   Divorced	12. WAS DECEDENT EVER	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic  1  YES 2 NO Specify	en, Puerto Ricen, etc.)	o- 14. RAC	E — American Indian, ik, White, atc.
15. OECEDENT (Specify only higher Elementary/Secondary (0-12) 6 th	r's EDUCATION set grade completed)  College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use in UNEMPL(	k done during most of working stired.)	16b. KINO OF BUSINES	S/INOUSTRY	
	ELEY		A	AME (First, Middle, Melden Surne NNIE LEE CF	ROSS	
LILLIE MAE	HARRIS	1922		E AVE./BAL	TIMORI	
0a. METHOD OF DISPOSITION    Burlal 2   Cremetion 3     Donation 6   Other (Speci	Removal from State	Ob. PLACE AND DATE O	P'N' P'CEMETERY	BAL	TIMORI	
1. SIGNATURE OF FUNERAL SER	vice Licensee		WM.C. MARC		L E.NO	ORTH AVE
IMMEDIATE CAUSE (Final disease or condition resulting in death)	and the second second	A CONSEQUENCE OF):	tongra	lme	_	Onset and Deat
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C. DUE TO (OR AS	A CONSEQUENCE OF):	iepsis, I	Dehydva	tio	
PART II. Other significant co	enditional contributing to deeth	/ //	the underlying couse given is	Part I. 24a. WAS AN AUTT PERFORMED 1 □ YES 2	7	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MED EXAMINER? 1 - YES 2 - NO	HOSPITAL:		26. PLACE OF DEATH (COTHER:	Jr. L. etwicks e. I		
7. MANNER OF OEATH  1 Netural 5 Pendi	26e. DATE OF INJURY (Month, Day, Year)	Y 26b. TIME (	OF 28c. INJURY AT	26d. DESCRIBE HOW INJUR	Y OCCURED	
2 Accident Invest 3 Suicide 6 Could 4 Homicide determ	28e. PLACE OF INJUF building, etc. (Sp	RY — At home, ferm, stre pecify)	set, factory, office	26f. LOCATION (Street end fi City or Town, State)	lumber or Rural	Route Number,
anal	G PHYSICIAN: To the best of my kno					(e) end menner ee stated.
296. SIGNATURE AND TITLE OF C	+- Zreber	et, M	29c, LICENSE N	IMBER 38378	S OATE SIGNE	18/31
30. NAME AND ADDRESS OF PER  31. DATE FILED (Month Dec.) Your	SON WHO COMPLETED CAUSE OF E	are	<i>ン</i> 3	3583	-(	
	I MAR 2 1	1991	_ Javidron Rando M	<b>3</b>		

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BALTIMORE, MARYLAND 21203-3146	irs after death. Page 6 may be retained by the hospital or attending physician.	n by the funeral director, page 5 should be detached for use as the burial-transit permit. P. removal.	edical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within & wound after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Poble within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified st once.	

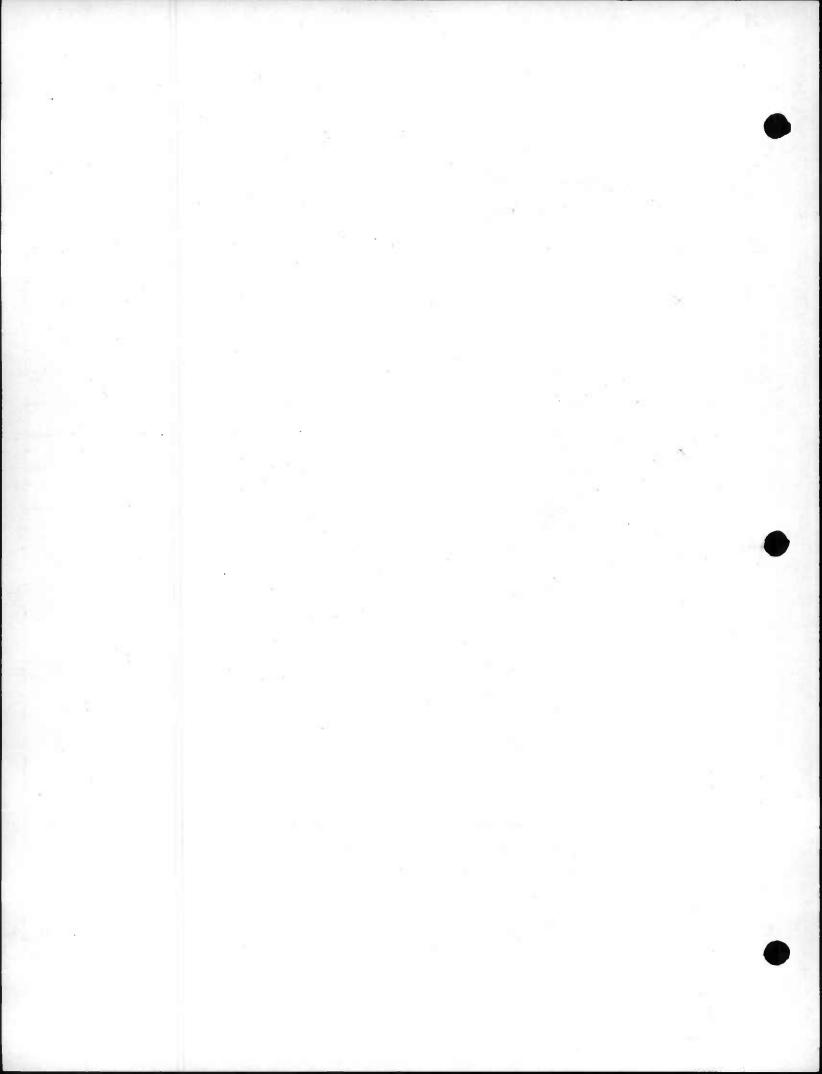
	1. DECEDENT'S NAME (First, Middle, Last)	M. HA	RRIS	ON(E	BORIS	MORTON HAI	2. DATE OF DEA	DAY	YEAR 2040 H
	4. SOCIAL SECURITY NUMBER 212-01-5127	5. SEX 1 M 2 F	6. AGE (In yrs. les		IF UNDER 1 YES		7. DATE OF BIRT (Month, Day, Y 9/12/	bar)	8. BIRTHPLACE (State or Foreign Country) MARYLAND
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEA			JNTY OF DEATH	
TOR	BALTIMORE COUNT	NTY GENERA	AL HOSPI	ITAL	RANDALLSTOWN BALTIM			BALTIMORE	
DIRECTOR	10a. STATE 10b. COUNT MARYLAND	TY		10c. CITY,	BALTI				10d. INSIDE CITY LIMITS? 1X YES 2 \( \square\) NO
FUNERAL	3636 FORDS LA., APT. C					101. ZIP CODE 212	15	10g. CIT	USA
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN	YES 2		If yes	DECENDENT OF HISPA I, specify Cuban, Mexic YES 2 NO Speci	en, Puerto Rican, e		14. RACE — American Indien, Black, White, etc. Specify WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)			Give kind of wi s. Do NOT use	retired.)	PATION g most of working		OF BUSINESS/IN	
M	17. FATHER'S NAME (First, Middle, Last)	4		C.F	P.A.				
BE CC	SAMUEL HARRIS	SON					AME (First, Middle, I RTINA U	NKNOWN	
10	198. INFORMANT'S NAME (Type/Print) MRS. ELSIE R. HAF	RRISON	19			S LA., AP		or Town, State, Z ALTO., M	
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	other p	lace)	RIENDS	Cometery, crematory or	17/91		ORE, MD
	21. SIGNATURE OF FUNERAL SERVICE LI		1 111315	T-W L-F		E AND ADDRESS OF F	ACILITY		
	Leex	den	is		SOL LEVINSON & BROS., INC.				
	23. PART (. Enter the diseases, or complications that caused the death. Do abock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE			eath. Do no	ot enter the	mode of dying, su	ch as cardiac or	reapiratory a	
_	IMMEDIATE CAUSE (Final disease or condition	a. ACU	TE	My	OCAI	mode of dying, su			Interval Between
RTIFICATION	IMMEDIATE CAUSE (Final disease or condition	a. A C W DUE TO b	TE	OUENCE OF	0 C Å1 ):				Interval Between
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. ACM DUE TO  b. DUE TO  c. DUE TO  d.	OR AS A CONSE	EQUENCE OF	0 C Å1	2DIAL	INFI	ARCT	Interval Between Onset and Death
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions of the condition of the conditions of the	a. A C W DUE TO b. DUE TO c. DUE TO d	OR AS A CONSE	OUENCE OF	O C Ad	2DIAL	Part I. 24a. V		Interval Between Onset and Death
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MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the conditions of th	a. A C M DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSE	e.  Y COUENCE OF COUENCE OF COUENCE OF	OCATOR OC	PDIAL  lying cause given in RDIAL	Part I. 24a. V P 1	ARCT  MAS AN AUTOPSY ERFORMED?  YES 2 \( \text{NO} \)	Interval Between Onset and Death  Onset and Death  MAN  24b. WERE AUTOPSY FINDINGS AMPLIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition of the condition of	a. A C M DUE TO b. DUE TO c. DUE TO d	OR AS A CONSE	COUENCE OF	OCATOR OC	Ilying cause given in RDIAL  8. PLACE OF DEATH (C. Home 5   Residence WORK?   YES 2   NO	Part I. 24a. V P 1	ARCT  AS AN AUTOPSY ERFORMED?  YES 2 \( \text{NO} \)  NO  (Street and Number)	Interval Between Onset and Death  (MA)  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!  1 YES 2 NO
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the condition of the condition of the condition of the cause of the condition of the condition of the condition of the cause of the condition of the cause of the condition of the cause	a. ACM DUE TO b. DUE TO c. DUE TO d. Ona contributing to POSPITAL: 1   Inpetient 2   28a. DATE OF (Month, D) 28a. PLACE O building,	(OR AS A CONSE  (OR AS A CONSE	COUENCE OF COUENCE OF	OCATION TO THE UNITED TO THE R:  4   Nursing E. OF   28c   2	S. PLACE OF DEATH (C. Home 5   Residence WORK?   YES 2   NO office	Part I. 24a. V P 1	ARCT  SAN AUTOPS'S  ERFORMED?  YES 2 NO  (Street and Numb  (Street and Numb  ond manner as si	Interval Between Onset and Death  (MA)  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  CCURED
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the condition of the condition of the condition of the cause of the condition of the condition of the condition of the cause of the condition of the cause of the condition of the cause	a. ACM DUE TO b. DUE TO c. DUE TO d. Ona contributing to PART OF (Month, D 28a. PLACE OF (Month, D 28a. PLACE OF (Month, D 28a. PLACE OF (Month, D 28a. PLACE OF (Month, D 28a. PLACE OF (Month, D 28a. PLACE OF (Month, D 28a. PLACE OF (Month, D 28a. PLACE OF (Month, D 28a. PLACE OF (Month, D 28a. PLACE OF (Month, D 28a. PLACE OF (Month, D 28a. PLACE OF (Month, D 28a. PLACE OF (Month, D 28a. PLACE OF (Month, D 28a. PLACE OF (Month, D 28a. PLACE OF (Month, D 28a. PLACE OF (Month, D 28a. PLACE OF (Month, D 28a. PLACE OF (Month)	(OR AS A CONSE  (OR AS A CONSE	COUENCE OF COUENCE OF	OCATION TO THE UNITED TO THE R:  4   Nursing E. OF   28c   2	S. PLACE OF DEATH (C. Home 5   Residence WORK?   YES 2   NO office	heck only one)  2et. LOCATION City or Town the to the cause(a) are time, data and pi	ARCT  SAS AN AUTOPS) ERFORMED? YES 2 NO  NO  (Street and Numb , State)  Ind menner as at ace, and due to	Interval Between Onset and Death  (MIA)  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  CCURED  CCURED
E COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition of the condition of	a. AC U DUE TO b. DUE TO c. DUE TO d	GOR AS A CONSE  GOR AS A CONSE	e.  Y COUENCE OF COUEN	OCATION:  i:  i:  i:  i:  i:  i:  i:  i:  i:	Ilying cause given in RDIAL  8. PLACE OF DEATH (C. Home 5   Residence WORK?   YES 2   NO office	Part I. 24a. v P 1	ARCT  AS AN AUTOPS) ERFORMED? YES 2 NO  (Street and Numb, State)  (Street and due to  29d. DA	Interval Between Onset and Death Onset and Dea



	INCIPACION SERVICE CONTRACTOR OF THE CONTRACTOR
examiner must be notified at once.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. Cremation, or removal.
he funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within explours after death. Page 6 may be retained by the hosp

1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AND	MENTAL HYGIE	40"	07399
t. DECEDENT'S NAME (First, Middle, LI	ey LEE	1401	FMAN	2. DATE OF DEATH MONTH	DAY YEAR	3. TIME OF DEATH # M
4. SOCIAL SECURITY NUMBER 2/8-50-6469	15M2 = 6		F UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN	Alterett Day Mand	Country	PLACE (State or Foreign ARYLAND
98. FACILITY NAME (II not institution)	EWOOD HOSP. C	ENTER *	Ballin under Location OF	DEATH	9c. COUNTY OF DE	АТН
MARYLAND 106. COU	INTY		OWN OR LOCATION BALTIMORE			10d. INSIDE CITY VIMITS? 1 YES 2 NO
100. STREET AND NUMBER 15 E. 30th ST.			10f. ZIP CODE 212	18	10g. CITIZEN OF W	HAT COUNTRY?
11. MARITAL STATUS  X Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1   YES IF YES, GIVE WAR OR	2 NO	13. WAS DECENDENT OF HIS If yee, specify Cuben, Max 1  YES 2 NO Spe			— American Indian, White, etc. WHITE
15. DECEDENT'S (Specify only highest g	EDUCATION rade completed) College (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of worl life. Do NOT use n	k done during most of working	16b. KIND OF B	USINESS/INDUSTRY	
17. FATNER'S NAME (First, Middle, Last)	5+	APPRA		NAME (First, Middle, Maide	AL ESTATE on Surname)	
SAMUEL HOFFMA	N			TH TAUB		
19a. INFORMANT'S NAME (Type/Print)			ODRESS (Street and Number or Ru		_	MD 21215
MRS RITH HOFFMA  20e. METHOD OF DISPOSITION  A Burlal 2 Cremetion 3   f  4   Donation 5   Other (Specify)	20		NRK HETGHTS AV		DOCATION — City or Too FINKSBURG	งก, Stata
23. PART   Enter the disease, shock, or beart fellu	uiz		6010 REIST	ISON & BROS	BALTO.	MD 21215 Approximate Interval Between Onset and Death
disease or condition resulting in death)	o. DUE TO (QR AS	A CONSEQUENCE OF):	Prese	monta	- PCF	2
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	· MA	A CONSEQUENCE OF):  A CONSEQUENCE OF):	fection Simple	ex		
PART II. Other significant condi	tions contributing to deeth	perfe	the underlying cause given	PERF	AN AUTOPSY 24b. ORMED? 2 NO	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA		110	WELCE OF DEATH	(Check only one)		
1 YES 2 NO	HOSPITAL:	tpatient 3 DDA 4	THER:  Nursing Home 5 - Residen	ce 8 - Other (Specify)		
27. MANNER OF DEATH  Netural 5 Pending Investigati	26a. DATE OF INJURY (Month, Day, Year)			28d. DESCRIBE HOV	W INJURY OCCURED	
3 Suicide 8 Could not 4 Homicide detarmine	building, etc. (Sp	RY — At home, farm, atre	net, factory, offica	281. LOCATION (Stree City or Town, Sta	et and Number or Rural R ite)	oute Number,
onel /			at the time, date and place, and in my opinion, death occured at			and menner as stated.
296. SIGNATURE AND TITLE OF CERT	the a	oreta	29c. LICENSE D3	1905	29d. DATE SIGNEO	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON	ew won	CTA	Homea	lood Ho	chetal.	center-
MAR 2 1 1991	Juha Davidson-A				1-	acto, ile





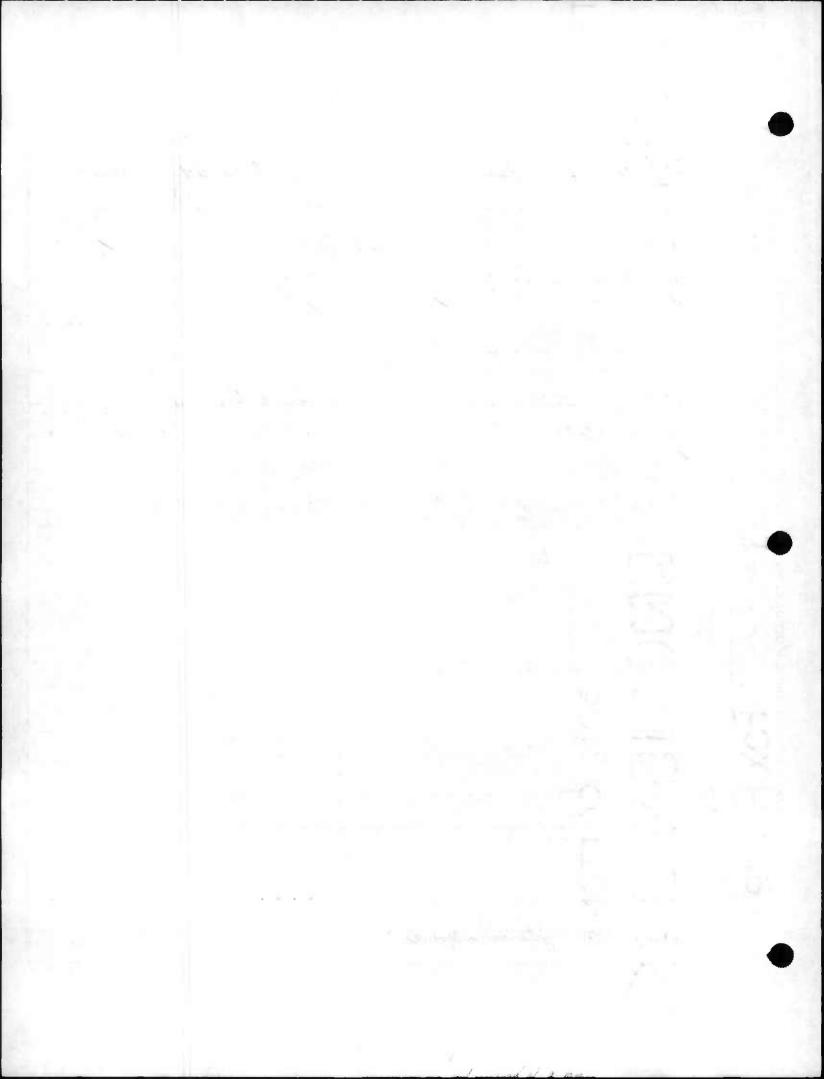
HERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be for the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

91-1478-510

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C I		111	:00
J		1 1 "	

EARL  HAMLETT  SOCIAL SECURITY NUMBER  In Mary F	REGISTRAR DECEDENT'S NAME (First, Middle, Lest)							2. DATE	OF DEATH			3. TIME OF DEATH
Security Asset   Security   Sec	The second secon		HAMLET	T				MONTH	DA!	1. 6		
AND THE MADE TO STATE TO THE STATE TO STATE AND NOMBRE TO THE STATE TO	SOCIAL SECURITY NUMBER	5. SEX	man .	birthday)		_					8. BIRTHP	LACE (State or Foreign
SEARCHY OF DEATH AND PARTY IN AMERICAN CONTROL OF STREET AND NUMBER  19. MARTINE THAN DEATH IN AMERICAN OF S	217-30-11411	1 🗆 M 2 🔾 F	51	YRS.	MONTHS DAYS	HOURS	MIN.	8-		7	1	h D 4
THE STREET OF DECEDENTY  IN STREET AND NAMED  STREET AND NAMED  STREET AND NAMED  12. WAS DECEDED IT VERY IN U.S. ARRIND  13. WAS DECEDED IT VERY IN U.S. ARRIND  14. WAS DECEDED IT VERY IN U.S. ARRIND  15. WAS DECEDED IT VERY IN U.S. ARRIND  16. WAS DECEDED IT VERY IN U.S. ARRIND  17. WAS DECEDED IT VERY IN U.S. ARRIND  18. WAS DECEDED IT VERY IN U.S. ARRIND  19.	a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY, TOW	N OR LOCAT	ION OF DE	ATH		9c. COUN	TY OF DE	ATH
18. STREET AND WOMBEN  19. MARTINE, STRUE  19.		pital			Balti	imore	City	7				
THE PRIVATE STATUS    MANAGE STATUS		Y		10c. CIT	TY, TOWN OR LOC	CATION						10d. INSIDE CITY
LAMITAL STRUE   LAMITAL STRU	md				BA	10	,					
MANTAL STATUS   12   Merried   12	De. STREET AND NUMBER	. 15				101. ZIP COD	Œ			10g. CITIZ		
MANTAL STATUS   12   Merried   12	1333 N. F	ATTER	SIN PK	A	re	2	121	13			21.	5.
Close find of working   Content on the completed   Content on the content of th	Never Married 2 Married	FORCES?	TES 2 NO		If yes,	specify Cub	en, Mexica	n, Puerto F		or No-	14. RACE Black, Speed	White, stc.
TO CORRECT SHAME (Part, Modile, Lan)  15. MOTHET'S NAME (Part, Modile, Lan)  16. MOTHET'S NAME (Part, Modile, Lan)  17. KATHER'S NAME (Part, Modile, Lan)  18. MOTHET'S NAME (	(Specify only highest grade	completed)	(Give	re kind of	work done during	TION most of work	ing	16b.	KIND OF BUS	INESS/IND	USTRY	100
The MALLING ADDRESS (Street and Aminbar or Rural Roam Numbers City or Town, Stems, Zip Code)    Amount	Elementary/Secondary (0-12)	College (1-4 or 5	+)	/ n	1601			٠ ا		_		
The MALLING ADDRESS (Street and Aminbar or Rural Roam Numbers City or Town, Stems, Zip Code)    Amount	7. FATHER'S NAME (First, Middle, Last)			5-11	001	18. MOT	THER'S NA	ME (First, A	fiddle, Maiden	Sumame)		
Digneries   20c. LOCATION   City or Town, State   Digneries   20c. LOCATION   Digneries   20c. LOCATION   Digneries   20c. LOCATION   Digneries   20c. LOCATION   Digneries   20c. LOCATION   Digneries   20c. LOCATION   Digneries   20c. LOCATION   Digneries	FAN! A	Amle	1			1	5///	11	101	1		
Sequentially list conditions and presented to measure of the property of the	Da. INFORMANT'S NAME (Type/Print)	11.110	19b.	MAILING	G ADDRESS (Street	et and Numbe	or or Rural I	Route Numb	per, City or Town	, State, Zip	Code)	21215
Sequentially list conditions and presented to measure of the property of the	EllA HA.	mlett	- /	13	23N	PA	TIC	150	nPK.	AYC	2 /3	Apo m
23. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24. WAS CASE REFERRED TO MEDICAL EXAMINER: On the Deat of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.  25. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  26. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  27. NAME AND ADDRESS OF PROCESS.  28. WAS CASE REFERRED TO MEDICAL EXAMINER: 0   0   0   0   0   0   0   0   0   0	0a. METHOD OF DISPOSITION	numl from Chair				ON (Name		DAT	20c. LO	CATION —	City or Tov	vn, Stata
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feliure. List only one cause on each line.    Approximate shock, or heart feliure. List only one cause on each line.   Approximate shock, or heart feliure. List only one cause on each line.   Approximate shock, or heart feliure. List only one cause on each line.   Approximate shock, or heart feliure. List only one cause on each line.   Approximate shock, or heart feliure. List only one cause on each line.   Approximate shock, or heart feliure. List only one cause on each line.   Approximate shock, or heart feliure. List only one cause of conditions, line and De disease or injury   DUE TO (OR AS A CONSEQUENCE OF):   DUE	□ Donation 5 □ Other (Specify)	ovel from State	of ofmotory.	5/2	y or other place)	TAR	Ce	07/	5 /	PH	0.1	nel
ANAMER OF DEATH    NAMER OF DEATH   NAMER OF DEATH   NAMER OF DEATH   NAMER OF DEATH   NAMER OF DEATH   NAMER OF DEATH   NAMER OF DEATH   NAMER OF DEATH   NAMER OF DEATH   NAMER OF DEATH   Namer OF DEATH   Name	1. SIGNATURE OF FUNERAL SERVICE LI	CENSEE						and work				
ANAMER OF DEATH    NAMER OF DEATH   NAMER OF DEATH   NAMER OF DEATH   NAMER OF DEATH   NAMER OF DEATH   NAMER OF DEATH   NAMER OF DEATH   NAMER OF DEATH   NAMER OF DEATH   NAMER OF DEATH   Namer OF DEATH   Name					22. NAME	AND ADDR	ESS OF FA	CILITY				
PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART III. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART III. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART III. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART III. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART III. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART III. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART III. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART III. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART III. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART III. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART III. Other aignificant conditions of completion of conflict or part II.  PART III. Other aignificant conditions of courself in the underlying cause given in Part I.  PART III. Other aignificant condition of conflict or part II.  PART III. Other aignificant condition of courself in Part II.  PART III. Other aignificant condition of conflict or part II.  PART III. Other aignificant condition of conflict or part II.  PART III. Other aignificant condition of conflict or part II.  PART III. Other aignificant condition of conflict or part II.  PART III. Other aignificant condition or part II.  PART III. Other aignificant condition or part II.  PART III. Other aignificant condition or part II.  PART III. Othe	ahock, or heart failure.  MMEDIATE CAUSE (Final disease or condition	List only one ca	use on each lina.		not anter tha	29N mode of d	ying, suc	AKI h se card				Approximate Interval Betwee Onset and De
PERFORMED?    DESTITIFIER (Check only be determined   Destition of beside of examination and/or investigation, one)	shock, or heart failure.  MMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	B. DUE TO	O (OR AS A CONSECU	DUENCE C	not anter that	29N mode of d	ying, suc	AKI h se card				Interval Between
28. WAS CASE REFERRED TO MEDICAL EXAMINER?	ahock, or heart failure.  MMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	B. DUE TO	O (OR AS A CONSECU	DUENCE C	not anter that	29N mode of d	ying, suc	AKI h se card				intarval Betwe
EXAMINER?  YES 2 NO  Notural  Told Inpetient 2 MER/Outpatient 3 DOA  A Nursing Home 6 Residence 8 Other (Specify)  Notural  Netural  Accident Solidide Could not be determined  B Could not be determined  Check only one  Told CERTIFIER  Check only one  Told EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and piace, and due to the cause(s) and menner as stated.  DAD A CERTIFIER  Check only one  Told EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and piace, and due to the cause(s) and menner as stated.  DAD A CERTIFIER  Check only one  DAD A CERTIFIER  Check only one  Told EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and piace, and due to the cause(s) and menner as stated.  The SIGNATURE AND TITLE OF CERTIFIER  DATE SIGNATURE ON THE OF CERTIFIER  OA 16 1991	shock, or heart failure.  MMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO  DUE TO  DUE TO  DUE TO	O (OR AS A CONSECU-	DUENCE (	not anter that of the office o	2GN mode of d	ying, suc	AKA AKA	in pi	Son	55	Interval Between Onset and De
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YES 2 NO 1 Inpetient 2 KER/Outpatient 3 DOA 4 Nursing Home 6 Residence 8 Other (Specify)  27. MANNER OF DEATH 1 Netural 5 Pending Investigation 8 DOA 4 Nursing Home 6 Residence 8 Other (Specify)  28a. DATE OF INJURY 29b. TIME OF INJURY AT WORK?  3 Suicide 8 Could not be determined 8 Determined 28a. PLACE OF INJURY — At home, farm, street, factory, office 28c. INJURY AT WORK?  28a. PLACE OF INJURY — At home, farm, street, factory, office 28c. INJURY AT WORK?  City or Town, State)  28a. PLACE OF INJURY — At home, farm, street, factory, office 28c. INJURY AT WORK?  City or Town, State)  28c. LOCATION (Street and Number or Rural Route Number, City or Town, State)  28c. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.  28b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)	shock, or heart failure.  MMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO  DUE TO  DUE TO  DUE TO	O (OR AS A CONSECU-	DUENCE (	not anter that of the office o	2GN mode of d	ying, suc	AKA AKA	24a. WAS AN PERFOR	AUTOPSY MED?	24b.	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS
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2   Accident 3   Suicide 4   Homicide 28e. PLACE OF INJURY — At home, farm, street, factory, office 29e. CERTIFIER (Check only one) 2   MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.  29e. CITTIFIER (Check only one) 2   MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.  29e. LICENSE NUMBER 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)	shock, or heart failure.  MMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other aignificant conditions.	DUE TO DU	O (OR AS A CONSECU- O (OR	DUENCE (	orp:  orp:	Ving cause	given in	Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	24b.	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS
(Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  0.0 C.M.E.  29d. DATE SIGNED (Month, Day, Year)	shock, or heart failure.  MMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions.  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  YES 2   NO	b. DUE TO  C. DUE TO  d. HOSPITAL: 1   inpetient 2	O (OR AS A CONSECUTION OF CONSECUTIO	DOA 28b. Til	orp:  OF):	PLACE OF INJURY AT WORK?	given in	Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	24b.	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS
Mounte preffule up 0.C.M.E. 03 16 1991	Abock, or heart failure.  MMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  15. WAS CASE REFERRED TO MEDICAL EXAMINER?  16. YES 2 NO  17. MANNER OF DEATH  1 Netural 5 Pending investigation 3 Suicide 5 Could not be	DUE TO DU	O (OR AS A CONSECTION OF INJURY Day, Year)  OF INJURY — At hor	DUENCE (	orp:  28  OTHER: 4   Nursing H  ME OF NJURY M 1 [	PLACE OF tome 6 1 1 WORK?	given in	Part I.	24a. WAS AN PERFOR 1 DAES 2	AUTOPSY MED?	24b.	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
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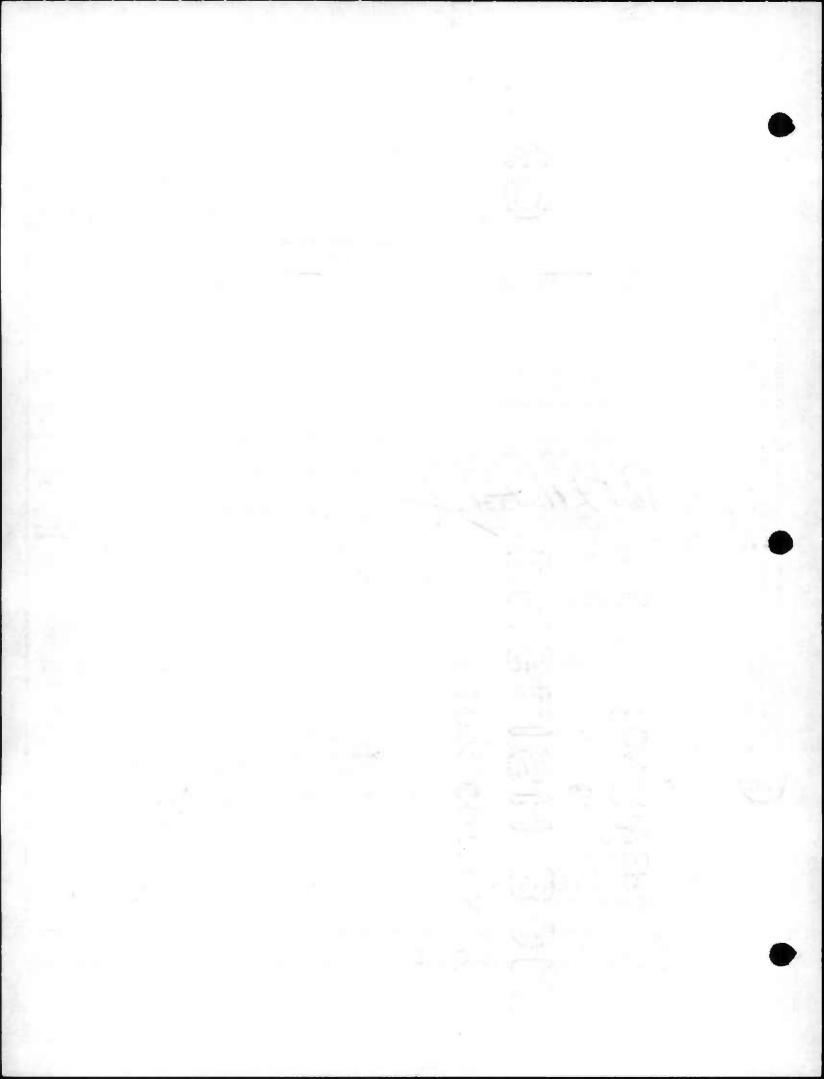
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'B NAME (First, Middle, Last)	10 - 1	S	TERLIN	G	2. DATE OF DEATH	Y YEAR	3. TIME OF DEATH
	Hari, U	SCOR	0scar	Hart		3 March		1:45 P M
	4. SOCIAL SECURITY NUMBER	1	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year)	Coun	HPLACE (State or Foreign try)
	220054156	1 M 2 D F /	YRS.				919 Vi	RGINA
_	9e. FACILITY NAME (If not institution, give stre				OR LOCATION OF DE	EATH	9c. COUNTY OF	DEATH
DIRECTOR	Maryland Gene	ral Hospit	al	В	altimore		<u> </u>	
<u>n</u>	10e. STATE 10b. COUNTY		10c. CITY	TOWN OR LOC	ATION		···	10d. INSIDE CITY
旨	MARYLAM		Baltimore	e City				LIMITS?  1 X YES 2 \( \square\) NO
	10e. STREET AND NUMBER			1	of, ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
E	1213 SOUTH LI	STR THO	Tues		21230		U.S	. A.
FUNERAL	11. MARITAL STATUS  1. Never Merried 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YES				NIC ORIGIN? (Specify Years, Puerto Ricen, etc.)	or No- 14. RAC Blee	E — American Indien, ck, White, etc.
<u>-</u>	3 Widowed 4 Divorced	IF YES, GIVE WAR OR			S 2 NO Specify		Spe	city:
	15. DECEDENT'S EDUCA	TION	16a, DECEDENT'S	USUAL OCCUPAT	ION	16b. KINO OF BUS	SINESS/INOUSTRY	72/1/5
COMPLETED	(Specify only highest grade or Elementary/Secondary (0-12)	ompleted) College (1-4 or 8+)	(Give kind of w life. Do NOT use	ork done during n e retired.)	nost of working			
<u> </u>			JANT	TRIAL	WORK	V.S.	F20. C.	rov. T.
Š	17. FATHER'B NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
BEC	B. OHOU	HART			()AR	Y LOU D	AVIS	
10	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADORESS (Street	and Number or Rural	Route Number, City or Tow	n, State, Zip Code)	
-	LAWIN KE	20905		SAM		23 3		
	20e. METHOD OF DISPOSITION  134 Burlel 2 Cremetion 3 Remove	rai from State	bb. PLACE OF DISPOS other place)	ITION (Name of c	emetery, cremetory or	20c. LO	CATION — City or 1	own, State
	4 Donation 5 Other (Specify)  21, SIGNATURE-OF FUNERAL SERVICE LICE	NOTE I	UAKWOO		AND ADDRESS OF FA	K10	THUMUC	2, VIRGINIA
	1100 616	Note )		SVF	ins cha	PILOF M	IMORIL	2
	Walk Ach	Monos		830	O HARF	DRO ROAL	- PARK	Vills
	23. PART I. Enter the diseases, or co shock, or heart fallure. Li	mplications that caus	ed the death. Do n	ot antar the m	oda of dying, suc	th as cardiac or resp	iretory arrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Finsi	,						Onset and Death
	disease or condition resulting in death)		Se	S wed	epsis			
		DUE TO (OR AS	A CONSEQUENCE OF	): /		monia		
CERTIFICATION	Sequentially list conditions, b.	DUE TO (OR AS	A CONSEQUENCE OF	men	Pne Pne	eumonia		
ξI	if any, leading to immediate cause. Enter UNDERLYING			140	natul	Hepatitis	3	
Ē	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF	ŋ:				
FR	resulting in death) LAST							
	PART ii. Other significant conditions	contributing to death	but not resulting i	n the underly	na ceuse aiven in	Part I. 24s. WAS AN	AUTOPSY 24	b. WERE AUTOPSY FINDINGS
MEDICAL						PERFO	1.00	AVAILABLE PRIOR TO COMPLETION OF CAUSE
						1 YES 2	S EN NO	OF DEATH?
_						—		, 1E9 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C)	heck only one)		
SIC		HOSPITAL:	utpatient 3 🗆 DOA	OTHER:	ome 5 🗆 Residence	8 Other (Specify)		
チ	27. MANNER OF DEATH	28e. DATE OF INJUR (Month, Day, Year			NJURY AT YORK?	28d. DESCRIBE HOW	INJURY OCCURED	
ВУ	1 Netural 5 Pending 2 Accident Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			YES 2 NO			
	3 Suicide 8 Could not be	28e. PLACE OF INJU building, etc. (S	RY — At home, ferm, a pecify)	street, fectory, of	fice	281. LOCATION (Street City or Town, State		l Route Number,
E	4 Homicide datermined							
립	29e. CERTIFIER (Check only 1) CERTIFYING PHYSIC	IAN: To the best of my kn	owledge, death occurre	ed at the time, de	ite end place, end du	e to the cause(e) end me	nner ee atated.	
COMPLETED	2 MEDICAL EXAMINER	On the basis of examina	tion end/or investigation	n, in my opinion	, death occured at the	e time, date end piece, er	nd due to the ceuse	(e) end menner ee stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	0211	_		29c. LICENSE NU		29d. DATE SIGNE	ED (Month, Day, Year)
TO B		Lavita	W		D 311	164	> 7/1	6/9,
F	30. NAME AND ACCRESS OF PERSON WHO Shoaib Hashmi	CA Mary	and Coner	Print)	ital			The second second
				ar 1108p	ıtaı			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI						
	MAR 2 1 1991	richia Davidson-	Manda 00	: -				DHIM 48 B 190
			No.					DHMH-18 Rev 1/89

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	TO THE HOSPITAL OR ATTENDING THE SIGNAN: The law requires that the death certificate be executed within 24 hours after death. Page	TO THE FUNERAL DIRECTOR. Meaning antificate has been signed by the attending physician and completely filled in by the funeral dire		
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	M	M	be filed within 72 hours after dear at the State Dept. of Health and Mental Hygiene prior to burlar, cremation, or removal.	
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	FOR STATE REGISTRAR	STATE OF MAR		MENT OF HEALTH AN	D MENTAL HYGIEN	-	0/402
	1. DECEDENT'S NAME (First, Middle, Las		M	ZUMD	2. DATE OF DEATH	DAY YE	3. TIME OF DEATH
	4, SOCIAL SECURITY NUMBER	EDITH  5. SEX 6. A	GE (In yrs. lest birthday)	JUMP  IF UNDER 1 YEAR   IF UNDER 24 HI	March 21		4:10 A
	212-30-4207	1 🗆 M 2 🔀 F		KNTHS DAYS HOURS MI	Manch One Man		Maryland
	9a. FACILITY NAME (If not institution, give	e street and number)		B. CITY, TOWN OR LOCATION O		9c. COUNTY	
DIRECTOR	Meridian-Loch R	<u>aven Nursing</u>	Home	Towso	n	Bal	timore
REC	10a. STATE 10b. COUR	ITY	10c. CITY,	TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
		ford	-B	altimore City	Fallston		1 X YES 2 NO
RAL	100. STREET AND NUMBER 2106	Hyden Ct.		101. ZIP CODE	21047	11001100110	OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVI	ER IN U.S. ARMED	13. WAS DECENDENT OF HI	SPANIC ORIGIN? (Specify Ye		U.S.A.  RACE — American Indian,
- 1	1 Never Married 2 Married	FORCES? 1 7	ES 2 NO		xican, Puarto Rican, etc.)		Black, White, etc. Specify:
ВУ	3 Widowed 4 Divorced						White
	15. DECEDENT'S E (Specify only highest gra	ide completed)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during most of working	16b. KIND OF BI	JSINESS/INDUS	TRY
딞	Elementary/Secondary (0-12)	College (1-4 or 5+)	Housewi				
COMPLET	17. FATHER'S NAME (First, Middle, Last)		1 Housewi		NAME (First, Middle, Maide	n Surname)	
-	Marcus	Savir	1	Lo	uisa	Hei	ncke
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street and Number or A	ural Route Number, City or To		
۲	Mr. Robert E. J	ump,Jr.	2106	Hyden Ct.	Fallston	Md. 2	1047
	20e. METHOD OF DISPOSITION 1 [X] Burlel 2 [ Cremation 3 [ Re	amoval from State	20b. PLACE AND DATE of cemetary, grematory of	OF DISPOSITION (Name other place)	1	OCATION — City	or Town, State
	4 Donation & Other (Specify)		Gardens	of Faith 3/		Baltimo	
	21. SIGNATURE OF HUNERAL SERVICE	LICENSEE	( )	22. NAME AND ADDRESS O	Balti	more,Mo	1. 21214
	Hear Z	Hartwork		Leonard J	. Ruck, Inc	. 5305	Harford Rd
RTIFICATION	Sequentielly list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that intisted events resulting in deeth) LAST	b. advar	AS A CONSEQUENCE OF	el monte	Emply.	Sema	
E		_ d					
S S	PART II. Other aignificant condit	iona contributing to dea	th but not resulting in	the underlying cause give	PERF	N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUS
EDIC		11			1 [] YES	2 NO	DF DEATH?
Σ							1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		The second	26. PLACE OF DEATI	1 (Check only one)		
ဗ္ဗ ၂	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER		OTHER: 4 DANUTSING Home 6 - Reside	nce 6 Other (Specify)		
ᅔ	27. MANNER OF DEATH	26a. DATE OF INJU	JRY 26b. TIME	OF 28c, INJURY AT	28d. DESCRIBE HOW	INJURY OCCUP	RED
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 YES 2 NO			
0	3 Suicide 6 Could not	building, etc.	JURY — At home, ferm, st (Specify)	reet, factory, office	26f. LOCATION (Stree City or Town, Stat		Rural Route Number,
ETE	4 Homicide determined						
7	29a. CERTIFIER 1 CERTIFYING PH	YSICIAN: To the best of my I	knowledge, death occurred	f at the time, data and place, and	due to the cause(s) and m	anner as stated.	
COMPL	MEDICAL EXAM	INER: On the basis of examin	nation and/or investigation	, in my opinion, death occured a	t the time, data and place,	and due to the o	ause(s) and manner as state
ш	290. SIGNATURE AND TITLE OF CERTS	her /	1 >	29c. LICENSI		29d. DATE S	IGNED (Months Day, Year)
0	1114	THE VALLE	M.D.		3645	<b>3</b>	121/91
F	30. NAME AND ADDRESS OF PERSON						c
	Nestor Carmor		6012 Harfor	rd Rd.			
	MAR 2. 1 1001	32, REGISTRAR'S	-				
	1991 T 7 JUNE	Gidla Caudra	- Bando D.				



	TO THE HOSPITAL OR ATTENDING PARSICIAN: The law requires that the death certificate be executed within 2-yours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After the contribute has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach.	be med within 12 nouts after death which stage both, or regard and mental request, connecting the medical examiner must be notified at once. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTME ERTIFICA	NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (Flist, Middle, Lest)	Fred l	. Jack	cson	2. DATE OF DEATH MONTH D.	D 9	ar 9 5 5 A M	
		5. SEX 6. AGE (In yrs. less	YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS. S DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6. 8	Sountry) Orth Carolina	
OR	96. FACILITY NAME (If not institution, give street  Meridian Nursing C	·	9b. C	9b. CITY, TOWN OR LOCATION OF DEATH Baltimore City				
DIRECTOR	10a. STATE 10b. COUNTY Maryland		10c. CITY, TOW	N OR LOCATION Baltimo	10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	10e. STREET AND NUMBER	3833 Bayonne Avenue			101. ZIP CODE 21206 10g. CITIZEN OF WHAT COI			
BY FUN	11. MARITAL STATUS  1	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 ☐ YES 2 ☑ I IF YES, GIVE WAR OR DATES	MED	IS. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 TYES 2 X NO Speci	an, Puarto Rican, etc.)	s or No— 14.	RACE — American Indian, Black, While, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementery/Secondary (0-12)	College (1-4 or 5+)	CEDENT'S USUAL live kind of work do Do NOT use retire	ne durina most of workina	18b. KIND OF BU	SINESS/INDUST		
BE CON	17. FATHER'S NAME (First, Middle, Lest) Grover	C. Jac	kson	18. MOTHER'S N.	AME (First, Middle, Malden	Surname)	Smith	
TO B	196. INFORMANT'S NAME (Type/Print) Florence V. Jacks		B33 Bayonne Avenue Baltimore, Md. 21206					
	20a. METHOD OF DISPOSITION 1 [X] Burlal 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	all from State 20b. PLACE other place Par	OF DISPOSITION  RWOOD CE	(Name of cemetery, cremetory or emetery 3/23/	91 B	altimo		
	21. SIGNATURE OF FUNERAL SERVICE LICES	NSEE Milton J Knigh	t Jr.	Leonard J. Ru	_	2121 305 Ha	4 rford Road	
	IMMEDIATE CAUSE (Final	MALNUTRITT		tar tha moda of dying, su	ch as cardiac or resp	lratory arrest	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSE	QUENCE OF):					
CERT	resulting in death) LAST							
PHYSICIAN: MEDICAL	PART II. Other significant conditiona  GASTROINTEST!  PED DO MEMBRAN  DETIYPRATION	NAL BLEED! IEOUS COLITI.	resulting in the	underlying ceuse given in	n Part i. 24e. WAS AF PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТЬ	26. PLACE OF DEATH (C	theck only one)			
	1 VES 2 NO  27. MANNER OF DEATH  Netural 5 Pending	1 Inpatient 2 ER/Outpatient 3  28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	Nursing Home 5 Residence 28c. INJURY AT WORK?	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED	
red BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street,	1 VES 2 NO	281. LOCATION (Street City or Town, State	and Number or I	Bural Route Number,	
COMPLETED	anni	IAN: To the best of my knowledge, do					ause(a) and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CENTIFIER	un		29c. LICENSE NI	UMBER		GNED (Month, Day, Year) -20-9/	
임	30. MAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Print)			<u> </u>		

SPERLING WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

RAVEN BLUD 5601 LOCY 21239

MD 5601

32. REGISTRAR'S SIGNATURE

Line Savidnon-R

his toly of the

8. BIRTHPLACE (State or Foreign

Maryland

BALTIMORE

10g. CITIZEN OF WHAT COUNTRY?

White

U.S.A.

3. TIME OF DEATH 9:48 PM

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

1 YES 2 XNO

Approximate

24b, WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE

1 YES 2 NO

OF DEATH?

29d. DATE SIGNED (Month, Day, Year)

Interval Between

**Onset and Death** 

FOR STATE REGISTRAR

1 -

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DIMISION OF VITAL RECORDS, P.O. BOX 68760,	: 05	ER	두	Ë
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	王	三		2
	TO THE HOSPITAL LIFE THE DING PHYSICIAN: The law requires that the death certificate be executed within 24 h	TO THE FUNERAL CONTROL After this certificate has been signed by the attending physician and completely filled	be filed within 72 hours are geath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or	IMPORTANT: If Item 25 is marked, or Item 23 shows any injury, or other traumatic event, the r

VIRGINIA LOUISE DECEDENT'S NAME (First, Middle, Last) KRAMER 2. DATE OF DEATH -OUISE KRAMER 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Morith, Day, Year, 10-6-20 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 216-10-9517 70 DAYS HOURS 1 M 2 A permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH ST. JOSEPH HUSPITAL DIRECTOR WS RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Baltimore Lutherville Maryland 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 21093 12 Nightingale Way, Apt. 8A use as the burial-transit 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ∑NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 1 Never Married 2 Married BY 3 Wildowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) filled in by the funeral director, page 5 should be detached for College (1-4 or 5+) Accounting Dept. Graymar Co. Inc. 12 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) be notified at Charles Hamilton Irene BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 6113 Moyer Ave. Baltimore, Maryland 21206 Mrs. Susan L. McColgan 20e. METHOD OF DISPOSITION
1 ☑ Buriel 2 ☐ Cremation 3 ☐ Re 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State DATE must of cemetary, crematory or other place)
Parkwood Cemetery 3-21-91 Baltimore Co. Maryland Survice LICENTE the medical examiner 21. SIGNATURE OF FUNERAL 22 NAME AND ADDRESS OF FACILITY
Ruck Towson Funeral Home, Inc. Ernest L Feist III 1050 York Rd. Towson, Maryland 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haart fallure. List only one cause on each line ō IMMEDIATE CAUSE (Final inding physician and completely fille Hygiene prior to burial, cremation, ADENOCARCINOMA OF

DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) traumatic event, CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury sen signed by the attending physician of Health and Mental Hygiene prior to Injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL PANCYMPENIA Item 23 shows any 1 TYES 2 NO peen PHYSICIAN: Dept. certificate has b 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Propertient 2 PR/Outpatient 3 DOA OTHER: 1 | YES 2 | NO 4 - Nursing Home 8 - Residence 6 - Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED After this co marked, 1 Netural 1 YES 2 NO BY Investigation 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) PLACE OF INJURY — At home, ferm, atreet, factory, office building, atc. (Specify) 3 Suicide E FUNERAL CONTROL A WITHIN 72 PORT THE G RTANT: If Item 25 is 6 Could not be determined Item 25 Is COMPLETED 4 Homicide

29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

PIWSILIAN

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

12. REGISTRAN'S SIGNATURE Fuha Davidson-Randall

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

Hospiral, 76 20 York KD

29c. LICENSE NUMBER

1)40390

10 W SON

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**CERTIFICATE OF DEATH** 

10

BE

2

296. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, Year)

MAR

9

MD

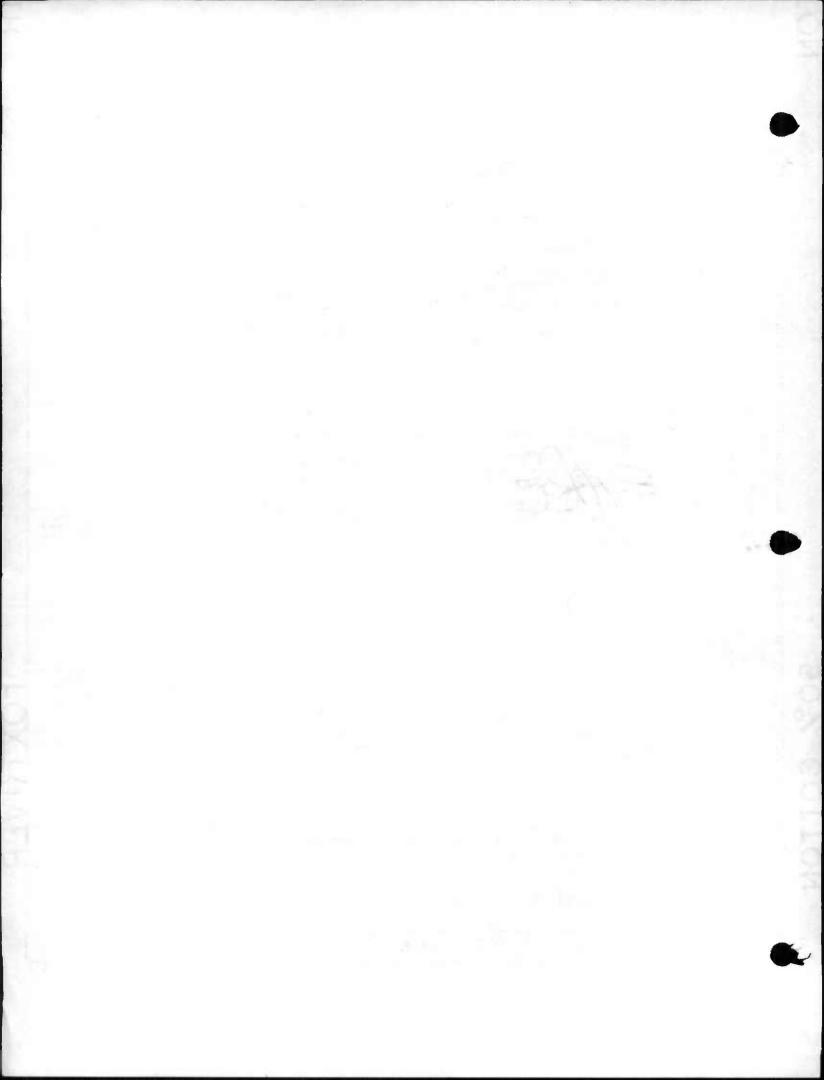
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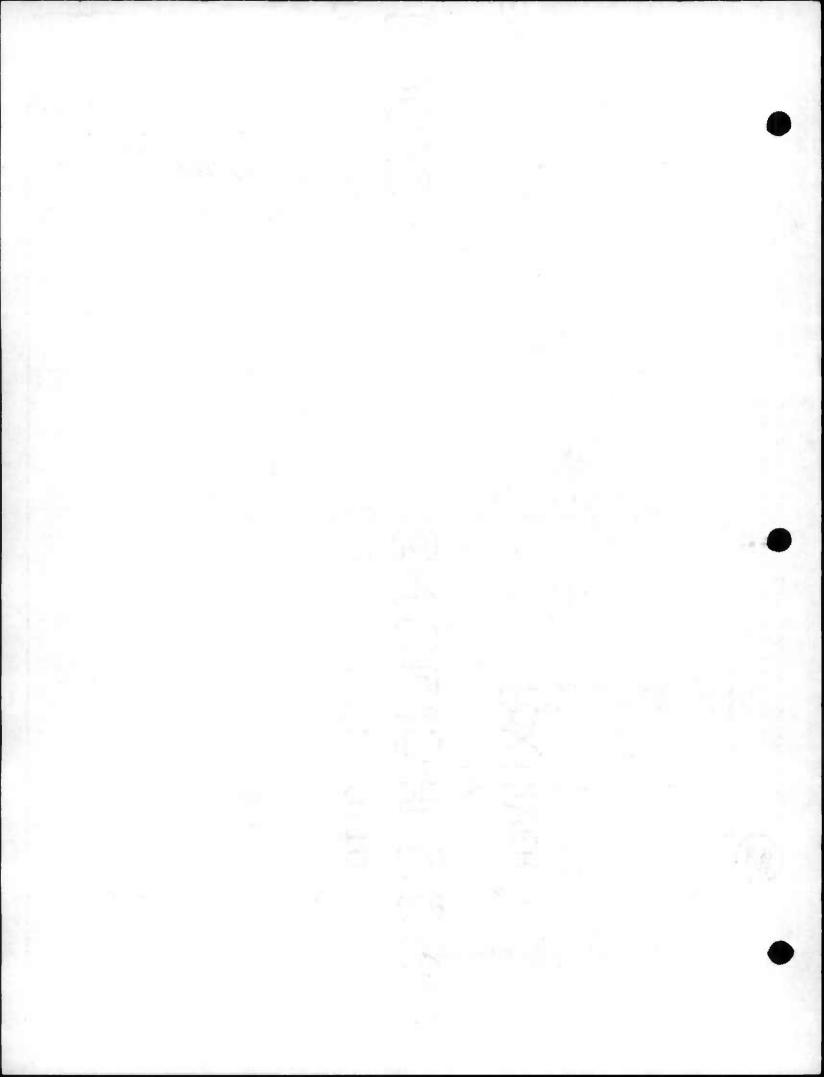
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DHMH-16 Rev 1/89



TO THE TOWN IN ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	E HITTER MECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	The many after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT I Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
31 01	TO THE	be file	MPOR
_	_	-	_

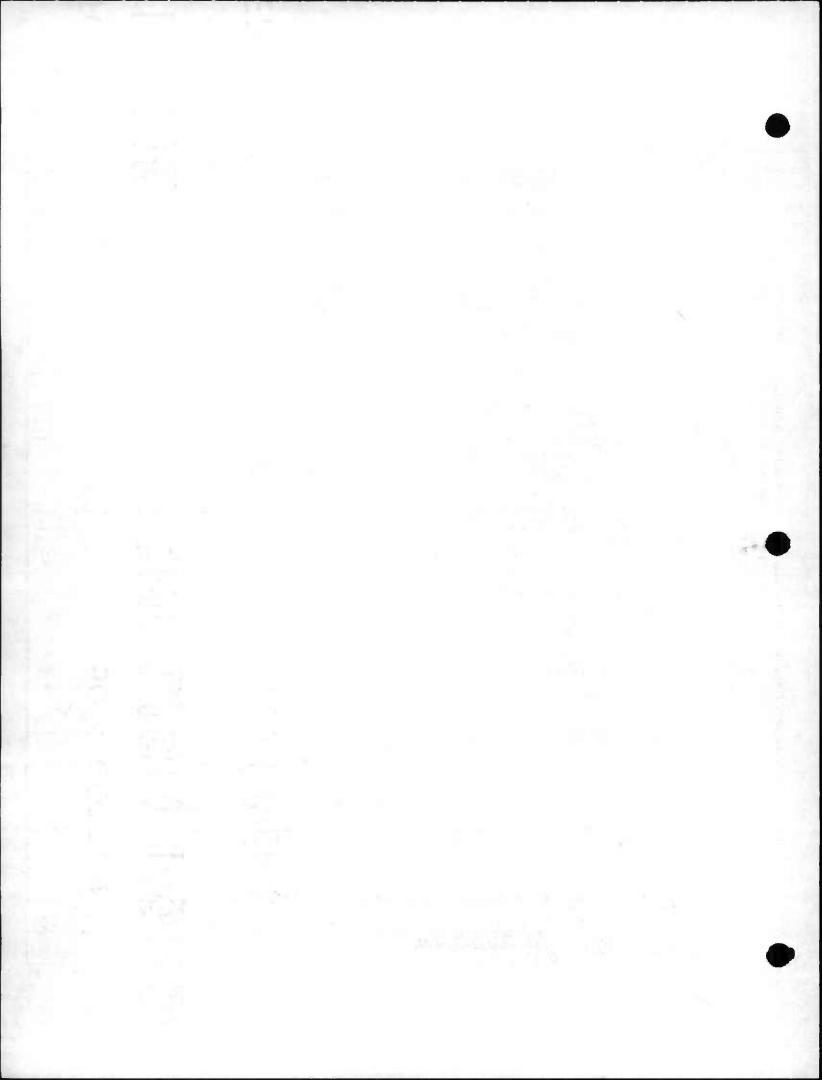
1 - STATE REGISTRAR		STATE OF				F HEALTH ANI OF DEATH	MENTA	L HYGIEN		2:20
1. DECEDENT'S NAME (First		veyJ.	KLI	OFF	HARVE	Y J. KLAF	F 2. DATE	OF DEATH	> 9	3. TIME OF DEATH
4. SOCIAL SECURITY NUM	BER 7/	5. SEX	6. AGE (In yrs.	last birthday) YRS.	MONTHS D	EAR IF UNDER 24 HR	10.0-	OF BIRTH	9 2.	BIRTHPLACE (State or Foreign Country) MARYLAND
90. FACILITY NAME (If not 5/1/1/	institution, give :	street and number)	1	14	96. CITY, TO	TIMES		mo	9c. COUNTY	OF DEATH
RESIDENCE OF DE 10s. STATE MARYLAND	10b. COUNT	TIMORE		10c. CIT	ry, town or i	LOCATION LTIMORE				10d. INSIDE CITY LIMITS? 1  YES 25X NO
10e. STREET AND NUMBER	6948 BROOKMILL RD.				101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY?  21215 USA					N OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried	MARITAL STATUS   12. WAS DECEDENT EVER IN U.S.   FORCES? 1   YES 20.   IF YES, GIVE WAR OR DATES			ARMED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuben, Mexicon, Puerto Rican, etc.)  1 YES NO Specify:  14. RACE — American Indies Black, White, etc. Specify: WHITE					Black, White, etc.
	(Specify only highest grade completed)			(Give kind of	DENT'S USUAL OCCUPATION kind of work done during most of working NOT use retired.)					
12			<i>'</i>	OWN	ER			SCRAP	METAL	DEALER
17. FATHER'S NAME (First, MICHAEL		FF				18. MOTHER'S	NAME (First, SARAF		MALONT	
						RESS (Street and Number or Aural Route Number, City or Town, State, Zip Code) PYDALE TERRACE, BALTO., MD 21208				
20e. METHOD OF DISPOSI XXX Buriel 2 Cremet 4 Donetion 5/ Oth	TION Ion 3 - Ren		of cemet	ary cremator	E OF DISPOS		3_1 Q_		OCATION — CH	y or Town, State
21. SIGNATURE OF FUNER		Itellu	ian)	JACOE	22. NA	ME AND ADDRESS OF	FACILITY	OL LE	VINSON	& BROS., INC
23. PART I. Erner tha ahock, or IMMEDIATE CAUSE (F disease or condition resulting in death)	heårt fallure.	a. P//	Suse on each	OniA	MA		auch aa ca	rdiac or res	piratory arrea	t, Approximate Interval Betwee Onset and De
Sequentially list cond	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions,  OUE TO (OR AS A CONSEQUENCE OF):									
If any, leading to imm cause. Enter UNDERL CAUSE (Disease or in	ediata YING	C								
that initiated events resulting in death) LA	ST	d.	O (OR AS A CON	ISEOUENCE (	OF):					
PART II. Other algoritic  MUSTI-		ne contributing to				orlying cause given	in Part I.		ORMED?	24b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1 YES 2 NO
						9				
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER:	26. PLACE OF DEATH		20.000000		
1 TYES 2 NO		128 DATE C		28b. Til		g Home 5 🗆 Resider Sc. INJURY AT	_		INJURY OCCU	PED
1 Natural 5 Pending			Day, Year)	II.	M M	WORK?  1 YES 2 NO				
2 Accident		26e. PLACE	OF INJURY — A g, etc. (Specify)	t home, farm,	atreet, fectory	, office	281. LC	CATION (Streety or Town, State	t end Number or b)	Rural Route Number,
	Could not be determined	Saliani								
3 Suicide 6 Homicide 29s. CERTIFIER (Check only	determined	SICIAN: To the best				a, date end place, end nion, death occured at				l. cause(e) end menner as stated
3 Suicide 6 Homicide 29s. CERTIFIER (Check only	determined  RTIFYING PHYS  DICAL EXAMIN	SICIAN: To the best					the time, de		end due to the	
3 Suicide 6 4 Homicide 29e. CERTIFIER (Check only one) 2 ME	RTIFYING PHYSIOICAL EXAMIN	SICIAN: To the best IER: On the basis of	examination end	I/or investigat	ion, in my opid	nion, death occured at	the time, de		end due to the	cause(e) end manner as stated



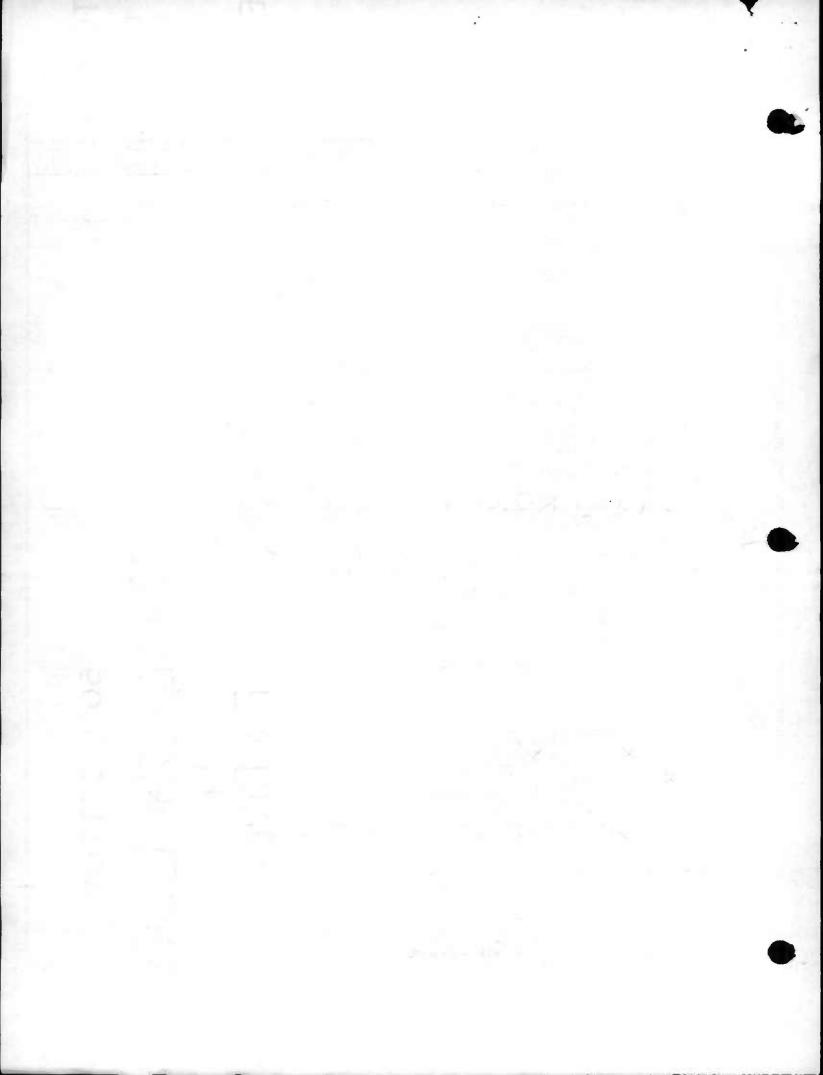
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	,	mit. Pag	
BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	d in by the funeral director, page 5 should be detached for use as the burial-transit per or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pag be filled within 72 hours after death with the State Debt, of Health and Mental Myglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	HEGISTHAH		C	CHIL	ICATE	UF	DEAL	п	HEG.	NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	ESTH	ER W. K	ATZEN		П			2. DATE OF DEAT MONTH MAR. 15	- m and	YEAR	3. TIME OF DEATH 11:45 P. M
	4. SOCIAL SECURITY NUMBER 220-07-8931	6. SEX	6. AGE (In yrs. le	est birthday)	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIFTH (Month, Day, Yea	l nr)		HPLACE (State or Foreign litry)
			04	ths.						/1906		MARYLAND
		9a. FACILITY NAME (If not institution, give atreet and number)				TOWN	OR LOCATE	ON OF DE	ATH	9c. COL	INTY OF	DEATH
6	6808 WILLIAMSON AVE.						BALT:	IMOR	E	-		
5	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT											
DIRECTOR	MARYLAND	•		10c. CI		LIMIT					10d. INSIDE CITY LIMITS?  1 YES 2 NO	
4	10e. STREET AND NUMBER					10	f. ZIP COD	E		10g. CI1	IZEN OF	WHAT COUNTRY?
FUNERAL	6808 WILLIAMSON AVE.							2121	5	ט	SA	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	Never Married 2 Married FORCES? 1 YES 2 NEVER OR DATES			1 YES 2 NO Specify: Specify:					CE — American Indian, ck, White, etc.		
	15. DECEDENT'S ED				USUAL OC work done d			-	16b. KIND O	BUSINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	- All	le. Do NOT u	se retired.)	unng m	ost of workir	10				
를	10 BG			300KK	KEEPER MD. STATE POLICE					LICE		
,	17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA	ME (First, Middle, Ma	iden Sumame)		
BEC	LOUIS WISE							FAN	NIE RUB	IN		
2	19a. INFORMANT'S NAME (Type/Print)		1						Route Number, City o		ip Code)	
F	MRS. PHYLLIS K.	HOFFMAN	401	6703	DARW	COD	DR.	BAI	TIMORE,	MD 2	1209	
	20a. METHOD OF DISPOSITION  1  Burlel 2  Cremation 3  Rec  4 Donation 5  Other (Specify)		e of dispo y or other pl RE HE			3/:		BALTIM				
	21. SIGNATURE OF TUNERAL SURVICE	(CENSEE					ND ADDRE		& BROS.	,INC.		
	Hay Ne	us			6	010	RETS	STERS	STOWN RD	BAL!	TO	MD 21215
	23. PART/L Enter the disease, or short failure IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	List only one ceu	ise on each lir	10.						reapiratory a	rrest,	Approximate Interval Between Onset and Death
z		ing In death)  a. CARDIOPULMON  DUE TO (OR AS A CONSEQUENCE OR  RESPUBLICATION Y					144	RE	-			(mus)
EDICAL CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted evanta resulting in death) LAST	EQUENCE O	OF):							10 YR		
ᅙ	PART II. Other algnificant condition	ona contributing to	death but not	resulting	in the un	darivir	n causa	alven In	Part I 24a W	S AN AUTOPSY	, ] 2/	b. WERE AUTOPSY FINDINGS
Σ									PE	RFORMED?		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25, WAS CASE REFERRED TO MEDICAL					00.5	1 105 05 5	F 4714 404	eck only one)			/
ᅙ	EXAMINER?	HOSPITAL:	The section	1	OTHER		LACE OF L	PEATH (Ch	eck only one)	- 110	-	
ΥS	1 TYES 2 NO	1 Inpetient 2	18.0	-			_	naldence	6 Other (Specify			
ВУ РН	27. MANNER OF SEATH  1 Netural 5 Pending 2 Accident Investigation	26a. DATE Of (Month, E		28b. TH	ME OF IJURY M	W	JURY ÁT ORK? · YES 2 [	] NO	26d. DESCRIBE H	IOW INJURY O	CCURED	
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE C building	OF INJURY — At I , etc. (Specify)	home, farm,	atrest, facto	ory, offi	ce		261. LOCATION (S City or Town,		er or Rura	I Route Number,
COMPLET	(Original Original Control or Con	SICIAN: To the best of a										o(a) and menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIC	er hus	sier		ues	2	29c. LIC	ENSE NU	WBER 42	29d. D/	TE SIGN	ED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON W	MISSIN		TEM 27) (Typ	OUC	0.	400	cer	RT RI	) #20	3 ,	BALT 21208
	MAR 2 1 1991	guna David	AR'S SIGNATURE	202								A



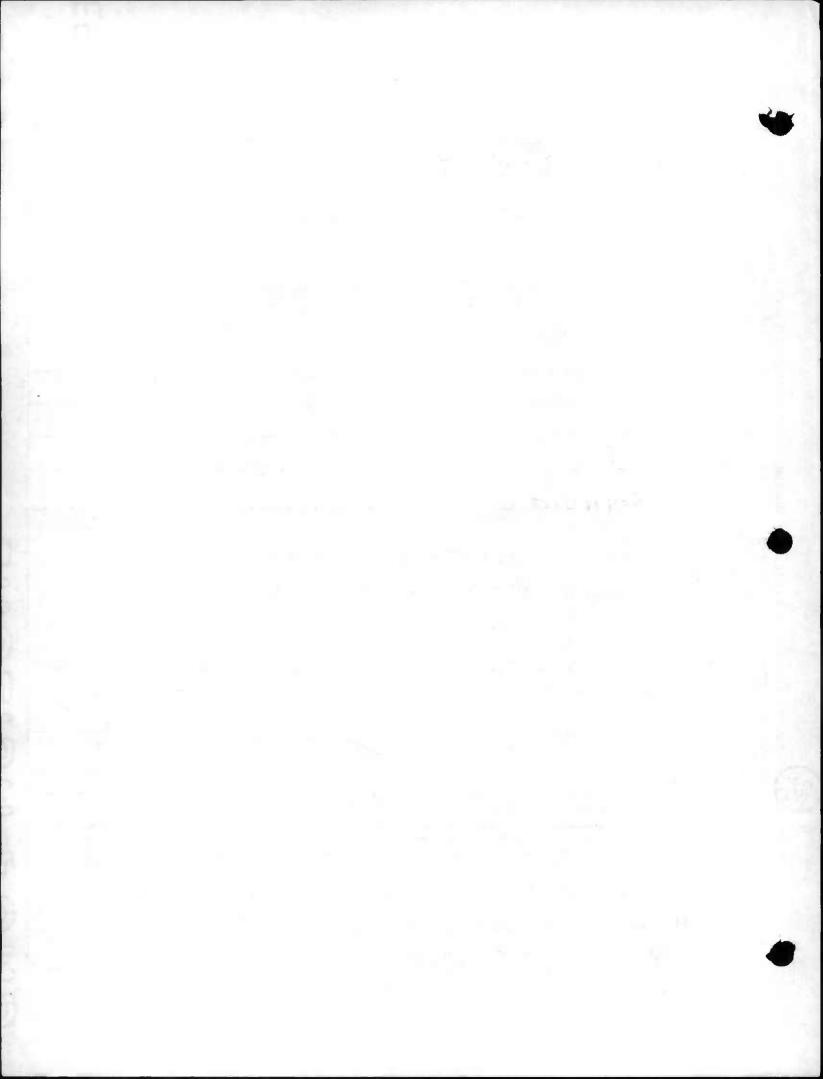
e CTATE		YLAND / DEP#	RTMENT	OF HEALTH AND	MENTAL	HYGIEN	E		
1 - STATE REGISTRAR		CERTI	FICATE	OF DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)					2. OATE	OF OEATH	Y YE.	3. TIME OF DEATH	
GEORGE	WILLIAM		KE	LLER	Mar	ch 13	. 1991	4:20P	
The second secon	5. SEX 8. A	GE (In yrs. last birthda) 65 YRS.	MONTHS	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	(Month	of BIRTH Day, Year) ary 9.		HRTHPLACE (State or Foreign Sountry) est Virginia	
9a. FACILITY NAME (If not institution, give stre	eet and number)		9b. CITY, T	TOWN OR LOCATION OF			9c. COUNTY		
Memorial Hospital	& Medical	Center	Cu	Cumberland			Allegany		
WV Mi	neral	10c. C	Keyse	y, TOWN OR LOCATION			10d. INS LIM 1 ∑ YE		
104. STREET AND NUMBER				101. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?	
60 Gilmore Stree	60 Gilmore Street						U.S	S.A.	
3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 A IF YES, GIVE WAR O WW II	ER IN U.S. ARMED 'ES 2 NO IR DATES	10	MS OECENOENT OF HISF yes, specify Cuben, Max YES 2 NO Spe	ican, Puerto R		or No- 14.	RACE — American Indian, Black, White, etc. Specify: White	
15. DECEDENT'S EDUCA (Specify only highest grade of		16a. DECEDENT (Give kind o	of work done du	CUPATION uring most of working	16b.	KIND OF BUS	INESS/INOUST	RY	
Elementary/Secondary (0-12)	College (1-4 or 5+) 5 +		l Teach		Pu	blic S	School		
17. FATHER'S NAME (First, Middle, Last) Charles L.	Keller			18. MOTHER'S Julia			Surneme) Allen		
19a. INFORMANT'S NAME (Type/Print)	NG ADDRESS	(Street and Number or Rur	al Route Numb	er, City or Tow	n, State, Zip Coo	ia)			
Daphne Blackburn	Daphne Blackburn 1144					ton,	Ohio 4	5013	
	20g. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Removal from State 1 Donation 5 Disertification Control of Cemetary, Cremator Kal Daugh						CATION - City Garder		
21. SIGNATURE OF PURERAL SERVICE LICE	NO SE		22. N	otruck Funda South MA	eral H		er. WV	26726	
ahock, or heart failure. L	MEDIATE CAUSE (Final Maccile Color Vascork) Accidet							interval Between Onset and De	
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events		AS A CONSEQUENCE		o i repsou	m		_		
resulting in death) LAST	\								
	contributing to dee	th but not resultir	ng in the unc	derlying ceuse given	in Part i.	24e. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH?	
resulting in death) LAST	s contributing to dee	th but not resulting	ng in the unc	derlying couse given	in Part i.	PERFOR	MED?	AMILABLE PRIOR TO COMPLETION OF CAUS	
PART II. Other significent conditions	s contributing to dee	th but not resultir	ng in the unc			PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH?	
PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMMER?	HOSPITAL:		OTHER	28. PLACE OF DEATH	(Check only on	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH?	
PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	/Outpetient 3 □ DO/	OTHER	28. PLACE OF DEATH :: Ing Home 5	(Check only on	PERFOR	NO NO	AMALABLE PRIOR TO COMPLETION DF CAUS OF DEATH?  1 YES 2 NO	
PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Natural 5 Pending	HOSPITAL:	/Outpetient 3 □ DO/	OTHER	28. PLACE OF DEATH	(Check only on	PERFOR	MED?	AMALABLE PRIOR TO COMPLETION DF CAUS OF DEATH?  1 YES 2 NO	
PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH	HOSPITAL: 1 X Inpatient 2 ER 20e. DATE DF INJ. (Month, Day, Y	/Outpatient 3 DO/ JRY 26b. 3	OTHER A 4 Nursi	28. PLACE OF DEATH: :- ing Home 5  Resident 28c. INJURY AT WORK? 1 YES 2 ND	(Check only on ce 6 Othe 28d. DES	PERFOR	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AMALABLE PRIOR TO COMPLETION DF CAUS OF DEATH?  1 YES 2 NO	
PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF CEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only	HOSPITAL: 1 Inpatient 2 En III 20e. DATE DF INJ. (Month, Day, N 20e. PLACE OF IN. building, atc.	/Outpatient 3 DO/ JRY 26b.  JURY At home, fan (Specify)	A 4 OTHER A 4 Nursi TIME OF INJURY M m, street, lacto	28. PLACE OF DEATH :Ing Home 5  Resident 28c. INJURY AT WORK? 1 YES 2 ND ony, office	(Check only on the cell of the	PERFOR  1 YES 2  1 (Specify)  CRIBE HOW I	NJURY OCCUR	AMAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH?  1 YES 2 NO	
PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMMER?  1 YES 2 NO  27. MANNER OF CEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only	HOSPITAL:  1 Minpatient 2 ER.  26e. DATE DF INJI (Month, Day, Yi  28e. PLACE OF IN. building, atc.  CIAN: To the best of my I'  R: On the basis of exami	/Outpatient 3 DO/ JRY 26b.  JURY At home, fan (Specify)	A 4 OTHER A 4 Nursi TIME OF INJURY M m, street, lacto	28. PLACE OF DEATH :Ing Home 5  Resident 28c. INJURY AT WORK? 1 YES 2 ND ony, office	(Check only on the Chip of the time, data NUMBER	PERFOR  1 YES 2  1 (Specify)  CRIBE HOW I	NO  NJURY OCCUR  and Number or I	AMAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH?  1 YES 2 NO  BUT NO NUMBER  Bural Aoute Number	
PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be datarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	HOSPITAL:  1 Impatient 2 ER.  28e. DATE DE INJU (Month, Day, M.)  28e. PLACE OF IN. building, atc.  CIAN: To the best of my IR: On the basia of sxami	/Outpatient 3 DOJ JRY 26b.  JURY — At home, fan (Specify)  knowledge, death occ nation and/or investig	A OTHER 4 □ Nursi TIME OF INJURY M m, street, fecto curred at the tir pation, in my op	28. PLACE OF DEATH : ing Home 5   Resident 28c. INJURY AT WORK? 1   YES 2   ND ory, office me, data and place, and opinion, death occurred at 29c. LICENSE	(Check only on ce 6 Other 28d. DES 28l. LOC City due to the case the time, data	PERFOR  1 YES 2  1 (Specify)  CRIBE HOW (Street or Town, State)  Juse(a) and ma	NO  NJURY OCCUR  and Number or I	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO  Bural Route Number  Bural Route Number	



TO THE HOSPIDAL OR ATTENDING PHYSICIAN; The law recy TO THE FUNERAL DIRECTOR: After this certificate has been be fined within 72 hours after death with the State Dept. of IMPORTANT: If Item 28 is marked, or Nem 23 sho

the present of the state of the form of the form of the hospital or attending physician.	authorized and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	prior to burill, crimition, or removal.	traumatic event. The medical examiner must be notified at once.
pertificat	ling phy.	yglene p	any injury, or other trau
death c	e attend	ental Hy	IIV. OF
20	by the	M pu	r Indu
guires tha	bengs o	I Health a	OWS 3514

1	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFICA				YGIENE EG. NO.			
1 1	. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF D	EATH DAY	YEAR	3. TIME OF DEATN	
L	Georgian	na A.	Landry			3-	19	1991	6:00 A M	
	018-01-0380	1 M 2 DF	76 YRS. MON	UNDER 1 YEAR ITHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day 5-18-	1914	Nev	THPLACE (State or Foreign intry)  Y YOYK	
	Lorien Frankford	· ·			imore	ATH	'	e. COUNTY OF	CEATN	
ָּרֵן ה <u>ַ</u>	RESIDENCE OF DECEDENT  106. STATE 106. COUNTY		10c. CITY, TO	WN OR LOCAT	ON				10d. INSIDE CITY	
DIRECTOR	Maryland		Balt	Baltimore				1 X YES 2 NO		
7 7	5706 Anthony Ave.			101.	ZIP CODE 21206		U.S.A.	F WHAT COUNTRY?		
₩ 3	. MARITAL STATUS  Never Merried 2 Married  Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMEI FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			If yes, spe	ENDENT OF HISPANI city Cuben, Mexican 2 X NO Specily:	, Puerto Rican		Sp	ACE — American Indien, seck, White, etc. secily:	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. OECEOENT'S USL (Give kind of work life. Do NOT use rei	AL OCCUPATIO done during mod ired.)	N It of working	16b. KINI	O OF BUSIN	ESS/INDUSTRY		
ᇫ	8 Yrs.		Homemaker	`						
ਹੁ ਾ	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM					
삤	Joseph Barrett				Georgi			vie		
0 "					nd Number or Rural R					
	Marcia Landry Laz		06. PLACE AND DATE OF		., Virgini	a Beach		Z3464 TION — City or	Town State	
1	10e, METHOD OF DISPOSITION    Marie   2 Gremetion   3 Gremetion   Remote   Donetion   5 Green (Specify)   Control	oval from State	f cemetary, crematory or control of the control of	ther place)	3-25	1		land, Ma		
2	Roy H. Cather	ENSEE	arei vien oon	22. NAME AN	D ADDRESS OF FAC	CILITY			BaltoMd. 21214	
IFICATION	shock, or heert fellure. I	DUE TO (OR AS	<b>A</b>	prei	monia Cances				Interval Between Onset and Death	
	PART II. Other significent condition  Carebro Vasa	_		ne underlying	g ceuse given in		WAS AN AL PERFORM YES 2 E	ED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 1 NO	
N 2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Chi	ck only one)				
XSI	1 TYES 2 NO	1 Inpatient 2 ER/O	tpatient 3 DOA 4	Nursing Hom	s 5 🗆 Residence	8 Other (Sp	ecify)			
Hd A8	27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigation	28a, DATE OF INJURY (Month, Day, Year		WO	URY AT RK? 'ES 2 NO	28d. DESCRIE	BE HOW INJ	URY OCCURED		
	3 Suicide 8 Could not be determined	28e. PLACE OF INJUI building, atc. (Se	RY — At home, farm, stree ecify)	t, factory, offic		281, LOCATIO City or To	N (Street end wn, State)	d Number or Rui	ral Route Number,	
COMPLETED	and .	CIAN: To the best of my kno							ee(s) and manner ee stated.	
3   <sup>2</sup>	296. SIGNATURE AND TITLE OF CERTIFIEF		1		29c. LICENSE NUM	#BER		29d. DATE SIGN	NED (Month, Day, Year)	
$\circ$ L	mill	K. 10	b MA		D392	97		<b>3</b> /	20/91	
<b>⊢</b> 3	MICHAEL IX. R		_		Nousing	Hom				
3	AR 2 P/GQ1	32. REGISTRAR'S SIG	GNATURE		3					



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	1 - STATE REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH				
	DORISLILES			3-17-9					
	4. SOCIAL SECURITY NUMBER 8. SEX 1 M 2 M F		UNDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) / 2 - 2 6 - 193	8. BIRTHPLACE (State or Foreign Country)  V 3				
ron	98. FACILITY NAME (If not Institution, give street and number)  96. COUNTY OF DEATH  BO HO  BO HO  PROCES  SCOTT, TOWN OR LOCATION OF DEATH  Prancis  SCOTT, TOWN OR LOCATION OF DEATH								
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY, TO	WN OR LOCATION		10d. INSIDE CITY LIMITS?  1 YES 2 \( \sum \) NO				
FUNERAL	100. STREET AND NUMBER 2725 Walhrook Au	e	101. ZIP CODE 2/2/(	10g. CITIZEN OF WHAT COUNTRY?					
BY	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EX FORCES? 1 IF YES, GIVE WAR O	YES 2 NO	If yes, specify Cuban, Mexica	WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.)  1 VES 2 NO Specify:  1 Specify: Black.					
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (9-12)  College (1-4 or 5+)	AL OCCUPATION done during most of working lead.)	Green u	ond Acres					
E COMPL	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	ME (First, Middle, Malden Suman	ne) P				
TO B	Marjorie 410	3/02	ORESS (Street and Number or Rural E/ba-t-5t	~ 1	e. Zip Code) Hd 21229				
	20s, METHOD OF DISPOSITION  1 X Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	of cemetary, crematory or c	per place HEM PORK	W /	N — City or Town, State When S. H.d				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ch	22. NAME AND ADDRESS OF FA March F/H Wes 4300 Wabash						
	23. PART 1. Enter the disease, or complications that contains a complex to the contains and		enter the mode of dying, suc	th as cerdiec or reapiratory	y arreat, Approximate interval Between Onset end Deeth				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. Acrol Failure  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.								
MEDICAL	PART II. Other algorithment conditions contributing to de Hypertensium, Diabetes in Enythmentens	_		Part I. 24a, WAS AN AUTOI PERFORMED?	AMAILABLE PRIOR TO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  1 Inpatient 2 ER/Outpatient 3 DOA  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATH  28. PLACE OF DEATH (Check only one)  4 Nursing Home 5 Residence 6 Other (Specify)  28. PLACE OF DEATH (Check only one)								
TED BY	1 Natural 5 Pending 2 Accident Investigation 3 Sulcide 8 Could not be datermined 28e. PLACE OF It building, etc.	JURY — At home, farm, stree (Specify)	M 1 YES 2 NO	28f. LOCATION (Street and Nu City or Town, State)	imber or Rural Route Number,				
COMPLET	29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of my medical examiner.								
BE	250 SIGNATURE AND TITLE OF CERTIFIER  ATICK A Mu	oply 1	29c. LICENSE NU D 136	MBER 29d.	DATE SIGNED (Morth, Day, War)				
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE FATRICK A MURITY,	8,5 cotts D	ALE COURT	LUTHERVIL	LE MD 21093				
3	31. DATE FILED (MONTH, Day, Year)  MAR 2 I 1991  Fulia David	SIGNATURE CON- Handalle							

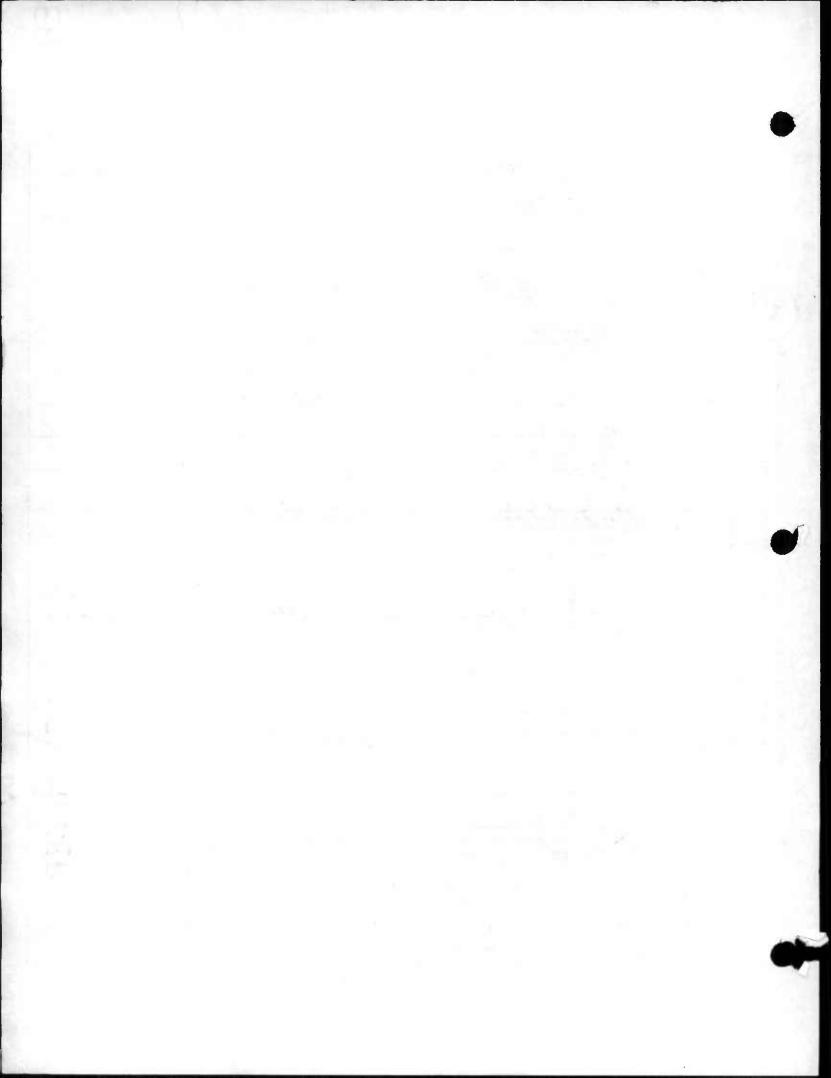
ist permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

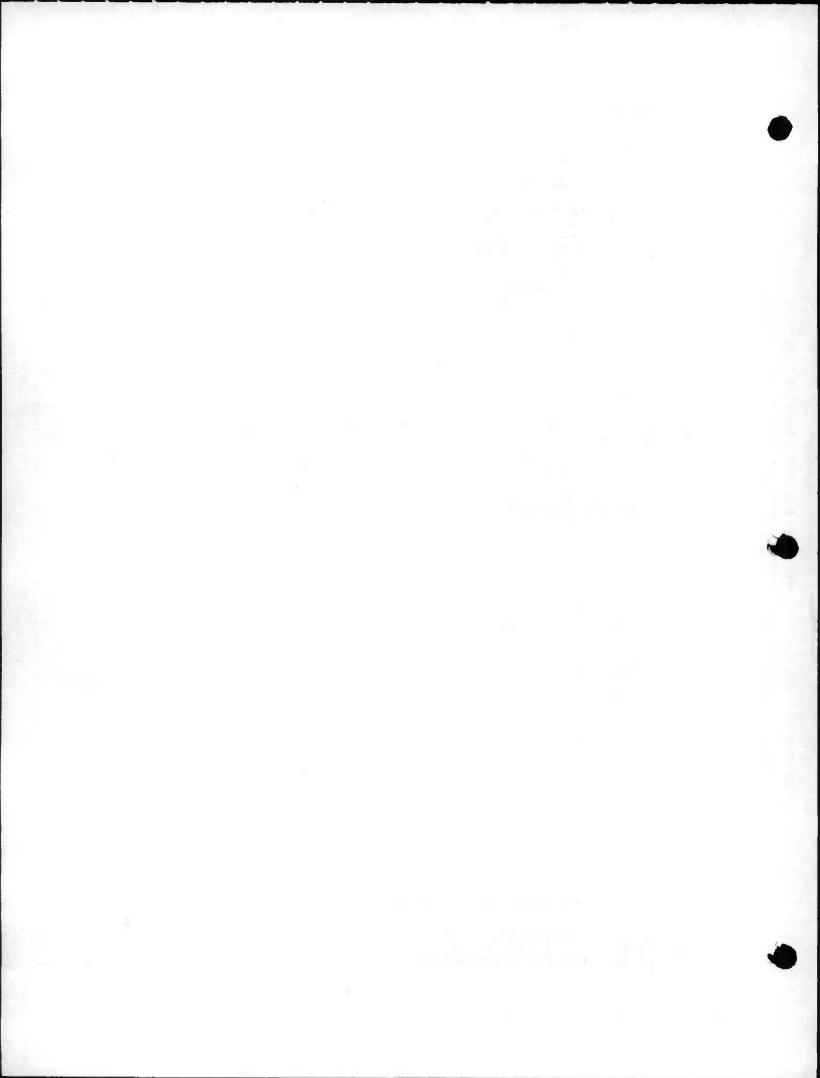


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BALTIMORE, MARYLAND 21203-3

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	rs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	n 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
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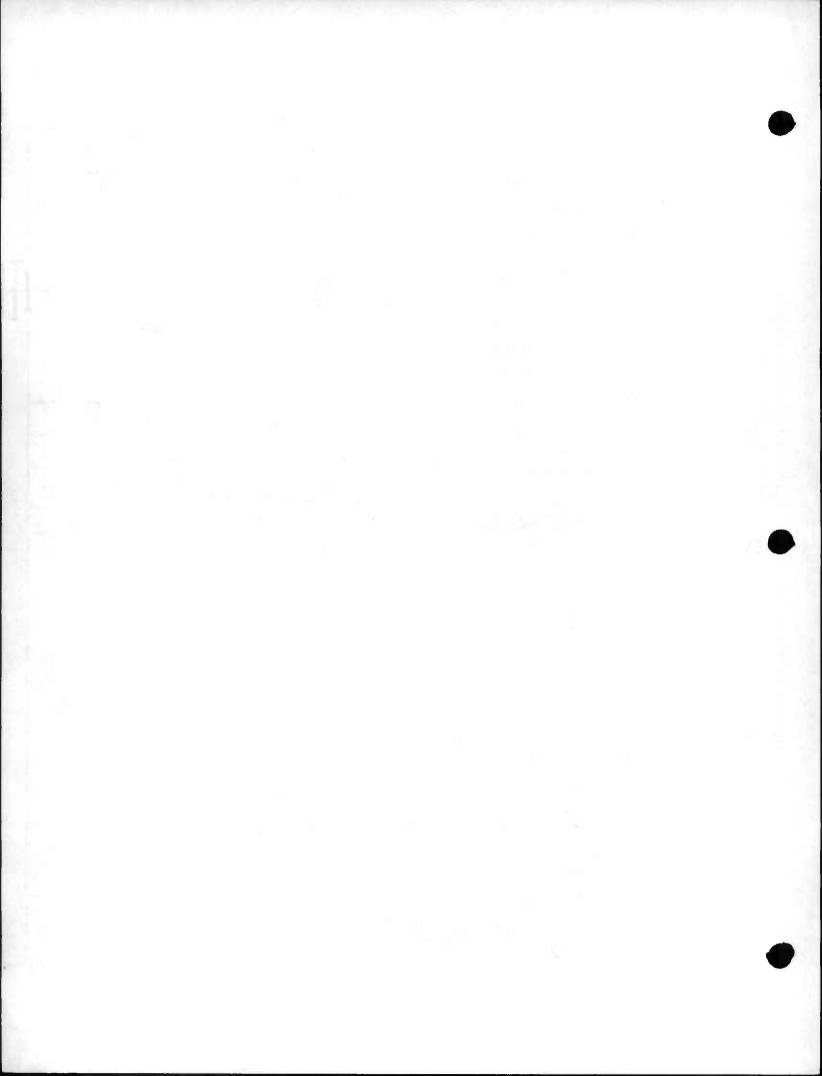
	1 - STATE REGISTRAR	STATE OF MA			ICATE OF	DEATH		REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF MONTH		AY	YEAR 3	. TIME OF DEATH	
	James	Frede	erick	Leg	gg, Jr.		Marc		8 19	91	1:25 PM	
	4. SOCIAL SECURITY NUMBER		B. AGE (In yrs, I	ast birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	BIRTH lev. Weer)		8. BIRTHPL Country)	ACE (State or Foreign	
	068-03-9427	Y M 2 □ F	81	YRS.	WOWTHS DATS	HOURS ININ.	Feb.	12	1910	0.4	yland	
	9a. FACILITY NAME (If not institution, give s	reet and number)			9b. CITY, TOWN	OR LOCATION OF DE	EATH		9c. COUN	TY OF DEA	тн	
DIRECTOR	Charlestown Re	tirement	Commu	inity	nity Catonsville Baltimore							
	10a. STATE 10b. COUNTY				Y, TOWN OR LOCA	TION				10	od. INSIDE CITY	
	Maryland Balt	imore			Catonsvi	lle				1	YES 2 NO	
	10e. STREET AND NUMBER				10	r. ZIP CODE			10g. CITIZ	EN OF WH	AT COUNTRY?	
FUNERAL	711 Maiden Cho	ice Lane				21228			US	Α		
R	11. MARITAL STATUS 1 Never Married 2 Married 3 XWidowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2		If yes, sp	CENDENT OF HISPAN Heelity Cuban, Maxica 5 2 NO Specifi	n, Puarto Rici		s or No—	14. RACE — Black, \ Specify:	- American Indian, While, etc. White	
ETED	15. DECEDENT'S EDUI (Specify only highest grade		1	(Give kind of	USUAL OCCUPATI		16b. KI	IND OF BU	SINESS/INDU	JSTRY		
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	- 6	le. Do NOT u	se retired.)			Shell Oil				
COMPL	12			ACCO	untant					en o	11	
	17. FATHER'S NAME (First, Middle, Last)  James Frederick	Legg, Si				16. MOTHER'S NA Clara	ME (First, Mid		Sumame)			
O BE	19a. INFORMANT'S NAME (Type/Print)	33.		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number,	City or Tox	vn, State, Zip	Code)		
2	Jean Legg Yelde	zian		1371	2 Killar	nee Cour	t, Ph					
	20a. METHOD OF DISPOSITION  1 Surial 2 Cremation 3 Rem  4 Donation 6 Other (Specify)	oval from State	other	place)	sition (Name of ce Park Cen	metery, crematory or			dlawn		n, Slete aryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		4011 1	22. NAME A	ND ADDRESS OF FA				, ,,,,,,,	ii yidiid	
	Martin &	tin D. Li	awson			non-Mitch onium, N						
Z	23. PART I. Enter the diseases, or ahock, or heart feilure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one caus	e on each lie	ne.	9000						Interval Between Onset and Death	
HILICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c		SEQUENCE OF): SEQUENCE OF):								
	resulting in death) LAST	d										
5	PART ii. Other algnificant condition	e contribution to a	leath but not	regulting	In the underbile	a cause alven in	Bert I o	4- 400 41	N ALITOPSY	1 0.4h M	VERE AUTOPSY FINDINGS	
3	TAIT II. Other aigninoant condition	- contributing to t	reetir but no	resulting	iii iiia unuenyii	g cause given in		PERFO	RMED?	A	MAILABLE PRIOR TO COMPLETION OF CAUSE	
- 1							—   ¹	☐ YES	2 NO		OF DEATH?	
MED							- 1			1	YES 2 NO	
Ž												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. P	LACE OF DEATH (CA	neck only one)					
2	1 YES 2 ONO	1   Inpetient 2			4 Rursing Hor	ne 6 - Residence	Y					
	27. MANNER OF DEATH  1 Netural 6 Pending  2 Accident Investigation	28a. DATE OF II (Month, Day		26b. TII	JURY W	JURY AT ORK? YES 2 NO	26d. DESCI	NOH BEI	INJURY OCC	URED		
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	26a. PLACE OF building, e	INJURY - AI	home, farm,	street, factory, offi	ca	261. LOCATI City or	ION (Street Town, State	and Number	or Rural Ros	ute Number,	
COMPLETED	Check only Certifying Physical Examine										and manner as stated.	
BEC	29b. SIGNATURE AND TITLE OF CERTIFIE		100			29c. LICENSE NU			29d. DATE	SIGNEO (	Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WH		F OF DEATH (II	FM 27) /3~	n Print)	0340	1 5		1	118	7/	
	7 /4 .	Sum M	P			illes (1	10110	6	10	2	1228	
	31. DATE FILED (Month, Day, Year) MAR 2. 1 1991	32. REGISTRAF	S SIGNATURE								Er	
	MILITA N = 1991	A Proposition	A 1 1 100				_			_	DHMH-16 Rev 1/89	



HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-, nouts after death, rage or inay be retained by the inspiral physician.	FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	ORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
THE HOSPI	TO THE FUNER	be filed within	IMPORTANT:	

	FOR STATE		STATE OF I			TMENT OF			MENTAL	HYGIENI REG. NO.	E	91	07411	
	1. DECEDENT'S NAME (First,	Middle, Last)	NORMA H				nei	1er	2. DATE O	F OEATH DA		949	3. TIME OF OEATH	
	4. SOCIAL SECURITY NUMBER 215-09-5638	5. SEX 1 M 2 K F	□ M 2 X F 73 YRS.			YEAR IF UNDER 24 HRS. 7. DATE OF BIRTY (Morth, Day, M. JUNE 20			Day, Year)	17	PLACE (State or Foreign ) E			
OR	9a. FACILITY NAME (If not institution, give street end number) ST. AGNES HOSPITAL					96. CITY, TOTAL BALTI		CATION OF OE	НТА		9c. COU	9c. COUNTY OF DEATH		
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  MARYLAND  BALTIMORE				10c. CIT	Y, TOWN OR L		LLE				104. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL	3 STANLEY	DRIVE					101. ZIP				10g. CITIZEN OF WHAT COUNTRY? U.S.A.			
B	11. MARITAL STATUS  1 Never Merried 2 X Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 X N IF YES, GIVE WAR OR DATES					If ye	a, specify	ENT OF HISPAN Cuben, Mexica NO Specify	n, Puerto Ri		or No-		- American Indian, , white, atc. fy: WHITE	
COMPLETED	(Specify only highest grade completed) (Giv					USUAL OCCU work done durin me retired.)		working		OWN HO		DUSTRY		
BE CO	J. NORMAN	AYBER		>			I	MOTHER'S NA ANNA AN	DERSO	ON				
10	L. SHANNON	LINDE			3 STA		RIVI	E, CATON		E, MA	RYLA	ND 2		
	20a, METHOD OF DISPOSITION 1 Department of Donation 5 Other 21. SIGNATURE OF FUNERAL	(Specify)		LOR	RAINE	PARK (	EMET	CERY		20c. LOCATION — City or Town, State WOODLAWN, MARYLAND				
	23. PARTI. Enter the di	M	With	et seused the	death Do	1630	EDN	MONDSON	AVE	NUE, CA	TONS	SVILL	ERAL HOMES E, MD. 21228	
		ert fellure.	List only one de	use on each I	ine.					•	iratory a		Interval Between Onset and Death	
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  Cardiac Tampanacle  A consequence op:  Ventricular Wall Reputive  A consequence op:  A cute Myocard: 1 Infarction  July To (or as a consequence op:  Due To (or as a consequence op:  Due To (or as a consequence op:										4 hours			
MEDICAL	PART II. Other algnifice	nt condition	ns contributing t	D death but no	ot resulting	In the unde	riying cı	iuse given in	Part I.	24a. WAS AN PERFOI 1 YES 2	RMED?	7 245	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	D MEDICAL	HOSPITAL:	☐ ER/Outpatien	3 DOA	OTHER:		OF DEATH (C)						
ву рну		Pending Investigation		Day, Year)		M .		2 NO		CRIBE HOW				
	4 Homicide	Could not be determined	28e. PLACE buildin	OF INJURY — A g, etc. (Specify)	home, ferm	, street, factory	, office			ATION (Street or Town, State		er or Rural	Route Number,	
COMPLETED	beginn may		ICIAN: To the best ER: On the beste of										e) and mariner as stated.	
TO BE	30, NAME AND ADDRESS OF	rel H	HO COMPLETED CA	2 h.	MO.	no Philant	29	C. LICENSE NU	MBER		29d. D/	3/19	/91	
	Raymond 31. DATE FILED (MONTH, Day,	H.P	lack, J	CHO MARK SARATU	St	Agnes	14	SIPTA	1 B	>17 m	ore p	10	rnrç	
	MAR 2 1 199	31'	Gre 132 Dai 93	son-Hana	4,06									





BALTIMORE, MARYLAND 2120	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rivurs after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
13146,	executed within	and completel o burial, crema	natic event,
O. BOX	certificate be	ding physician tygiene prior b	r other traur
RDS, P.	hat the death	by the atten	ny Injury, o
. RECOI	law requires the	ept. of Health	23 shows a
F VITAL	YSICIAN: The	s certificate ha	d, or Item
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OR ATTENDING PHY	DIRECTOR: After this ours after death with	em 28 Is marke
٥	TO THE HOSPITAL (	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If IN

notified at once.

1. DECEDENT'S NAME	(First, Middle, Last)				ICATE O		2. DA	REG. NO		3.	TIME OF DEATH
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4. SOCIAL SECURITY N	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In					IF UNDER 24	HRS. 7. DA	TE OF BIRTH onth, Day, Year)			CE (State or Foreign
212-1	4-1879	1 M 2 F	9	2 YRS.	MONTHS DAYS	HOURS		-11-18	198		land
9a. FACILITY NAME (# 7	not institution, give a	treet and number)			9b. CITY, TOW	OR LOCATION				TY OF DEAT	
The Wa	slev H	ome. In		Bal	timore	City	V				
RESIDENCE OF (	10b, COUNT	γ		10c. CIT	Y, TOWN OR LO					100	d. INSIDE CITY
Maryland	_										LIMITS?
100. STREET AND NUM	BER			Ba	ltimo	IOT. ZIP CODE			10g. CITI	ZEN OF WHAT	
2211 1	l. Rone	rs Ave.				212	no			.S.A	
11. MARITAL STATUS	. nogo	12. WAS DECEDEN	T EVER IN U.S.	ARMED		ECENDENT OF H	IISPANIC ORI		-	14. RACE -	American Indian,
1 Never Married 2	_	FORCES? 1	MAR OR DATES	NO If yes, specify Cuben, Mexican, 1 ☐ YES 2 ☐ NO Specify:				to Rican, etc.)		Black, White, atc. Specify: White	
3 ₩ Widowed 4 □											BUITCE
15. (Specif)	DECEDENT'S EDU y only highest grade	CATION completed)	16a.	DECEDENT'S (Give kind of	USUAL OCCUPA work done during se retired.)	TION most of working		16b, KIND OF BI	USINESS/IND	USTRY	
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UNKNOWN  17. FATHER'S NAME (Fin	nt Addressin Louis			*.	Omemare	_	NA MARKET CO.				
						18. MOTHER	TS NAME (FIR	Maca:		y Aire	37
19a, INFORMANT'S NAM	I. Robe	rts		19b. MAR INC	ADDRESS (Stree	t and Number or	Bural Bouda N				У
The Wesley	v Home										nd 21209
20a, METHOD OF DISPO			20b. PLAC	CE OF DISPO	SITION (Name of			28c. LOCATION — City or Town, State			
1 N Buriel 2 Cren 4 Donation 6 0		oval from State	other	Loudon Park Cemet				tery Baltimore, Maryla			
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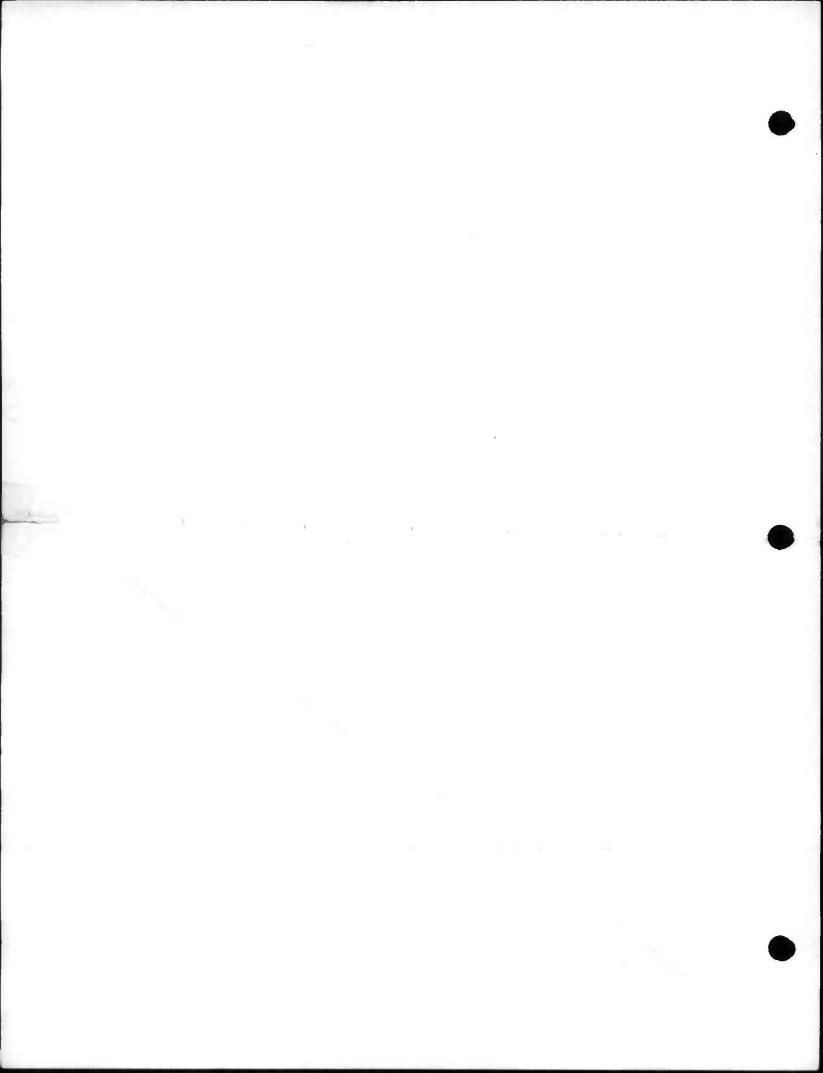
FOR

Approximate **Onset and Death** 

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1		1. OECEDENT'S NAME (First, Middle	Last)	4.	LA	CKEU	/	2. DATE OF DE	DAY	YEAR	3. TIME OF DEATH	
		4. SOCIAL SECURITY NUMBER 216-36-5096	5. SEX 1 M 2 F		in yrs. lest birt	hday) IF UNDER YE MONTHS DA		7. DATE OF BII (Month, Day, May 16	Venet	Count	NPLACE (State of Foreign try) ginia	
2, 3 should	ECTOR	90. FACILITY NAME (If not inetitution Harbor Hospita	1 Center				IMOTE			9c. COUNTY OF DEATH		
physician. burial-transit permit. Pages 1,	DIREC	10e. STATE 10b. 0	10	e city, town on u Baltimor					10d. INSIDE CITY LIMITS? 1XXYES 2 \( \square\) NO			
n. Insit permi	FUNERAL	1316 Tompkins			101. ZIP COOE 21225		USA	WHAT COUNTRY?				
or attending physician, r use as the burial-trar	BY FUN	11. MARITAL STATUS  1 Never Merried 2 Merrie 3 Widowed 4 Divorced	U.S. ARMED 2 X NO ATES	If ye	DECENDENT OF HISP s, specify Cuben, Mexi YES 2 NO Spe	icen, Puerto Ricen,						
pital or attend	ETED	15. DECEDENT (Specify only higher Elementary/Secondary (0-12)	'S EDUCATION at grade completed)  College (1-4 or 5	i+)	(Give ki	ENT'S USUAL OCCU ind of work done durin NOT use retired.)			of business/in	DUSTRY		
d by the hospital id be detached fo id at once.	BE COMPL	17. FATHER'S NAME (First, Middle, L Olys Danie	l Williams				Lena	NAME (First, Middle, Mae Gol	Meiden Surname) 1gh			
be retained ge 5 should e notified	10	196. INFORMANT'S NAME (Type/Prin Booker Randolp		lusba			eet and Number or Run kins Stre				land 21225	
i after death. Page 6 may be retained by the hospital or att by the funeral director, page 5 should be detached for use moval.  Ilcal examiner must be notified at once.		20e. METHOD OF DISPOSITION 1 XBurlel 2 Cremetion 3 ( 4 Donation 6 Other (Specific Control of Contro	y)		other place)	Baptist	Cemetery committee of committee		Callao,	Vir	ginia	
rs after death. Pag n by the funeral di removal. edical examiner		21. SIGNATURE OF TUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Jones—Ash Funeral Home—P.O. Box 276, Heathsville, Virginia 2247.  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory strest, Approximate										
be executed within carrounding and an account of the light in the property of a summatic event, the my	CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST	۵	O (OR AS A		NCE OF	tal co	ucin	emel		Onset and Das	
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physicified within 72 hours after death with the State Dept. of Health and Mental Hygiene pri PORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other tr	MEDICAL	PART II. Other algorificant co		24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		Ib. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
YSICIAN: The law requires is certificate has been signed the State Dept. of Health of, or Item 23 shows and	SICIAN:	25. WAS CASE REFERRED TO MED EXAMINER?	HOSPITAL:			OTHER:	6. PLACE OF GEATN	(Check only one)				
NG PHYSICIAN: ther this certifica eath with the St marked, or II	РНҮ	1  YES 2 NO  27. MANNER OF DEATH  1 Natural 6 Pendir	1 1 Thpatient 2 26e. DATE C			DOA 4 Nursing  Bb. TIME OF 1NJURY 28	Home 5 Resident  INJURY AT WORK?  YES 2 NO		E NOW INJURY O	CCURED		
OR ATTENDING F DIRECTOR: After hours after death ttem 28 is man	TED BY	2 Accident Investi 3 Suicide 6 Could 4 Homicide determ	not be 28e. PLACE building	OF INJURY g, atc. (Spec		farm, street, factory,		261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
HOSPITAL OR A FUNERAL DIREC within 72 hours TTANT: If Item	COMPLET	CONSUM ONLY	G PNYSICIAN: To the best								(e) and manner as stated.	
TO THE HOSPI TO THE FUNEF De filed within IMPORTANT:	TO BE C	29b. SIGNATURE AND TITLE OF C	1	NUSE OF DE	EATH (ITEM 2	7) (Type, Print)	10 2 4	076	<b>&gt;</b>	3/1	BD (Month, Day, Year)	
5		Harbor Ho 31. DATE FILED (Month, Dey, Year)	spital Ce		NATURE	1 S. H.	enous S	7. Boli	to-Mo	210	230	
,		MAK SZI 1991/	Julia Davi	dson-	tandelle							





DIVISION OF VITAL RECORDS, P.O. BOX 68760,

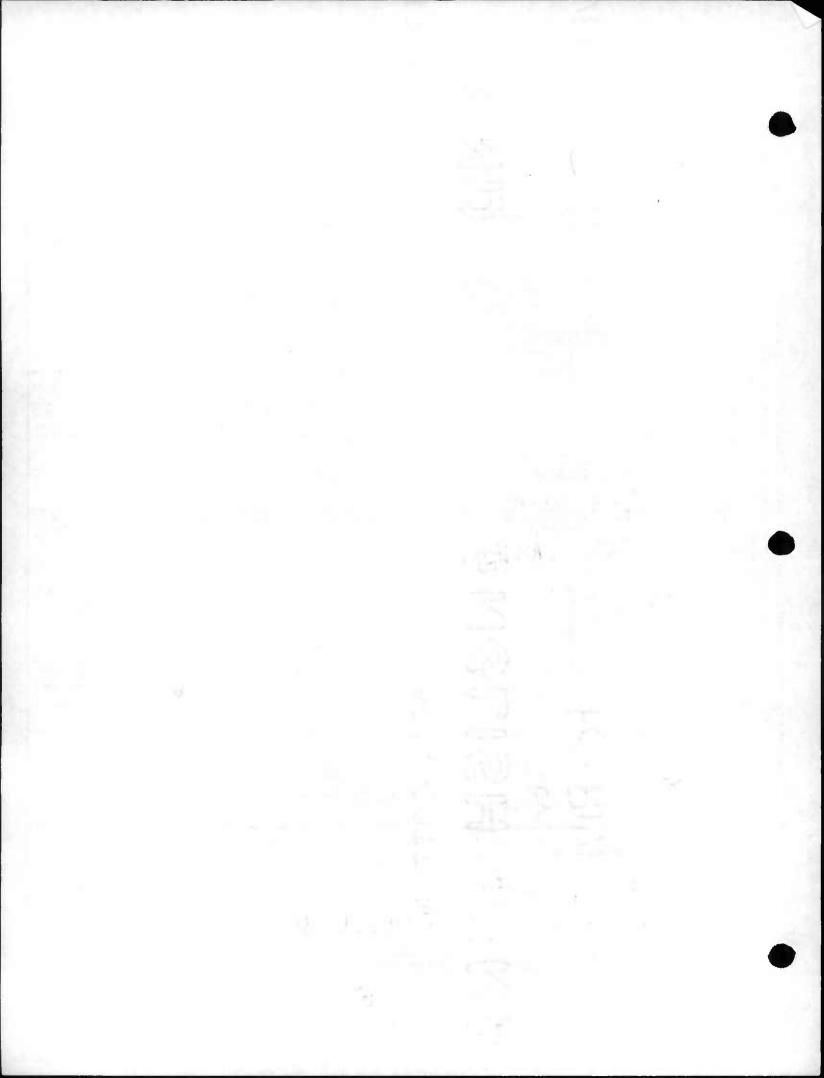
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital draftening physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the work as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND PEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	FOR STATE REGISTRAR	STATE OF I				F HEALTH AN	ID MENT	AL HYGIEN	E	•	01717	
1. 0	SAMUEL		N,	MOS	ES ,JF	}	2. DAT MOR			AR	1717 DM	
4. 5	SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER 1		RS. 7. DAT	E OF BIRTH	6. 1	BIRTHPLA	CE (State or Foreign	
2	212-40-2155	49	YRS.	MONTHS	MYS HOURS MI	100.	-21-194	42 Country) Md				
	FACILITY NAME (If not institution, give	street and number)			96. CITY, T	OWN OR LOCATION O		<u> </u>	9c. COUNTY	OF DEATH		
DIMECTOR 104	3620 FAIRVI	EW AVEN	UE		BAI	TIMORE	CITY					
100	. STATE 10b. COUNT	Υ		10c. CI	TY, TOWN OR	LOCATION			_	10d	I. INSIDE CITY LIMITS?	
	Md				Baltin	nore			- 14	1 [	1 V YES 2 NO	
FUNERAL 10.	3620 Fair	view Aver				101. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?		
Z   11	MARITAL STATUS	12. WAS DECEDER		ARMED	13 Will	21216 S DECENDENT OF H	ISPANIC ORI	SIN? (Specify Ver	U S	A I	American Indian,	
3 [	Never Merried 2 (X) Merried Widowed 4 Divorced	FORCES?	MAR OR DATES	NO	113	es, specify Cuben, M	lexican, Puerl Specify:	o Rican, etc.)		Black, WI Specify:	Black	
COMPLETED 12.	15. DECEDENT'S EDU (Specify only highest grade	ICATION completed)		(Give kind of	S USUAL OCC	UPATION ing most of working	1	6b. KIND OF BUS	SINESS/INDUST	RY		
	Elementary/Secondary (0-12) 12th	College (1-4 or 5		ille. Do NOT u	use retired.)			11 5	Army I	Natio	onal Guard	
N 177	FATHER'S NAME (First, Middle, Last)					16 MOTHER	S NAME /Fire	t, Middle, Maiden		1401		
	Samuel N. Moses	, Sr						Lenier	Comanney			
194	Denys Moses					Street and Number or F			n, State, Zip Coo		d 2 1001	
	. METHOD OF DISPOSITION		20b Pt At			ITION (Name			CATION — City			
1)	Burlal 2 Cremation 3 Ren Donation 6 Other (Specify)	noval from State			Fores		1		ngs Mi			
21.	SIGNATURE OF FUNERAL SERVICE U	CENSEE	ch		1	larch F/H	West					
IFICATION at the search of the	ahock, or heert fellure.  IMEDIATE CAUSE (Finel sease or condition sulting in death)  sequentially list conditions, any, leeding to immediate use. Enter UNDERLYING AUSE (Disease or injury at initiated events suiting in death) LAST	b. DUE TO	O (OR AS A CONS	SEOUENCE (	DF):						Interval Between Onset and Death	
		d										
₹	ART II. Other significant condition	ns contributing to	o death but no	t resulting	In the und	erlying ceuse give	en in Part I.	PERFO	RMED?	AVE	RE AUTOPSY FINDINGS AILABLE PRIOR TO	
				17				1 TYES	MINO	OF	MPLETION OF CAUSE DEATH?	
2		_			_					10	YES 2 NO	
Z 25.	WAS CASE REFERRED TO MEDICAL	100	-	- 0		26. PLACE OF DEAT	'H ('Check only	one)				
Sic	EXAMINER?  1   YES 2 □ NO	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER:	ng Home 5 💯 Reside	ence 6 🗆 O	ther (Specify)				
BY PHYSICIAN: MEDIC	MANNER OF DEATH  Naturel 5 Pending Investigation	28e. DATE O (Month,	F INJURY Day, Yber)	28b. Ti	ME OF AUURY	8c. INJURY AT WORK? 1 YES 2 N		DESCRIBE HOW	INJURY OCCUR	ED		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY — At I, etc. (Specify)	home, farm.	, street, factor	y, office		OCATION (Street lity or Town, State		Rural Route	e Number,	
COMPLETED	CERTIFIER (Check only one)  1 CERTIFYING PHYSICAL EXAMIN					e, data and place, an				suse(e) en	nd manner es atated.	
H 29	b. SIGNATURE AND TITLE OF CERTIFIE			0		29c. LICENS			29d. DATE SI		onth, Day, Year)	
P 30.	NAME AND ADDRESS OF PERSON W		USE OF DEATH (	PEN 27) (77)		T. BA	10	, me	5.21	20		
31.	DATE FILED (Month, Day, Year)	0	AR'S SIGNATUR		0							
1	MAR 2 1 199	guha	Davidson	Manage								



DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMORE, MAHYLAND 21203-3146	ted within 2. Nours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should thit is State Dept. of Neath and Mental Hygiene prior to burlal, cremation, or removal.	event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Law, nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

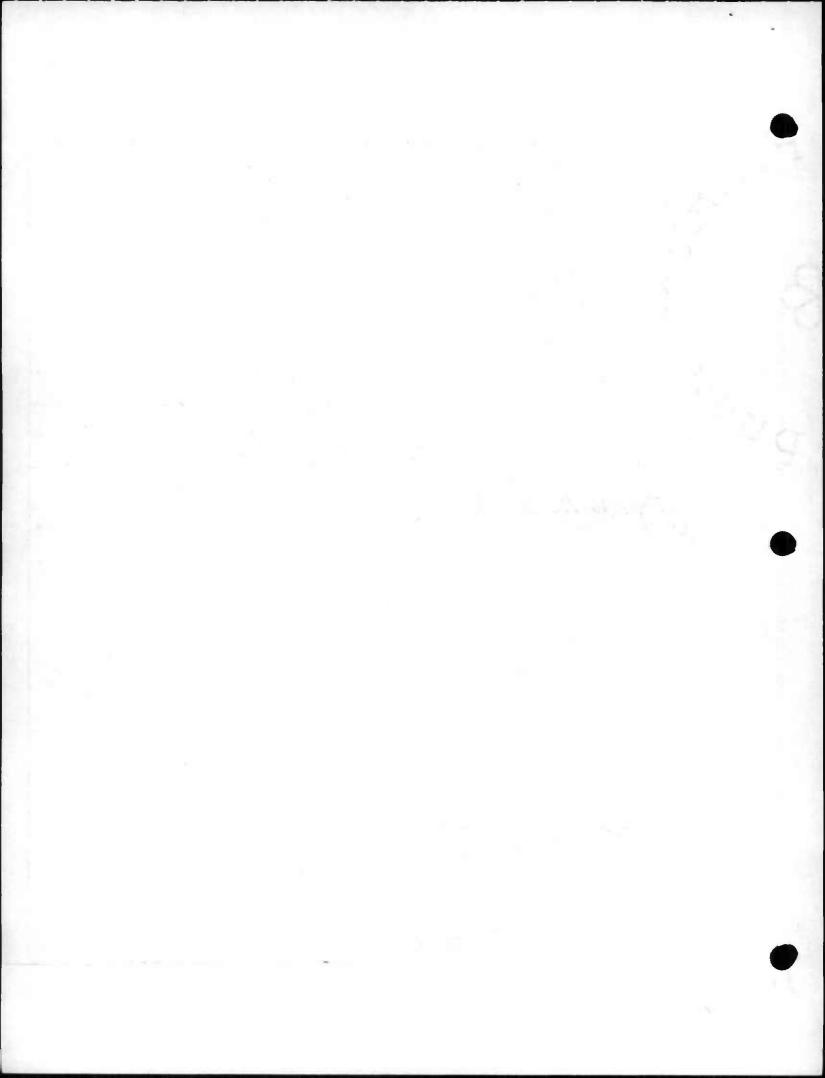
	FOR 1 STATE	STATE OF MARYLA				MENTAL HYGIEN	E 21	0/4/3		
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Lest)	MARIE T. MIT		ICATE O	F DEATH	REG. NO.	20/91	3. TIME OF DEATH		
	Marie	Y Y	, ,	ell		march a	0 199	1 8:30-1 11		
	4. SOCIAL SECURITY NUMBER 220-34-6272	5. SEX 6. AGE (In	yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Dey, Year) MARCH 4,19	10 8. BH	RTHPLACE (State or Foreign untry) ARYLAND		
_	9a. FACILITY NAME (If not institution, give s			9b. CITY, TOWN	N OR LOCATION OF D	EATH	9c. COUNTY OF DEATH			
DIRECTOR	ST. AGNES HOSPIT	IMORE								
REC	10a. STATE 10b. COUNT	Y	Y, TOWN OR LOC	CATION			10d. INSIDE CITY LIMITS?			
	THIRT LIMIT	WARD	EL	LICOTT				1 TES 2XXNO		
FUNERAL	3517 LAKE WAY DR	3	101. ZIP CODE 21043		U.S.	F WHAT COUNTRY?				
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED		ECENDENT OF HISPA	NIC ORIGIN? (Specify Yes		ACE — American Indian, lack, White, etc.		
3 Wildowed 4 Olvorced IF YES, GIVE WAR OR DATES 1 YES 2XXNO Specify: Specify:							WHITE			
TED	15. OECEOENT'S EOU (Specify only highest grade		16a. OECEDENT'S	WSUAL OCCUPA work done during se retired.)	TION most of working	16b. KIND OF BU	SINESS/INDUSTR	Υ		
J.E.	Elamentary/Secondary (0-12)	College (1-4 or 5+)	HOUSEW			OWN H	OME			
COMPLET	17. FATHER'S NAME (First, Middle, Last)		HOUSEW	IFE	18. MOTHER'S N	AME (First, Middle, Maiden				
	FRANK HELD EMMA WATTS									
190. INFORMANT 3 NAME (Typerrint)										
	20a, METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, cremetery of Table 20c. LOCATION — City of Town, State									
4 Donation 6 Other (Specify) ST. JOHN'S EPISCOPAL CHURCH ELLICOTT CITY, MD.							CITY, MD.			
	22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HO									
	21 Part I. Inter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate							Approximate		
	hock, or heart failure. List only one cause on each line.  Interval Bat Onset and							Onset and Death		
	disease or condition reaulting in death)	· Mutastet	ic tan	cutu	Carcini	m				
_		Pentonul	CAAD	17):	Tris					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE C	OFI:	etin					
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	C. OUE TO (OR AS A	Murch	-	etim					
HT	that initiated events reaulting in death) LAST	4 TO (01 75 7	CONSCOULAGE	,, ,.						
CE.	PART II. Other algnificant condition	na contributing to death by	it not resulting	In the underly	dag ceuse glyen l	Dert I 24e WES AN	VARITIONS	24b. WERE AUTOPSY FINDINGS		
CAL		Disnen		iii tiio ariaori,	, mg cauco groun	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDICA	1   YES 2   NO   OF DEATH?						OF DEATH?			
1 2	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSINTAL: OTHER:									
0		1 VES 2 NO 1 Inpettent 2 ER/Outpettent 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)								
HYSIC		1 Inpatient 2 ER/Outp	28b. TH							
3Y PHYSICIAN:	1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	1 Inpatient 2 ER/Outp	28b. TH	JURY	WORK?	200. 02001101		D		
D BY	1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	1 Inpatient 2 ER/Outp	28b. TH	M 1 (	WORK? YES 2 NO	281. LOCATION (Street City or Town, State				
D BY	1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only 1 CERTIFVING PHYS	28s. DATE OF INJURY (Month, Day, Year)  28s. PLACE OF INJURY	— At home, farm,	M 1 (	WORK? YES 2 NO	281. LOCATION (Street City or Town, State	)			
D BY	1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, stc. (Special Control of the best of my knowledge)  ER: On the bests of examination	— At home, farm,	street, factory, o	WORK? YES 2 NO	281. LOCATION (Street City or Town, State	nner as stated.	ural Route Number,		
BY	1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29s. CERTIFIER (Check only one) 2 MEDICAL EXAMIN  29b. SIGNATURE AND TIPLE OF CERTIFIER	28s. DATE OF INJURY (Month, Dey, Year)  28s. PLACE OF INJURY building, stc. (Special Control of the best of my know)  ER: On the best of axemination  ER  RESIDENT P	- At home, farm, hy)  - At home, farm, hy)  edge, death occur is and/or investigat	M 1 ( street, factory, o  red at the time, o  lon, in my opinion	WORK? YES 2 NO	281. LOCATION (Street City or Town, State us to the cause(s) and me the time, data and place, a	nner as stated.  Ind due to the car	ural Route Number,		

32. REGISTRAR'S SIGNATURE

OHMH-18 Rev 1/89



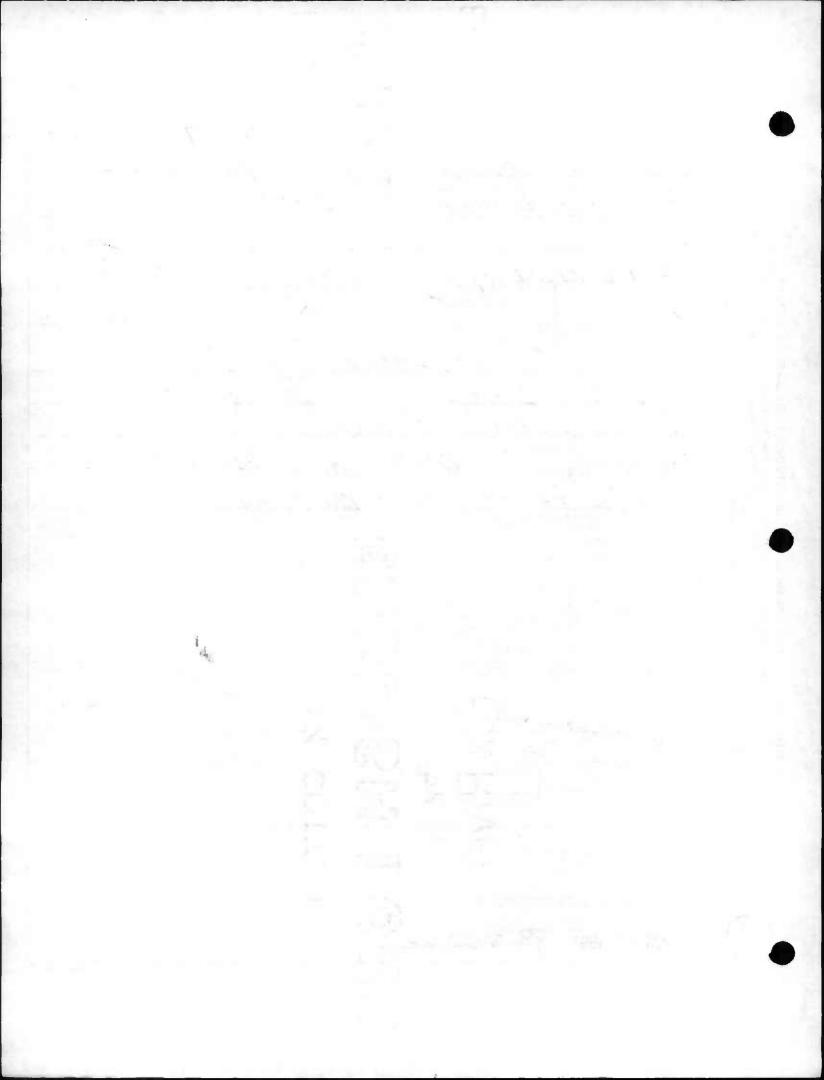
31. DATE FILED (Month, Day, Year)
MAR 2 1 1991



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR. After this certificate has been signed by the afteroding physician and completely filled in by the funeral director, page 5 should be detache the filled with the State Dept. of Health and Mental Hygiene prior to burist, cremation, or removal.	ILL INCOMEND CASHINGS INVOLVED BY DESIRED		nt, the medical examiner must be notified at once,	emation, or removal.	etery linea at my use turieral director, page a should be detacted	about the stand in the standard of second standard manner of school of the standards	thin 24 hours after death. Page 6 may be retained by the hosp		PALLINONE, WAN LAND
TO THE FUN TO THE FUN be filed with	IMPURISAL: II IIEIII 60 IS IIIGINEU, UI IIEIII 60 SIUMS AIIJ IIIJUIJ, UI UIIUI BANIIII CAU	THE CHICAGO IN THE PROPERTY OF	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	10 THE FUNEHAL DIRECTOR; AREI DIS CERTIFICATE HAS BEEN SIGNED by the attention prysicials and compre		TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	STORY OF THE STORY	DIVISION OF WITH ALTEROPHEN PLOT BOARD

	FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT ERTIFICATE		WENTAL HYGIEN REG. NO		1 07410
	1. DECEDENT'S NAME (First, Middle, Last)	Mex	Rift	7	2. DATE OF DEATH	9 9	3. TIME OF DEATH
~	, ,	8. AGE (in yrs. last	YRS. MONTHS	YEAR IF UNDER 24 HRS. DAYS HOURS MIN. TOWN OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year)	98 E. SOUNTY	BIRTHPLACE (State or Foreign Country)  OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	ed enter	10c. CITY, TOWN OF	RLOCATION		ļ	10d. INSIDE CITY LIMITS?
FUNERAL D	100. STREET AND NUMBER	adulad	124	101. ZIP CODE 2 1 2 3	/	10g. CITIZEN	1
B	11. MARITAL STATUS 1 1 Never Married 2 Married 3 Nover Married 4 Divorced	12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 I IF YES, GIVE WAR OR DATES		was DECENDENT OF HISPAN yes, specify Cuben, Mexica YES 2 Specify	n, Puarto Rican, etc.)	a or No- 14.	RACE — American Indian, Black, White, atc. Specific
COMPLETED	15. DECEDENT'S EDUCAT (Specify cally intrinsit grade co	mpleted) (0	ECEDENT'S USUAL OC Bive kind of work done of b. Do NOT use refired.) LAGO	uring most of working	16b. KIND OF BU	ISINESS/INDUST	TRY
BE CON	17. FATHER'S NAME (First, Middle, Last)	Jones		16. MOTHER'S NA	ME (First, Middle, Malder	Surname)	nc
10	190. INFORMANT'S NAME (Typo/Print) BESSIE BE	ookee "	208	Street and Number or Rural	Route Number, City or Ton	vn, State, Zip Co	ny
	20a, METHOD OF DISPOSITION Burlal 2 Cremation 3 Remove	al from State of constant	+110. C	m	3/20 1	SA /10	or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICEN  BCTTS  F	uneral for	time 22.1	BAITU.	nd.		100
	IMMEDIATE CAUSE (Finel	Anoxic ence	е.	the mode of dying, suc	h es cerdisc or resi	olretory screst	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSE  O SLED MYLL  DUE TO (OR AS A CONSE  SED RUS	Tis	-1			
PHYSICIAN: MEDICAL CE	PART II. Other significent conditione	contributing to deeth but not	resulting in the un	derlying cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO
IAN	25. WAS CASE REFERRED TO MEDICAL		-	26. PLACE OF DEATH (C	eck only one)		
Sic		HOSPITAL:	3 DOA 4 Nurs	t: sing Home 5 🗆 Residence	8 Other (Specify)		
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	RED
	3 Suicide 8 Could not ba 4 Homicide detarmined	28e. PLACE OF INJURY — At h building, etc. (Specify)	ome, farm, street, facto	ory, office	281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,
COMPLETED	and and	AN: To the best of my knowledge, of On the basis of examination and/or					ause(a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER  A AHMED	, M.D	U.U	29c. LICENSE NU D 39/2		29d. DATE S	IGNED (Month) Day, Hury
2	30. NAME AND ADDRESS OF PERSON WHO 300 ARMORY			UND 21:	201		1 17
	31. DAMAR 2"1" 1991	32 REGISTRAN'S SIGNATURE					



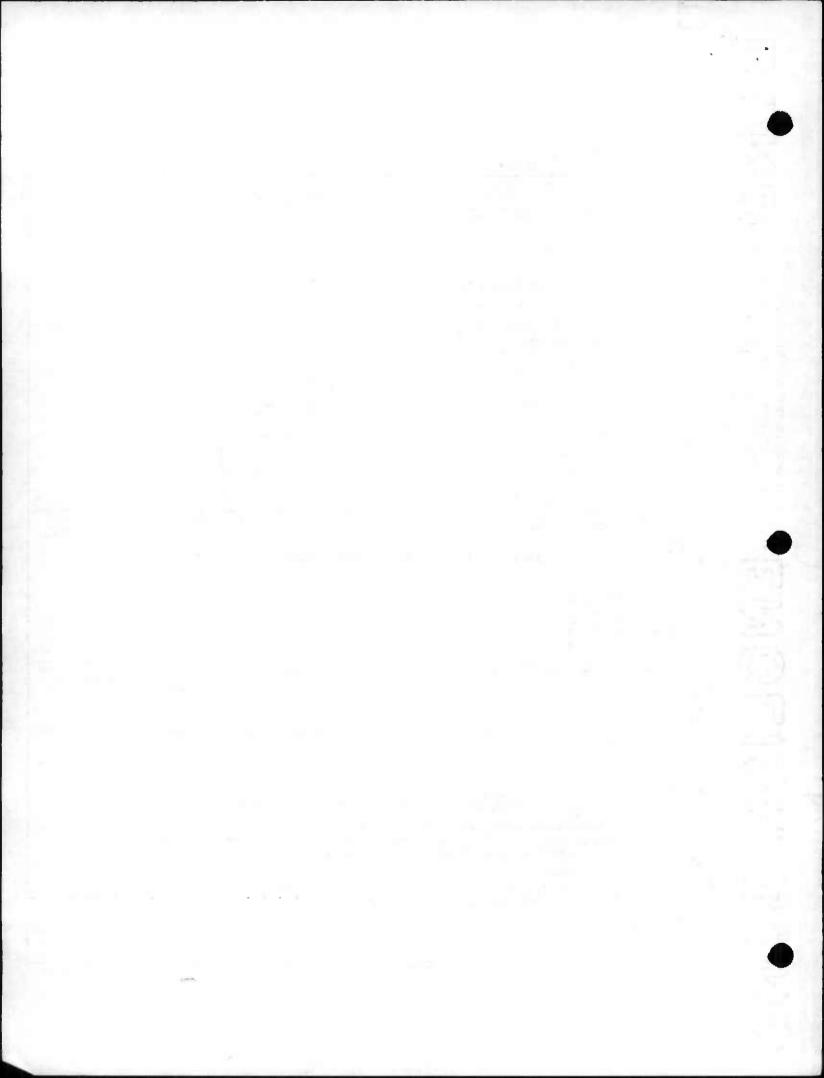


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTAI	L HYGIENE REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last William	L.		rphy		2. DATE MONTH	OF DEATH DAY	YEA 199			
4. SOCIAL SECURITY NUMBER 217-20-5084	1 K M 2 □ F 63	YRS.	F UNDER 1 YEAR ONTHS DAYS	HOURS MIN.	8-2	OF BIRTH	B	RTHPLACE (State or Foreign units) alto. Md.		
99. FACILITY NAME (If not institution, give 2327 Fleet Stree RESIDENCE OF DECEDENT				or Location of DE Baltimore			COUNTY O	F DEATH		
2327 Fleet Stree RESIDENCE OF DECEDENT 10a. STATE 10b. COUN MD.	ΤΥ	Baltimore						10d. INSIDE CITY LIMITS?  VXX YES 2 \( \text{NO} \) NO		
10e. STREET AND NUMBER 2327 Fleet Sti 11. MARITAL STATUS 1 Never Married 2 T Married	ceet			21224		10g		S.A.		
3 Widowed 4 Divorced	12, WAS DECEDENT EVER IN FORCES? 1 2 YES IF YES, GIVE WAR OR DA	2 NO	If yes,	ECENDENT OF HISPAN specify Cuban, Mexica ES 2 NO Specify	n, Puerto I		В	ACE — American Indian, Hack, White, atc. Decily: White		
15. DECEDENT'S ET (Specify only highest gra Elementary/Secondary (0-12) 8th 17. FATHER'S NAME (First, Middle, Last)	OUCATION de completed) College (1-4 or 5+)	16a. DECEDENT'S Us (Give kind of wo life. Do NOT use Con	rk done durina	most of working	16b	KIND OF BUSINES		Y		
17. FATHER'S NAME (First, Middle, Last) Thomas J. Murp	16. MOTHER'S NAME (First, Middle, Maiden Surname) Mary V. STein									
19a. INFORMANT'S NAME (Type/Print) Patricia C. M	DDRESS (Street	Street Ba	Aouto Numi 1tim	ber, City or Town, Star ore, Mary	land-	21224				
20e. METHOD OF DISPOSITION  XIX Burlel 2 ☐ Cremation 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)	MX Surisi 2 Cremation 3 Removal from State    A   Donation 5   Other (Specify)   Oth									
21. SIGNATURE OF FUNERAL SERVICE	1 1	1	0	AND ADDRESS OF FA			_	lair Road re,Md21206		
23. PART I. Enter the diseases, o ehock, or heert feilun IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Hypurtus	ich line.	LOUA				y srrest,	Approximate interval Between Onset and Daat		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. OUE TO (OR AS A CONSEQUENCE OF):										
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions of the condition	one contributing to deeth b	ut not reaulting in	the underly	ring ceuse given in	Part I.	24e. WAS AN AUTO PERFORMED 1 YES 2	2	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
25. WAS CASE REFERRED TO MEDICAL	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF GEATH (Check only one)									
EXAMINER?  1/XYES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp		OTHER:	lome 5 🎇 Residence	6 🗆 Othe	er (Specify)				
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28s. DATE OF INJURY 28b. TIME OF 28				SCRIBE HOW INJUR	Y OCCURE	D		
9 Suinida	26e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, str ifly)	eet, factory, o	ffice		CATION (Street and N or Town, State)	umber or Ru	iral Route Number,		
condition only	YSICIAN: To the best of my know NER: On the basis of examination							rse(s) and manner as stated.		
296. SIGNATURE AND TITLE OF CERTIF	e Krell 4	w		29c, LICENSE NU		290		NED (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON A	WHO COMPLETED CAUSE OF DE	[ A A a		Street Ba		ore,Marv				
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN									

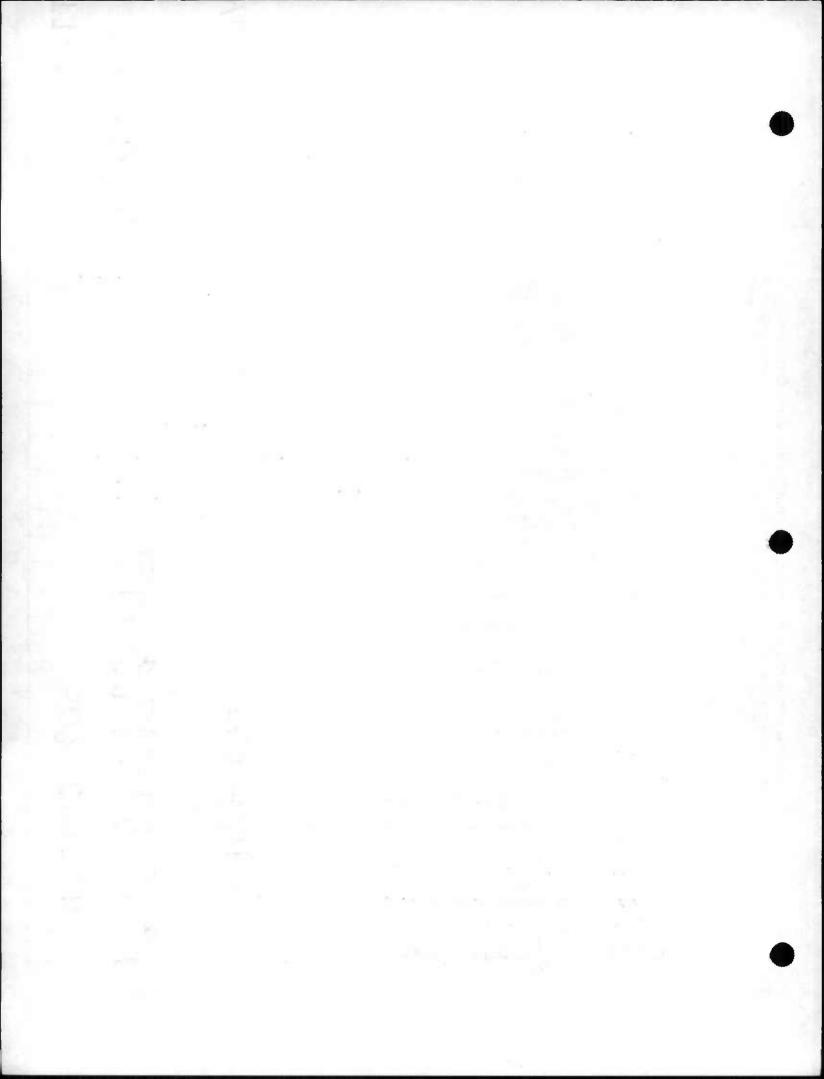
MAR 2 1

1991



TO BE COMPLETED BY FUNERAL DIRECTOR	TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION
l examiner must be notified at once.	IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.
he funeral director, page 5 should be detached for use an the funeral man permit. Pages 1, 2, 3 should	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as minimum permit. Pages 1, 2, 3 should
er death. Page 6 may be retained by the hospital or attending physician	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attaining presents
BAL HMOKE, MARTLAND ZIZIS-UUZU	DIVISION OF VITAL RECORDS, P.O. BOX 68/60, BALLIMORE, MARTLAND 21213-0020

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
	1. OECEDENT'S NAME (First, Middle, Last) Mr. Charles P. Morris  2. Date of OEATH MONTH DAY YEAR 3 15 91
	4. SOCIAL SECURITY NUMBER  5. SEX 96 YRS.  96 YRS.  1. SOCIAL SECURITY NUMBER  5. SEX 96 YRS.  1. SOCIAL SECURITY NUMBER  5. SEX 96 YRS.  1. SOCIAL SECURITY NUMBER  5. SEX 96 YRS.  1. SOCIAL SECURITY NUMBER  5. SEX 96 YRS.  1. SOCIAL SECURITY NUMBER  1. SOCIAL SECURITY NUMBER  1. SOCIAL SECURITY NUMBER  5. SEX 96 YRS.  1. SOCIAL SECURITY NUMBER  2. SOCIAL SECURITY NUMBER  3. SOCIAL SECURITY NUMBER  3. SOCIAL SECURITY NUMBER  3. SOCIAL SECURITY NUMBER  4. SOCIAL SECURITY NUMBER  5. SOCIAL SECURITY NUMBER  5. SOCIAL SECURITY NUMBER  5. SOCIAL SECURITY NUMBER  5. SOCIAL SECURITY NUMBER  5. SOCIAL SECURITY NUMBER  5. SOCIAL SECURITY NUMBER  5. SOCIAL SECURITY NUMBE
B B	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION  Baltimore  10d. INSIDE CITY LIMITS?  17 YES 2 \( \) NO
FUNERAL I	100. STREET AND NUMBER 6118 Old Frederick Road 101. ZIP CODE 21228 109. CITIZEN OF WHAT COUNTRY? U.S.A.
BY	11. MARITAL STATUS  1
COMPLETED	15. OECEOENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relired.)  Retired  Labor
BE COM	17. FATHER'S NAME (First, Middle, Last) Robert P. Morris  18. MOTHER'S NAME (First, Middle, Malden Surname) Emmaline Johnson
5	19a. INFORMANT'S NAME (Type/Print) Ida Hamilton  19b. MAILING ADDRESS (Street and Number or Rurel Route Number, City or Town, State, Zip Code) 6635 Maratt Drive Balto., MD. 21207
	20b. PLACE AND DATE OF DISPOSITION (Name of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition (Name of Disposition of Disposition of Disposition of Disposition (Name of Disposition of Disposition of Disposition of Disposition (Name of Disposition of Disposition of Disposition of Disposition (Name of Disposition of Disposition of Disposition of Disposition (Name of Disposition of Disposi
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  #281  22. NAME AND ADDRESS OF FACILITY E.L. Phillips F/H Balto., MD. 21217
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, abock, or heart failure. List only one cause on each lina.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Approximate interval Between Onset and Deeth  Onset and Deeth
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  Diabetes Mellites  24s. WAS AN AUTOPSY PINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO 1 Input In
ву РНУ	27. MANNER OF OEATH  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF WORK?  WORK?  1 Pending  28c. INJURY AT WORK?  WORK?
	2 Accident Investigation 3 Suicide 6 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(s) and manner as stated.  2 MECICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER County Many Many D20964  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, 1664)  3-19-91
01	Jerome H. Ginsberg, M. D.; 8630 Liberty Plaza Mall; Randallstown, Md. 21133
	31. DATE FILED (MONTH, Day, Year)  32. REGISTRAN'S SIGNATURE  MAR 2 1 1991  Sulia Savidson-Randelle)



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 2 persons and receive for may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR CERTIFICATE OF DEATH	REG. NO.
i	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH
ì	MARY C. MCNANEY	MARCH 14 1991 8A M
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lass birthday)   F UNDER 1 YEAR   IF UNDER 24    212-05-3741   1   M 2   F   84   YRS.   MONTHS   DAYS   HOURS   A	IRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) 6 (29 06 MARY LAND
OR	98. FACILITY NAME (If not institution, give street and number)  MERIDIAN AT CROMWELL BALTIMORE	
5	RESIDENCE OF DECEDENT  10e, STATE  10b, COUNTY  10c, CITY, TOWN OR LOCATION	10d. INSIDE CITY
- DIRECTOR	MARYLAND BALTIMORE	CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 2/39 WILLKENS AVE 2/3	23 109. CITIZEN OF WHAT COUNTRY?
BY FU		IISPANIC ORIGIN? (Specify Yea or No— IISPANIC ORIGIN? (Specify Yea or No— IISPANIC ORIGIN? (Specify:  Specify:  WHITE  WHITE  Specify:
	15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION	16b. KIND OF BUSINESS/INDUSTRY
COMPLETED	(Specity only highest grade completed)  Elamentery/Sycondary (0-12)  College (1-4 or 5 +)  College (1-4 or 5 +)  College (1-4 or 5 +)	
BE CON		ORCUS
TO B	198. INFORMANT'S NAME (Type/Frint)  FAMILY RECORDS  198. MAILING ADDRESS (Street and Number or SAME AS)	Rurel Route Number-City or Town, State, Zip Code) 4BOVE
	20s. METHOD OF DISPOSITION  1	CEM. BALTO, CITY, MD.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS  EVANS  1. FAVOR	FUNERAL CHAPEL
	23. PAST Enter the diseases, or complications that caused the death. Do not enter the mode of dying shock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):	, such as cerdiec or respiretory arrest, interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	/ /
ERTIF	thet initiated eventa resulting in death) LAST	
	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause give	
DICAL		PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MED		OF DEATH?
AN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF GEA	
<u> </u>	EXAMINER? HOSPITAL: OTHER:	
ΙΥS	1	lence 6 ☐ Other (Specify)  28d, DESCRIBE HOW INJURY OCCURED
ВУ РН	1 Netural 5 Pending (Month, Dey, Year) INJURY WORK? 2 Accident Investigation	40
	3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)
COMPLETED	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, a medical examiner of examination and/or investigation, in my opinion, death occurred	
BE	Marin Censeul	SE NUMBER  29d. DATE SIGNEO (Morth, Day, Year)  3-14-81
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  A C KUWA LOWIU M & 8604 Harfand	2 rd
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	
	MAR 2 1 1991 Julia Varidson-Randale	

REG. NO

Pages 1, 2, 3 should

permit.

signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit Heath and Mental Hygiene prior to burial, cremation, or removal. HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within this certificate has been with the State Dept. of I DIRECTOR: After the hours after death w FUNERAL Within 72 h

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FOR STATE REGISTRAR

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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1991 MAILL JR PARCH 16 7. DATE OF BIRTH (Month, Day, Year) OSC 27 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 9409 DAYS 1 M 2 | F 218 NSBRAS KA 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH C'RC) BALTIMORE GRESO KEYSVILL 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY MARYLAND TLA ockeysvills MOR 1 YES 2 NO 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? GRESO RC 21030 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Pu 1 YES 2 NO Specify: 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) ege (1-4 or 5 +) YRS 124RS 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Surname) Bowsa notified at AM SONA 19a. INFORMANT'S NAME (Type/ 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stata, Zio Code) AS AGOVE 3 20a. METHOD OF DISPOSITION

1 M Burial 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State OATE must 3-20 4 Donation 8 Other (Spe-JULANTA VAL examiner EVANS HCE LICE 22 CHIMES 70 CHAPEL ROAD - T 2325 ORK inoni the medical thet ceused the deeth. Do not enter the mode of dying, auch as cardiec or reapiratory arreat, **Approximate** shock, or heart failure. List only one euse on each line interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) tour ouls arcmoma event. DUE TO (OR AS A CONSEQUENCE OF) traumatic Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST Injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? MEDICAL shows any 1 YES 2 NO 1 | YES 2 | NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) Tem HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO ng Home 5 Residence 8 🗆 Other (Specify) 4 - Nurs 6 27. MANNER OF DEATH 28a, DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Natural 8 Pending 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Suicide 6 Could not be COMPLETED 28 4 Homicide If Item 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date and place, end due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the be TO THE HOSPITA
TO THE FUNERA
De filed within 7. 296. SIGNATURE AND THE OF CONTIFIER 29d. DATE SIGNEO (Month, Day, Year) 29c. LICENSE NUMBER BE ARCH 181991 2 PLETEO CAUSE OF DEATH (ITEM 27) (Type, Print) 4 R DR 15 10 32. REGISTRAR'S SIGNATURE WINDUSON-Randoll MAR 2 **DHMH-16 Rev 1/89** 

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



Canonism / the Loydon with Warber only F 7 5 5 11

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

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aryland  STREET AND NUMBER  10 Michael  ARITAL STATUS  Never Married 2   Never Married 4   Divon	thution, give s  rth Riebent R	d. Arundel  12. WAS DECEDER FORCES? IF YES, GIVE V CATION CORIDINATION CORRESCE  TRACE CENSEE	Yes 2 WAR OR DATE  16  +)  20b. P	S. ABMED 2 ANO S. Ba. DECEDENT'S (Give kind of the Do NOT to Secret	Parl ry, Town of thic thic  13.  13.  G ADDRES: Went	WAS DEC If yes, spin of UT YES  CCUPATIC during mo	210 EENDENT OF CODE 210 EENDENT OF CODE 2 2 NO DN 18. MOTH Lena	ED90 FHISPAN N, Mexica Specify  G HER'S NA	IIC ORIGIN? (Sp. n, Puerto Rican :  16b. KIN Pruc ME (First, Middle Route Number, Carkvil	D OF BUSING COLOR OF BUSING A Malden St.	Be. COUNT Balt:  10g. CITIZE U.S. A V V V V V V V V Al Ir V Albi Stefe, Zip C	In of what A.  A. RACE — A. Black, WY Specify: White STRY  Insuran  recht 1234	I. INSIDE CITY LIMITS?  YES 2 NO COUNTRY?  American Indian, vita, atc.
806 Wentwo SIDENCE OF DECISTATE  aryland  STREET AND NUMBER 10 Michael  ARITAL STATUS  Never Married 2 15. DECE (Specify only)  Immentary/Secondary (o- 12 yrs  ATHER'S NAME (First, Micharles  INFORMANT'S NAME (	Ave.  Anne  Ave.  Arried  Dent's EDU  highest grade  file, Last)  Dor  po/Print)  Len z  DN  3	d. Arundel  12. WAS DECEDER FORCES? IF YES, GIVE V CATION CORIDINATION CORRESCE  TRACE CENSEE	Yes 2 WAR OR DATE  16  +)  20b. P	S. ABMED 2 AND S. S. ABMED 2 AND S. S. ABMED 2 AND S. S. S. ABMED 2 AND S. S. S. ABMED 2 AND S. S. ABMED 2 AND S. S. ABMED 2 AND S. S. ABMED 2 AND S. S. ABMED 2 AND S. ABM	Parl ry, Town of thic thic  13.  13.  G ADDRES: Went	WAS DEC If yes, spin of UT YES  CCUPATIC during mo	TION  2. ZIP CODE 210 ENDENT O ecity Cubar 2 No DN et of working 18. MOTH Len a and Number	ED90 FHISPAN N, Mexica Specify  G HER'S NA	IIC ORIGIN? (Sp. n, Puerto Rican :  16b. KIN Pruc ME (First, Middle Route Number, Carkvil	D OF BUSING A Markion St.	Balt:  10g. CITIZE  U.S. A  V No. 10  V Ness/INDUS  al Ir  Urname)  Albi  Stefe, Zip C	imore  10d 11 C N of what A. 4. RACE — A Black, w Specify: White STRY  nsuran recht code) 1 2 3 4	L. INSIDE CITY LIMITS?  YES 2 1 NO COUNTRY?  American Indian, vita, atc.
SIDENCE OF DECISTATE  aryland  STREET AND NUMBER  10 Michael  ARITAL STATUS  Never Married 2   M  (Widowed 4   Divon  Specify only  Nementary/Secondary (0-  12 yrs  ATHER'S NAME (First, Micharles  INFORMANT'S NAME (First, Micharles  INFORMANT'S NAME (First, Micharles  INFORMANT'S NAME (First, Micharles  INFORMANT'S NAME (First, Micharles  INFORMANT'S NAME (First, Micharles  INFORMANT'S NAME (First, Micharles  ATHER'S NAME (First, Micharles  INFORMANT'S NAME	AVe.  Anne  Ave.  Married  Dent's EDU  highest prade  122)  DOT  pe/Print)  Len Z  N  Specify  Seeses, or	Arundel  12. WAS DECEDED FORCES?  15 YES, GIVE V  CONTIDIENCE  CONTIDIENCE  The Cker  COVARIANT STATE  COVAR	Yes 2 WAR OR DATE  16  +)  20b. P	S. ABMED 2 AND S. S. ABMED 2 AND S. S. ABMED 2 AND S. S. S. ABMED 2 AND S. S. S. ABMED 2 AND S. S. ABMED 2 AND S. S. ABMED 2 AND S. S. ABMED 2 AND S. S. ABMED 2 AND S. ABM	thic  susual of work done was refred.)  ary  G ADDRESS  Went	UM 10f WAS DEC If yes, spin 1 YES CCUPATIC during mo	210 EENDENT OF CODE 210 EENDENT OF CODE 2 2 NO DN 18. MOTH Lena	F HISPAN I, Mexica Specify G	16b. KIN Pruc ME (First, Middle Route Number, Carkvil	Docity Year or, etc.)  D OF BUSIN  denti  a, Malden Su  City or Town,  le, M	U.S. A  Ver No.— 11  Ver No.— 11  Ver No.— 11  Ver No.— 11  Ver No.— 11  Ver No.— 11  Ver No.— 11  Ver No.— 11  Ver No.— 11  Stefe, Zip C	I 10d  1 C N OF WHAT  A.  4. RACE — / Spoodly: White STRY  nsurar  recht  1234	THE 2 NO COUNTRY?  American Indian, vita, stc.
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aryland  STREET AND NUMBER  10 Michael  ARITAL STATUS  Never Married 2 16  Widowed 4 10 Divon  15. DECE (Specify only)  Idementary/Secondary (0-  12 yrs  ATHER'S NAME (First, Micharles)  INFORMANT	Anne Ave.  Married bed  DENT'S EDU highest prede litz)  John Len z  DON 3 - Ram Specify . SERVICE Little	Arundel  12. WAS DECEDER FORCES? IF YES, GIVE V  CATION completed)  College (1-4 or 5	Yes 2 WAR OR DATE  16  +)  20b. P	S. ABMED 2 AND S. S. ABMED 2 AND S. S. ABMED 2 AND S. S. S. ABMED 2 AND S. S. S. ABMED 2 AND S. S. ABMED 2 AND S. S. ABMED 2 AND S. S. ABMED 2 AND S. S. ABMED 2 AND S. ABM	thic  13.  13.  14.  15.  15.  16.  17.  18.  18.  19.  19.  19.  19.  19.  19	WAS DEC If yea, spin of the year of the ye	210 CENDENT O COLOR T	F HISPAN I, Mexica Specify G	16b. KIN Pruc ME (First, Middle Route Number, Carkvil	D OF BUSIN denti a, Maiden Sc	U.S. A  r No 11  NESS/INDUS  al Ir  urname)  Albi  Stete, Zip C	In of what A.  A. RACE — A. Black, WY Specify: White STRY  Insuran  recht 1234	LIMITS?  YES 2 10 NO COUNTRY?  American Indian, vita, atc.
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gastii	PM	11.							_   10			OF	MILABLE PRIOR TO MPLETION OF CA DEATH?
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Natural 6 🗆 I		28a. DATE O (Month,	F INJURY Day, Year)	28b. Ti	ME OF JURY M	WC	ORK?	NO	28d. DEŞCRI	BE HOW IN	JURY OCCU	JRED	
Suicide 6	Could not be	28e. PLACE building	OF INJURY — J. atc. (Specify)	Al home, ferm	, street, fac	ctory, offic	De .				nd Number o	r Rurel Route	Number,
(Check only		the second second second											d manner sa st
SIGNATURE AND TITLE	OF CERTIFIE	B) add	1	. ^			29c. LICI	ENSE NU	MBER		29d. DATE	SIGNED (Mo	inth, Day, Year)
Mohl	4	reun	MM	(0)			L	15	1586		3	19	-91
THE RESERVE OF THE PARTY OF THE	NAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  MANNER OF DEATH  Netural 6   1 Accident	AND CASE REFERRED TO MEDICAL EXAMINER?    New Case REFERRED TO MEDICAL EXAMINER?    YES 2 NO   Nanner OF DEATH   Netural   6 Pending Investigation   Suicide   6 Could not be detarmined   Certifier (Check only 2 MEDICAL EXAMINER)    SIGNATURE AND TITLE OF CERTIFIER   CER	NAS CASE REFERRED TO MEDICAL EXAMINER: On the basts of SIGNATURE AND TITLE OF CERTIFIER    Leading to immediate specific to conditions, my, leading to immediate specific to the conditions of the conditions of the conditions of the conditions contributing to the conditions conditions contributing to the conditions contributing to the condit	DUE TO (OR AS A COMPLETED CAUSE OF DEATH  PART II. Other significent conditions contributing to deeth but conditions conditions contributing to deeth but conditions contributing to deeth but conditions conditi	DUE TO (OR AS A CONSEQUENCE OF CONTROL OF CO	THE II. Other algnificent conditions contributing to deeth but not resulting in the use and the second solutions contributing to deeth but not resulting in the use and the second solutions contributing to deeth but not resulting in the use and the second solutions contributing to deeth but not resulting in the use and the second solutions contributing to deeth but not resulting in the use and the second solutions contributing to deeth but not resulting in the use and the second solutions contributing to deeth but not resulting in the use and second solutions.  THE II. Other algnificent conditions contributing to deeth but not resulting in the use and second solutions.  THE II. Other algnificent conditions contributing to deeth but not resulting in the use and second solutions.  THE II. Other algnificent conditions contributing to deeth but not resulting in the use and second second second solution.  THE II. Other algnificent conditions contributing to deeth but not resulting in the use and secon	DUE TO (OR AS A CONSEQUENCE OF):  DUE TO	DUE TO (OR AS A CONSEQUENCE OF):  DUE TO	DUE TO (OR AS A CONSEQUENCE OF):  DUE TO	DUE TO (OR AS A CONSEQUENCE OF):  DUE TO	DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  Linitisted events Litting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  Linitisted events Litting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  Linitisted events Litting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  Linitisted events Litting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  Linitisted events Litting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  Linitisted events Litting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  Litting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  Litting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR A	DUE TO (OR AS A CONSEQUENCE OF):  The provided in the conditions, range is a consequence of cons	DUE TO (OR AS A CONSEQUENCE OF):  DUE TO

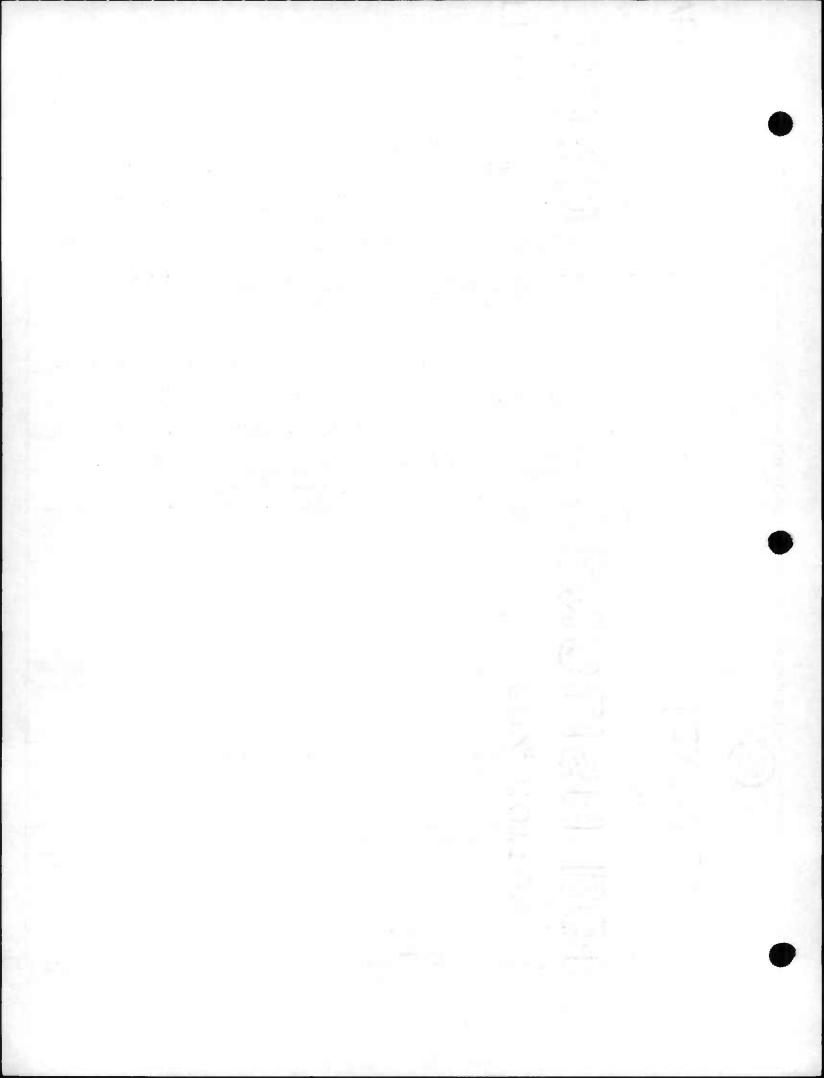
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

RIPPLE

2. DATE OF DEATH DAY 3 19

YEAR 91



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50000	ath with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.	marked or item 23 shows any injury or other traumatic event, the medical examiner must be notified at once.
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36.35 CLENCYLE AVE., APT. 5—C  BALITMORE  106. COUNTY  MARYLAND  106. STREET AND NUMBER  106. STREET AND NUMBER  106. STREET AND NUMBER  107. WAS DECEDENT FURTH IN U.S. ARMED PORCES?  11. MARTAL STRUE  11. NAME PROPERTY OF HISPANIC ORIGINAL Specify The or No. 14. RACK.—American inc Black, White, stc. or 15. PROCESS?  11. NAME AND ADDRESS (Street and Number or Paral Florate Number, Carlos	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	(Month, Day, Year)  28e. PLACE OF INJURY — All	INJURY M	WORK? 1 YES 2 NO	281. LOCATION (Street	and Number or F		
36.35 CLENCYLE AVE., APT. 5—C RESIDENCE OF DECEDENT 10b. STREET AND NUMBER 10b. STREET AND NUMBER 36.35 CLENCYLE AVE., APT. 5—C 11b. STREET AND NUMBER 36.35 CLENCYLE AVE., APT. 5—C 11b. STREET AND NUMBER 36.35 CLENCYLE AVE., APT. 5—C 11b. NART STRUE 11b. New Married 11b. New Married 11b. New Married 11b. New Married 11b. New Married 11b. New Married 11b. New Married 11b. New Married 11b. New Married 11b. New Married 11b. New Married 11b. New Specify Colon, Maclacia, Puerto Rican, etc.) 11b. Nas DECEDENT'S BUGATION 11b. Nas DECEDENT'	EXAMINER?  1 YES 2 NO	☐ Inpatient 2 ☐ ER/Outpatient	3 DOA 4 1	ER: tursing Home 5 Residence	8 Other (Specify)			
36.35 CI_ENCYI_E AVE _ APT _ 5—C  RESIDENCE OF DECEDENT  10s. STREET AND NUMBER  365. CI_ENCYI_E AVE _ APT _ 5—C  10s. STREET AND NUMBER  365. CI_ENCYI_E AVE _ APT _ 5—C  10s. STREET AND NUMBER  365. CI_ENCYI_E AVE _ APT _ 5—C  11s. MARINAL STRUS  1		WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check on						
36.35 GLENCYLE AVE., APT. 5-C  RESIDENCE OF DECEDENT  106. STATE  106. COUNTY  MARYLAND  106. STREET AND NUMBER  36.35 GLENCYLE AVE., APT. 5-C  11. MARITAL STATUS  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  17. WAS DECEDENT OF HISPANIC ORIGIN'S (Specify Yes or No.—)  18. MARITAL STATUS  19. WAS DECEDENT'S EDUCATION  19. WAS DECEDENT'S EDUCATION  19. Specify Cobe, Mainten, Puetro Ricari, etc.)  19. Specify Warl on the Mainten of College (1-4 or 5 +)  19. B. DECEDENT'S EDUCATION  19. B. DECEDENT'S EDUCATION  19. B. DECEDENT'S EDUCATION  19. B. DECEDENT'S EDUCATION  19. B. DECEDENT'S EDUCATION  19. B. DECEDENT'S EDUCATION  19. B. DECEDENT'S EDUCATION  19. B. DECEDENT'S EDUCATION  19. B. DECEDENT'S EDUCATION  19. B. DECEDENT'S USUAL OCCUPATION  19. B. DECEDENT'S EDUCATION  19. B. DECEDENT'S EDUCATION  19. B. DECEDENT'S EDUCATION  19. B. DECEDENT'S EDUCATION  19. B. DECEDENT'S EDUCATION  19. B. DECEDENT'S EDUCATION  19. B. DECEDENT'S EDUCATION  19. B. DECEDENT'S USUAL OCCUPATION  19. B. DECEDENT'S EDUCATION  19. B. DECEDENT'S EDUCATION  19. B. DECEDENT'S USUAL OCCUPATION  19. B. DECED	PART II. Other aignificant conditiona	contributing to death but not	t reaulting in the	underlying cause given I	PERFO	RMED?		
3635 CI_ENCYIE AVE., APT. 5—C  RESIDENCE OF DECEDENT  10s. STATE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONS	EQUENCE OF):					
36.35 GI_ENCYI_E AVE., APT. 5—C RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY  MARYI_AND  10c. STREET AND NUMBER  36.35 GI_ENCYI_E AVE., APT. 5—C  11. MARITAL STATUS  1	shock, or heart feiture. LI IMMEDIATE CAUSE (Final disease or condition	CARO	death. Do not ent ne.	er the mode of dying, au	ich aa cardiac or rea	piratory arrest,	Approximate interval Betwee Onset and Dec	
3635 CLENGYLE AVE., APT. 5—C RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION  MARYLAND 10c. STREET AND NUMBER 10c. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— (if yes, specify Cuban, Maxican, Puerto Rican, stc.) 1	1 Burtal 2 Cremation 3 Remov	of cemeter of cemeter	ry, crematory or othe	2. NAME AND ADDRESS OF SOL LEVINS	A/19/91 B ACILITY SON & BROS.	ALTIMOS	RE, MD	
3635 GI_ENGYI_E AVE. , APT 5—C  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION  MARYI_AND  BAI_TIMORE  10c. CITY, TOWN OR LOCATION  BAI_TIMORE  10c. CITY, TOWN OR LOCATION  BAI_TIMORE  10c. CITY, TOWN OR LOCATION  BAI_TIMORE  10c. CITY, TOWN OR LOCATION  10c. CITY, TOWN OR LOCATION  10c. CITY, TOWN OR LOCATION  10c. CITY, TOWN OR LOCATION  10c. CITY, TOWN OR LOCATION  10c. CITY, TOWN OR LOCATION  10c. CITY, TOWN OR LOCATION  10c. CITY, TOWN OR LOCATION  10c. CITY, TOWN OR LOCATION  10c. CITY, TOWN OR LOCATION  10c. CITY, TOWN OR LOCATION  10c. CITY, TOWN OR LOCATION  10c. CITY, TOWN OR LOCATION  10c. CITY, TOWN OR LOCATION  10c. CITY, TOWN OR LOCATION  10c. CITY, TOWN OR LOCATION  10c. CITY, TOWN OR LOCATION  10c. CITY, TOWN OR LOCATION  11c. MARY SPECIAL COUNTY  11c. MARY SPECIAL COUNTY  11c. MOTHER'S NAME (First, Middle, Melden Surname)  11c. MOTHER'S NAME (First, Middle, Melden Surname)  11c. MOTHER'S NAME (First, Middle, Melden Surname)  11c. MOTHER'S NAME (First, Middle, Melden Surname)  11c. MOTHER'S NAME (First, Middle, Melden Surname)  11c. MOTHER'S NAME (First, Middle, Melden Surname)  11c. MOTHER'S NAME (First, Middle, Melden Surname)  11c. MOTHER'S NAME (First, Middle, Melden Surname)  11c. MOTHER'S NAME (First, Middle, Melden Surname)  11c. MOTHER'S NAME (First, Middle, Melden Surname)  11c. MOTHER'S NAME (First, Middle, Melden Surname)								
3635 GLENGYLE AVE. APT. 5—C  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION  MARYLAND  BALTTMORE  10c. STREET AND NUMBER  10c. STREET AND NUMBER  10c. STREET AND NUMBER  10c. STREET AND NUMBER  10c. CITY, TOWN OR LOCATION  10d. INSIDE CIT LIMITS?  1 Tyes 2  10d. CITIZEN OF WHAT COUNTRY?  21 21 5  11. MARITAL STATUS  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 2 Married  1 Never Married 4 Divorced  1 Never Married 4 Divorced  1 Never Married 4 Divorced  1 Never Married 5 No Specify:  1 No Specify:  2 No Specify:  2 No Specify:  3 No Specify:  3 No Specify:  4 No Specify:  4 No Specify:  4 No Specify:  4 No Specify:  4 No Specify:  4 No Specify:  4 No Specify:  4 No Specify:  4 No Specify:  4 No Specify:  4 No Specify:  4 No Specify:  4 No Specify:  4 No Specify:  5 No Specify:  5 No Specify:  5 No Specify:  5 No Specify:  5 No Specify:  5 No Specify:  5 No Specify:  5 No Specify:  5 No Specify:  5 No Specify:  5 No Specify:  5 No Specify:  5 No Specify:  5 No Specify:  5 No Specify:  5 No Specify:  5 N	HARRY STEINBERG				PEARL (UNK	NOWN)		
3635 GI_ENGYI_E AVE. APT. 5—C  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION  MARYI_AND  BAI_TIMORE  10f. ZIP CODE  10g. CITIZEN OF WHAT COUNTRY?  10g. CITIZEN OF WHAT COUNTRY?  11m. MARITAL STATUS  11m. MARITAL STATUS  11m. Never Married  12m. Was Decedent ever in u.s. Armed FORCES?  11m. Ves 2m. No Specify:  11m. Was Decembert of Hispanic Orligin? (Specify Yee or No-Hispanic Orligin? (Specify: WHITE)  12m. Ves 2m. No Specify:  13m. Was Decembert of Hispanic Orligin? (Specify Yee or No-Hispanic Orligin? (Specify: WHITE)	(Specify only highest grade of	mpleted)	(Give kind of work don its. Do NOT use retired	ne during most of working !.)	16b. KIND OF BU			
3635 GLENGYLE AVE. APT. 5-C RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CIT LIMITS? 11 YES 2  10c. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?	11. MARITAL STATUS 1 Never Married 2 Married	2. WAS DECEDENT EVER IN U.S. A FORCES? 1 TYES 2 F IF YES, GIVE WAR OR DATES	INO	3. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxk 1 YES 2 NO Spec	ANIC ORIGIN? (Specify Yesen, Puerto Ricen, atc.)	e or No- 14.		
3635 GLENGYLE AVE., APT. 5-C BALTIMORE  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION  10d. INSIDE CIT	10e. STREET AND NUMBER		BAT	10f, ZIP CODE			1 VES 2 NO	
		a de la de la de la dela de la dela dela	10c. CITY, TOWN				10d. INSIDE CITY	
	36. FACILITY NAME (If not institution, give street		9b. Cf	TY, TOWN OR LOCATION OF I		9c. COUNTY	OF DEATH	
214-80-3510 1 M 2 [X F PRS. MONTHS DAYS HOURS MIN. (Month, Day, Year)	00.4.00.000.0	Ou o Me	MONTH		(Month, Day, Year)	C	MARYLAND	
RHODA RIDO MONTH DAY YEAR	1. DECEDENT'S NAME (First, Middle, Last)	RHODA RU	JDO		MONTH D		3. TIME OF DEATH 2:05 P.	

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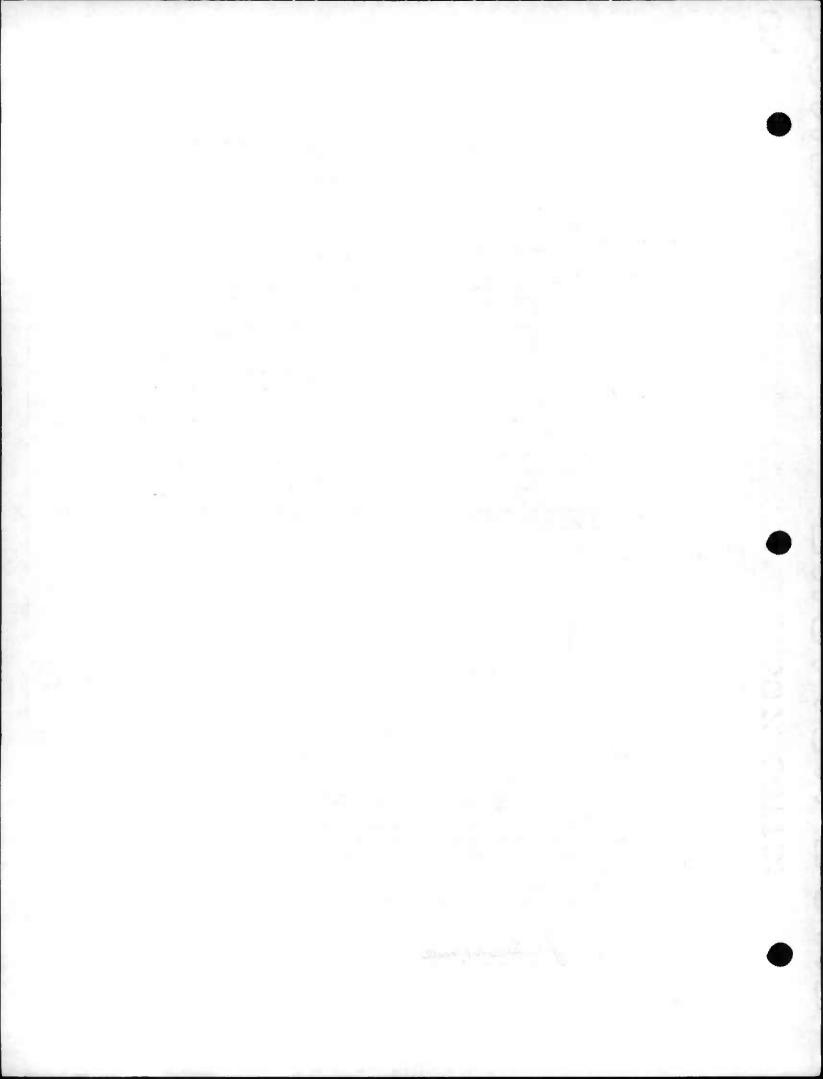
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31. DATE FILED (Morith, Day, Year) MAR 2 1 1991

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
2435 W- BIVLDU AM BALTIMORE

32. REGISTRAR'S SIGNATURE a Davidson-Randelle



permit. Pages 1, 2, 3 should

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page 5 should be detached for

funeral director,

	nours after d	filled in by the	
DIVISION OF VITAL RECORDS, 1:0: ECA. 19149,	HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a rours after of	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
3	HOSPITAL I	FUNERAL C	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH PM AHKIL KAVel 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) RUSSIA DAYS HOURS 1 M 2 N VBS 4-28 Se. FACILITY NAME (If not institution, give street end number) 9c COUNTY OF DEATH 96 CITY TOWN OR LOCATION OF DEATH DIRECTOR RANDALLSTOWN BALTIMORE BALTIMORE COUNTY GENERAL HOSPITAL RESIDENCE OF DECEDENT 10b, COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? YES 2 NO BALTIMORE MARYLAND 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE 21215 6910 MARSUE DR., APT. T-2 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien, Black, White, etc. If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 YNO Specify: 1 Never Merried 2 Merried WHITE BY 3 🔀 Widowed 4 🗌 Divorced ED 16e, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16h, KIND OF BUSINESS/INDUSTRY ш Elementary/Secondery (0-12) College (1-4 or 5+) COMPL AT HOME HOUSEWIFE 18. MOTHER'S NAME (First, Middle, Meiden Surname)
RIVKAH (UNKNOWN) 17. FATHER'S NAME (First, Middle, Last) SHPAK notified at SIMCHA BE MAILING ADDRESS (Street end Number or Rurel Route Number, City or Town, Stete, Zip Co. 6910 MARSUE DR., APT. T-2 BALTO., M 19e. INFORMANT'S NAME (Type/Print) 2 MRS. SIMA TIR BALTO., MD 21215 90 20e. METHOD OF DISPOSITION

YI 
Burlel 2 Cremation 3 Removal from State

One of the Control of t 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State must TIFERETH ISRAEL ANSHE SFARD ROSEDALE, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE SOL LEVINSON & BROS., INC. LIMA 6010 REISTERSTOWN RD. BALTO., MD 21215 23. PART Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feliure. List only one cause on each lins. the medical Interval Between Onset and Death IMMEDIATE CAUSE (Final Severe Consestive Heart Failure disease or condition resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): Tailure to theire traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING Malnutuition CAUSE (Disease or injury Injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS 24e. WAS AN AUTOPSY MEDICAL Decubitus AMILABLE PRIOR TO 1+100/2 Ulars any COMPLETION OF CAUSE 1 YES 2 -NO shows : 1 TYES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Ten. HOSPITAL . 1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 90 8 Could not be COMPLETED 28 4 🗌 Homicide tem 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end menner as stated. = 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner ee stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: IT 296. SIGNATURE AND TITLE OF CERTIFIES 29d. DATE SIGNED (Month, Day, Year) H 415 Ru 2 36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) mell



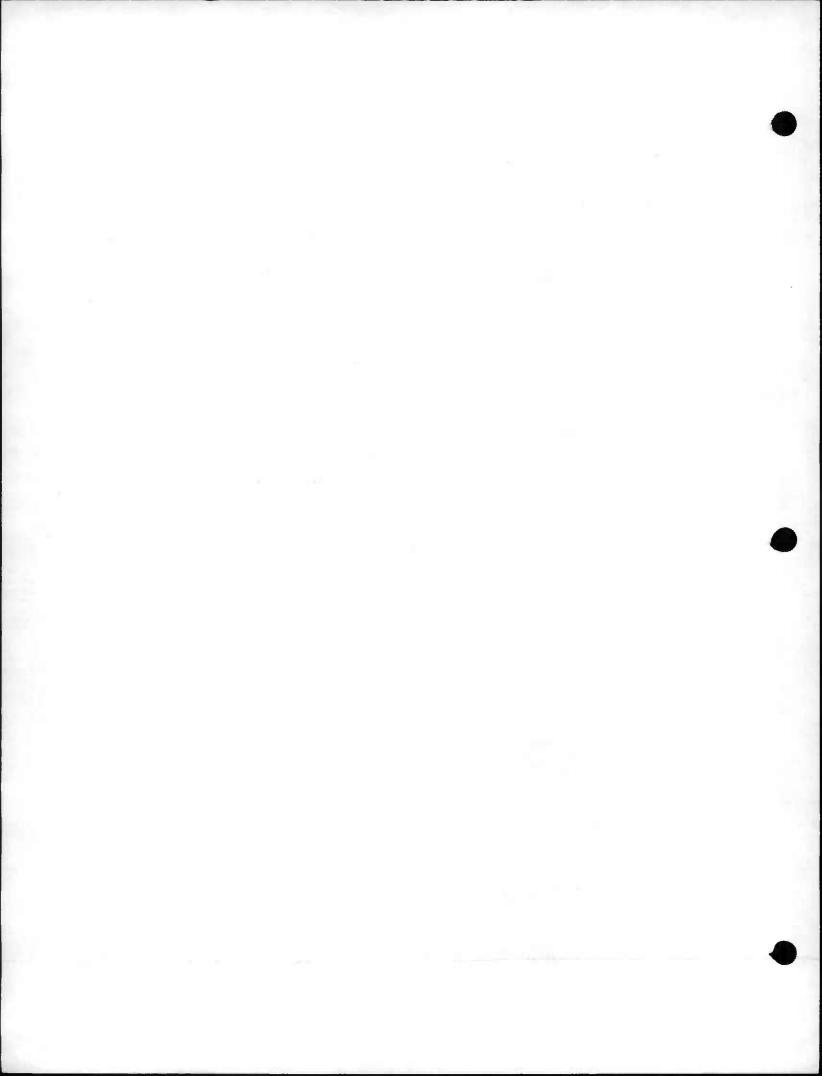
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MAR

2 1 1991

32. REGISTRAR'S BIGNATURE

chia Davidson



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BALIIN	THE WENTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 👡 HOURS after death. Pa	m THE HINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of		and the second s
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	HYS	nis c	F	7
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ξģ	デ	F	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	i
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	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.								
0	1. DECEDENT'S NAME (First, Middle, Last) Rachel A. Reed  2. DATE OF DEATH MONTH DAY 9 YEAR 6 15 P M								
	4. SOCIAL SECURITY NUMBER 5. SEX 5. AGE (In yrs. last birthday)   F under 1 YEAR   F under 24 HMS.   7. DATE OF BIRTH (Month, Day; Year)   8/10/1903   West Virginia								
OR	SO, ANCILITY NAME (IT NOT INSTITUTION, give street end frumber)  TRINCE GEORGES HOSPITAL CENTEL  SO, COUNTY OF DEATH  CHEVERLY  MA  SC. COUNTY OF DEATH  CHEVERLY  SO, COUNTY OF DEATH  CHEVERLY  SO, COUNTY OF DEATH  CHEVERLY  SO, COUNTY OF DEATH  SO, COUNTY OF D								
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE								
ERAL	10e. STREET AND NUMBER  10f. ZIP CODE  10g. CITIZEN OF WHAT COUNTRY?  20743  United States								
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married 5 Married 5 Married 5 Married 6 Married 7 Married 7 Married 7 Married 7 Married 7 Married 7 Married 7 Married 7 Married 7 Married 8 Married 8 Married 8 Married 8 Married 8 Married 8 Married 8 Married 8 Married 8 Married 8 Married 9 Married 8 Married 9 Married								
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  The Complete of the control of the contr								
COMF	12th Grade Housewife Private  17. FATHER'S NAME (First, Middle, Lest)  18. MOTHER'S NAME (First, Middle, Meiden Surname)								
TO BE	Unknown (Unknown) Taylor  19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
T	Helen Mills 500 Ventura Ave., Capitol Heights, MD.  20e. METHOD OF DISPOSITION 1 Department of Disposition 1 Department of Disposition (Name of commeter), crematory or commeter of Disposition (Name of commeter), crematory								
	Lincoln Memorial Cemetery Suitland, Maryland  21. SIGNATURE OF UNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Stewart Funeral Home  4001 Benning Road, N.E. Wash. D.C.								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
CAL CER	PART il. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?								
ME	1   YES 2   NO   OF DEATH? 1   YES 2   NO								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  1 Input lant 2 PER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)								
D BY PHYS	27. MANNEB OF DEATH  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  M 1 VES 2 NO								
Ш	2 Accident Investigation 3 Suicide 8 Could not be determined  28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								
COMPLET	29s. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.								
TO BE CO	D21230 29d. DATE SIGNED (Month, Day, Year) 3-17-91								
	31. DATE FILED (Morith, Day, Year)  32. REGISTRAT'S SIGNATURE  33. DATE FILED (Morith, Day, Year)  34. REGISTRAT'S SIGNATURE								
	MAD 2 1 1001								

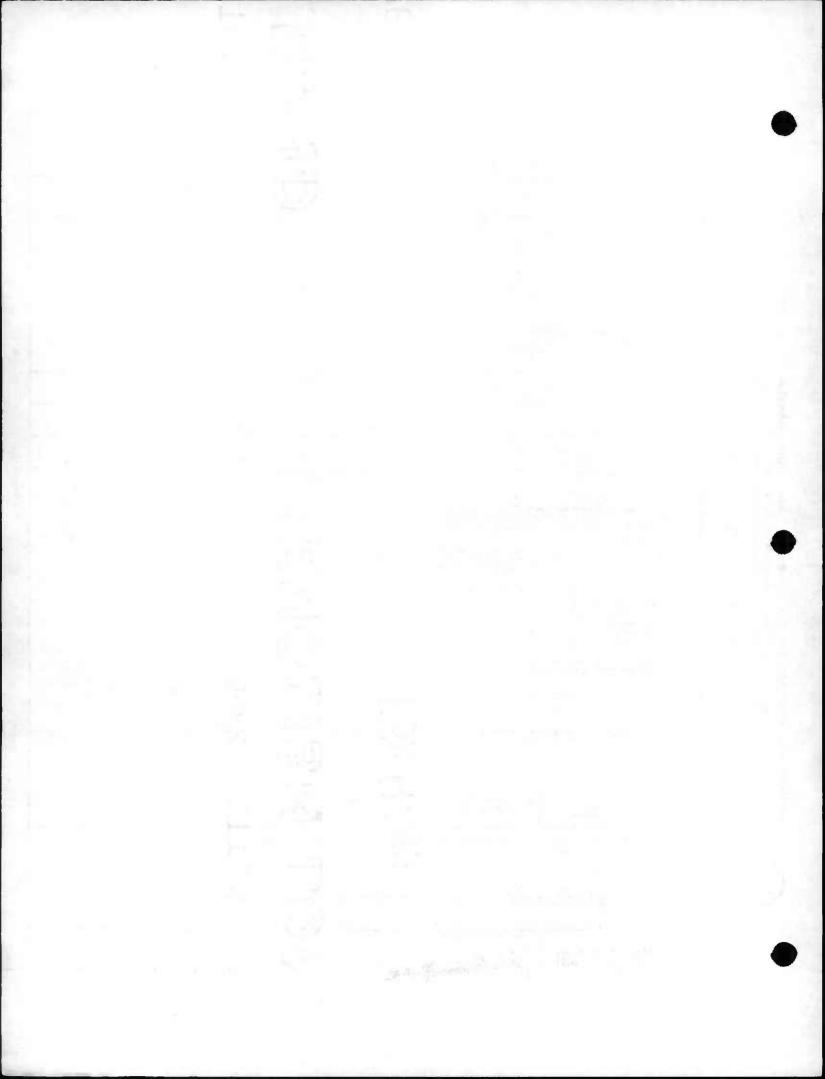
FOR STATE REGISTRAR

1 -

	4 hours	illed in
68760,	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours	ucoal published this carrieges has been closed by the attending physician and completely filled in
BOX	tificate be ex	n physician a
DS, P.C	he death cer	the attending
ECOR	equires that t	An sinned by
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	IAN: The law	rificate has he
ON OF	ING PHYSIC	After this car
DIVISION	L OR ATTENC	OIDE/TIND
	SPITAL	ICDA

					rrs. lest birthdey)	ROMAN		IE DINUE	N 24 HRS.	March 18 at 1991 YEAR			6:20	P M	
	364-01-7959 1 □ M 2 □ F 75								8-2	5-191	5	Country	vI	Barre,	
OR	Po. FACILITY NAME (If not institution, give street and number) Franklin Square Hosp.							l 11e	TON OF DE	EATH			imor		ounty
DIRECTOR		COUNT	timore			ters			unda	alk				LIMI	DE CITY ITS?
ERAL	100. STREET AND NUMBER 8212 Long Po	oin	t Rd.					1. ZIP COI					S.A.		NTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merrie 3 Widowed 4 Divorced	ed	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES :	2 \ NO	- 1	f yes, sp	ecify Cub		in, Puerto F	? (Specify Yes lican, etc.)	or No—	14. RACE Black WHI	t, White, e	can Indien, tc.
COMPLETED	15. DECEDEN (Specify only higher Elementary/Secondary (0-12) Unknown				Give kind of life. Do NOT u	work done o	during mo	st of work	dng		KIND OF BUS Hrist			ng	CHurch
ш	17. FATHER'S NAME (First, Middle, Se		nski					100			Hodde, Maiden salau				
10 8	19a. INFORMANT'S NAME (Type/Pri Ruth Dicker		n		19b. MAILING 225						Pasa			1d.	21122
	20a, METHOD OF DISPOSITION 1		oval from State	20b. P	TACE AND OAT netary, crematory ACTED	e of olse or other p Hear	osition	(Name	lesu:	S 3-	20c. LO 22-91	CATION — Du	chy or to ndal	wn, State	Md.212
	21. SIGNATURE OF FUNERAL SER	TVICE LI	CENSEE			Br	adl	ley-		ton	Funer				c. MD.212
7	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	fellure.	a. Cerebr	OVASC O (OR AS A CO	n line. ular Ac onseouence c	cide		ode of d	ylng, suc	ch as cerd	llac or reap	iratory an	rest,	Ap	proximata erval Between
TIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	fellure.	a. Cerebrous Atrial Due to	OVASC O (OR AS A CO Fibu O (OR AS A CO	n line. ular Ac onseouence c	ccide		ode of d	ying, suc	ch as cerd	ilac or reap	Iratory an	reat,	Ap	proximata erval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	fellure.	a. Cerebre Due to be Atrial Due to construct of the construction o	OVASC OGRASAC OGRASAC	ular Aconseouence of the conseouence	ccide	nt				24a. WAS AN	AUTOPSY		Appint On	proximata erval Between set and Death
MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	fellure.	a. Cerebre Due to be Atrial Due to construct of the construction o	OVASC OGRASAC OGRASAC	ular Aconseouence of the conseouence	ccide	nt					I AUTOPSY RMED?		Ap Int On On On On On On On On On On On On On	proximata erval Between eset and Death  TOPSY FINDINGS E PRIOR TO TION OF CAUSE
MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant co	fellure.	a. Cerebr DUE TO b. Atrial DUE TO c. OUE TO d	OVASC OORASAC FIBU OORASAC	n line.  ular Accounce of lation onsequence of onsequence of not resulting	CCIDE	nt nderlyin 28. P	g cause	given in	Part I.	24a. WAS AN PERFOI 1 TYES 2	I AUTOPSY RMED?		Ap Int On On On On On On On On On On On On On	proximata erval Between set and Death  TOPSY FINDINGS E PRIOR TO TION OF CAUSE H7
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant contents or injury that initiated events resulting in death) LAST  25. WAS CASE REFERRED TO MEDIA SECTION 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	E DICAL DICAL	a. Cerebr  a. Atrial  DUE TO  c. OUE TO  d	OVASC OORASAC Fibu OORASAC OORASAC	not resulting	OTHEL	28. P. Ri: Bing Hor	g cause	OEATH (C/	Part I.	24a. WAS AN PERFOI 1 TYES 2	AUTOPSY RMED?	24b	Ap Int On On On On On On On On On On On On On	proximata erval Between set and Death  TOPSY FINDINGS E PRIOR TO TION OF CAUSE H7
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant or EXAMINER?  25. WAS CASE REFERRED TO MEI EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pendi Invest  3 Suicide 5 Coulc	Endition Dical	List only one cell a. Cerebr DUE TO b. Atrial DUE TO c. OUE TO d. HOSPITAL: 1/D Inpatient 2 28e. DATE O. (Month, I	OVASC OORASACO OORASACO OORASACO	not resulting	OCIDE  FI:  In the un  OTHEL  4 OF JURY  M	28. PR:	LACE OF	OEATH (C/	Part I.  heck only on  5 Othe  28d. DES	24a. WAS AN PERFOI 1 TYES 2	AUTOPSY RMED?  NO  INJURY OC	24b	Applint On On On On On On On On On On On On On	proximata erval Between set and Death  TOPSY FINDINGS E PRIOR TO TION OF CAUSE H? S. 2 \( \) NO
ETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditiona, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant of EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH 1   Natural 5   Pendi   Pen	Endition DICAL DICAL Ing signation of not be mined PHYS	List only one cell a. Cerebr DUE TO b. Atrial DUE TO c. OUE TO d. HOSPITAL: 1/D Inpatient 2 28e. DATE O. (Month, I	OVASC OOR AS A CO	not resulting    DOA   28b. TH   IN   289e, death occur	OCTHEL  OTHEL  A Num  ME OF  JURY  M  street, fact	28. P. R: Sing Hor 28c. IN W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LACE OF THE 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OEATH (C/) Residence NO	Part I.  beck only on  5 Othe  28d. DES  28f. LOC  City	24a. WAS AN PERFOIL  1 YES 2  1 YES 2  1 (Specify)  CRIBE HOW (Street or Town, State,	I AUTOPSY RMED?  I NO  INJURY OC  and Numbe	24b	Apint On International Completion of Death	proximata erval Between set and Death  interpretation of the control of cause H7 S 2 \( \text{NO} \) No
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions in the cause of injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions in the cause of injury that initiated events resulting in death) LAST  25. WAS CASE REFERRED TO MEI EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pendi Invest 3 Suicide 5 Could determ (Check only one) 2 MEDICAL (Check one) 2 MEDICAL (Check one) 2 MEDICAL (Check one) 2 MEDICAL (Check one) 2 MEDICAL (Check one) 2 MEDICAL (Check one) 2 MEDICAL (Check one) 2 MEDICAL (Check one) 2 MEDICAL (Check one) 2 MEDICAL (Check one) 2 MEDICAL (Check one) 2 MEDICAL	DICAL DICAL Ing stgation of not be mined EXAMINIC	List only one cell a. Cerebr DUE TO b. Atrial DUE TO c. OUE TO d. HOSPITAL: 1/D Inpatient 2 28e. DATE O 28e. PLACE building ICIAN: To the best of the	OVASC OOR AS A CO	not resulting  At home, farm,  ige, death occur  at line.  Ular A(  ONSEQUENCE C  ONSEQUENCE C	OTHELD Street, fact	28. P. R: Sing Hor 28c. IN W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LACE OF THE S INTERPRETATION OF THE STATE OF	OEATH (C/) Residence NO	Part I.  beck only on  5 Othe  28d. DES  28f. LOC  City  a to the cau a time, date	24a. WAS AN PERFOIL  1 YES 2  1 YES 2  1 (Specify)  CRIBE HOW (Street or Town, State,	I AUTOPSY NMED?  I NO  INJURY OC  and Numbe	24b	Applint On  WERE AL MAILABI COMPLE OF DEAT  1 YE	proximata erval Between eset and Death  TOPSY FINDINGS E PRIOR TO TON OF CAUSE H7 S 2 NO
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditiona, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions in the cause of th	DICAL  DICAL  Ing digation of not be EXAMINI  EXAMINITED TO SOON WITH A CONTROL OF THE PROPERTY OF THE PROPERT	List only one cell a. Cerebr DUE TO b. Atrial DUE TO c. OUE TO d. HOSPITAL: 1/D Inpatient 2 28e. DATE O 28e. PLACE building ICIAN: To the best of the	OVASC OOR AS A CO	not resulting  Althome, farm,	OTHEL  OTHEL  A ON Nur  ME OF JUHY  M street, fect	28. P. R: Inderlyin 1	LACE OF The 5 1 1 UIRY AT DRIK? YES 2 The a end place deeth occ 29c. Li	OEATH (C/ Residence NO Ce, and ducured at the	Part I.  beck only on  8 Othe  28f. LOC  Chy  a to the cat a time, date	24a. WAS AN PERFOIL  1 VES 2  (Specify)  CRIBE HOW IN Street or Town, State, and place,	I AUTOPSY RMED?  INJURY OC and Numbe	24b COURED or or Rural in the coupe(or FE SIGNED	Apint On International Application of the Amail Abit Completion of the Amail Abit Completion of the Amail Abit Completion of the Amail Abit Completion of the Amail Abit Completion of the Amail Abit Completion of the Amail Abit Completion of the Amail Abit Completion of the Amail Completion of	proximata erval Between eset and Death  TOPSY FINDINGS E PRIOR TO TON OF CAUSE H7 S 2 NO

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

Hilda

1 -

7. DATE OF BIRTH MONTHS DAYS HOURS MIN 1 ☐ M 2 F 218-09-3765 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b, CITY, TOWN OR LOCATION OF GEATH DIRECTOR Manor Care Towson Towson 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Balto. Towson permit. FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE use as the burial-transit 21204 204 E. Joppa hours after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED ORCES? 1 YES 2 NO FORCES? 1 Never Married 2 Merried BY 3 Widowed 4 Divorced COMPLETED 16a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple þ Elementary/Secondary (0-12) College (1-4 or 5+) the funeral director, page 5 should be detached Own Home Homemaker 8 notified at once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Surname) Unknown Unknown 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 2 306 Ivy Church Rd. Timonium, Md. 21093 Ruth Cate eq 20b. PLACE ANO DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, State OATE must 3/18/91 Greenmount Cemetery 21. SIGNATURE OF UNERAL SERVISE LIC examiner 22, NAME AND ADDRESS OF FACILITY 1050 York Rd. make Ruck Towson Funeral Home. removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, filled in by shock, or heart fellure. Liet only one cause on each line. 6 IMMEDIATE CAUSE (Finel BRAIN DISEASE completely filled rial, cremation, the disesse or condition\_ resulting in death) PHYSICIAN: The law requires that the death certificate be executed within other traumatic event, OUE TO (OR AS A CONSEQUENCE OF): bunal, OF CERTIFICATION and Sequentially list conditions, (OR AS A CONSEQUENCE OF): Hygiene prior to If any, leading to immediate physician FRIAL cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 the atten shows any injury, PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY MEDICAL Signed by the 1 | YES 2 | NO Dept. of H PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item certificate h HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 - Residence 8 - Other (Specify) 10 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, this ( 1 Natural 5 Pending 1 YES 2 NO BY After t 2 Accident Investigation 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 8 Could not be determined 49 DIRECTOR: / COMPLETED 4 Homicide 28 Hem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. FUNERAL within 72 ! HOSPITAL IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the couse(e) and manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIC 29c. LICENSE NUMBER BE ままる amal 2 2 3 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

M D 204 E

31. DATE FILEO (Month, Day, Year)

100

Joppa Pd

Randell

Towson

M. Schnitker

6. AGE (In yrs. last birthday)

5. SEX

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 91

IF UNDER 24 HRS.

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

8. BIRTHPLACE (State or Foreign

Poland

Balto.

10g. CITIZEN OF WHAT COUNTRY?

Specify:

U.S.A.

Balto. Md.

The

3. TIME OF DEATH

10d. INSIDE CITY LIMITS? 1 YES 2 NO

White

21204

Approximate

WERE AUTOPSY FINDINGS

**AMILABLE PRIOR TO** COMPLETION OF CAUSE

OF DEATH? 1 YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

8

31

Intarval Between

**Onset and Death** 

14. RACE — American Indien, Black, White, atc.

1:00 P

REG. NO.

16

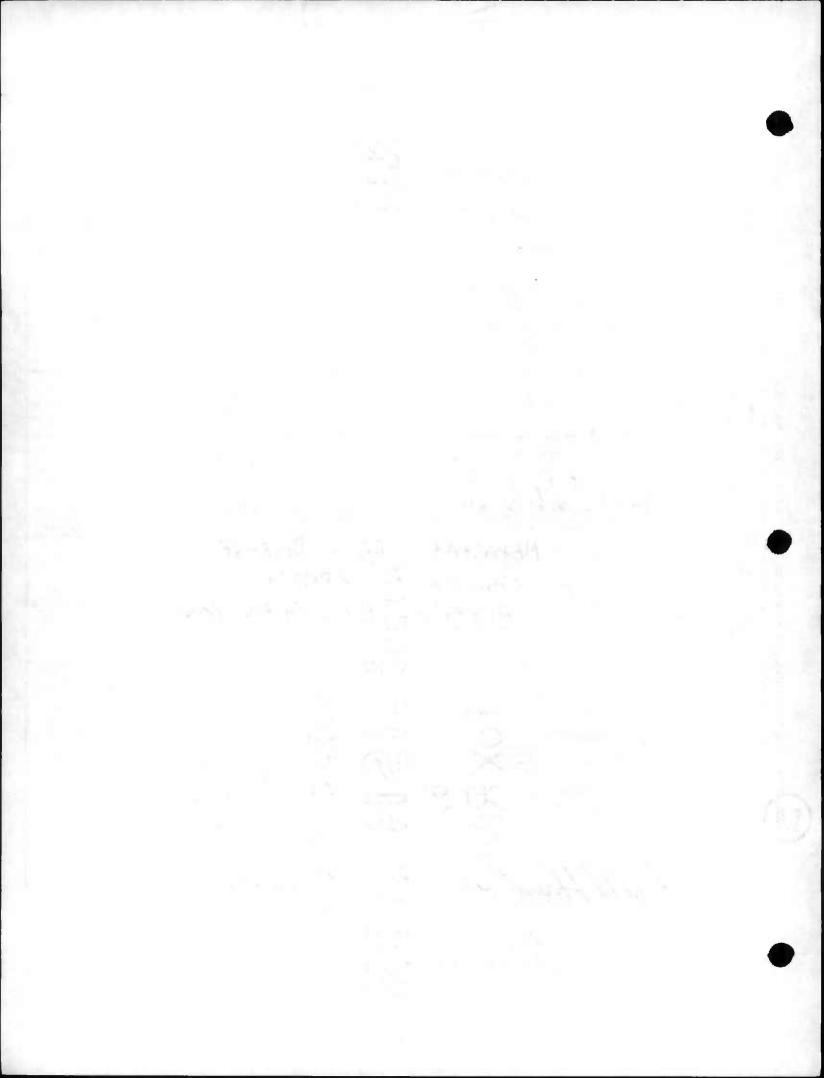
91

9c. COUNTY OF DEATH

1905

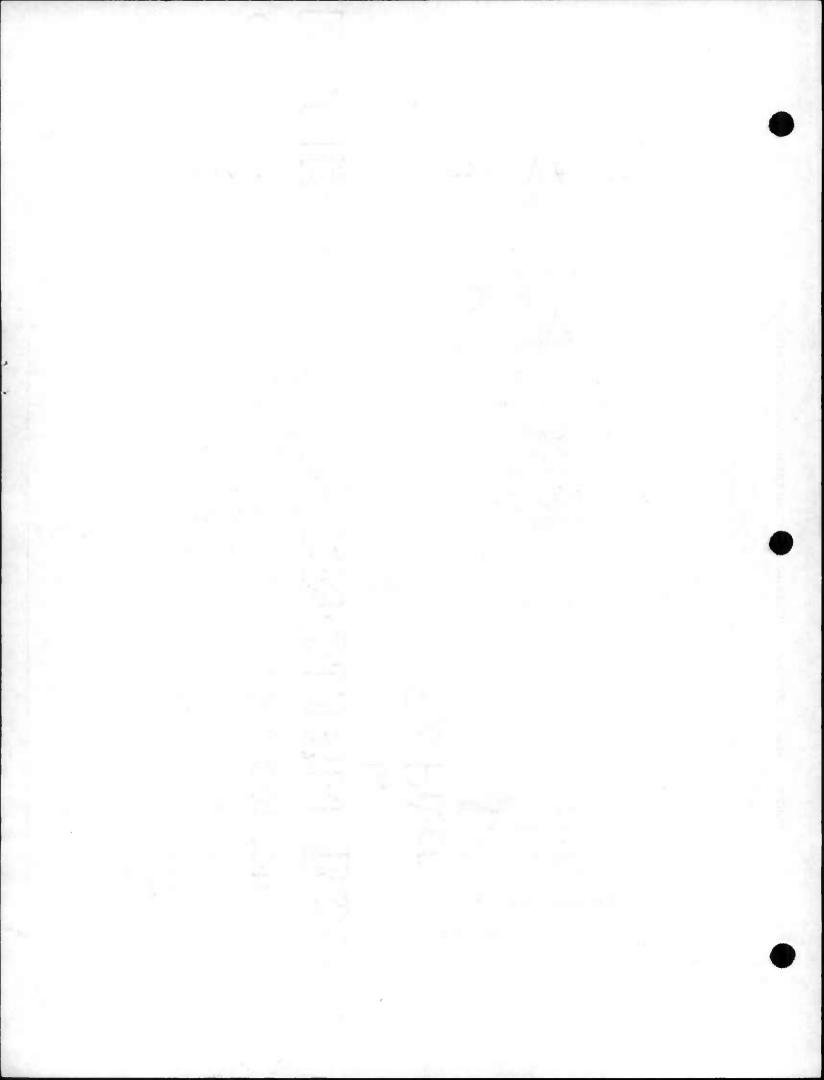
2. DATE OF OEATH MONTH

3



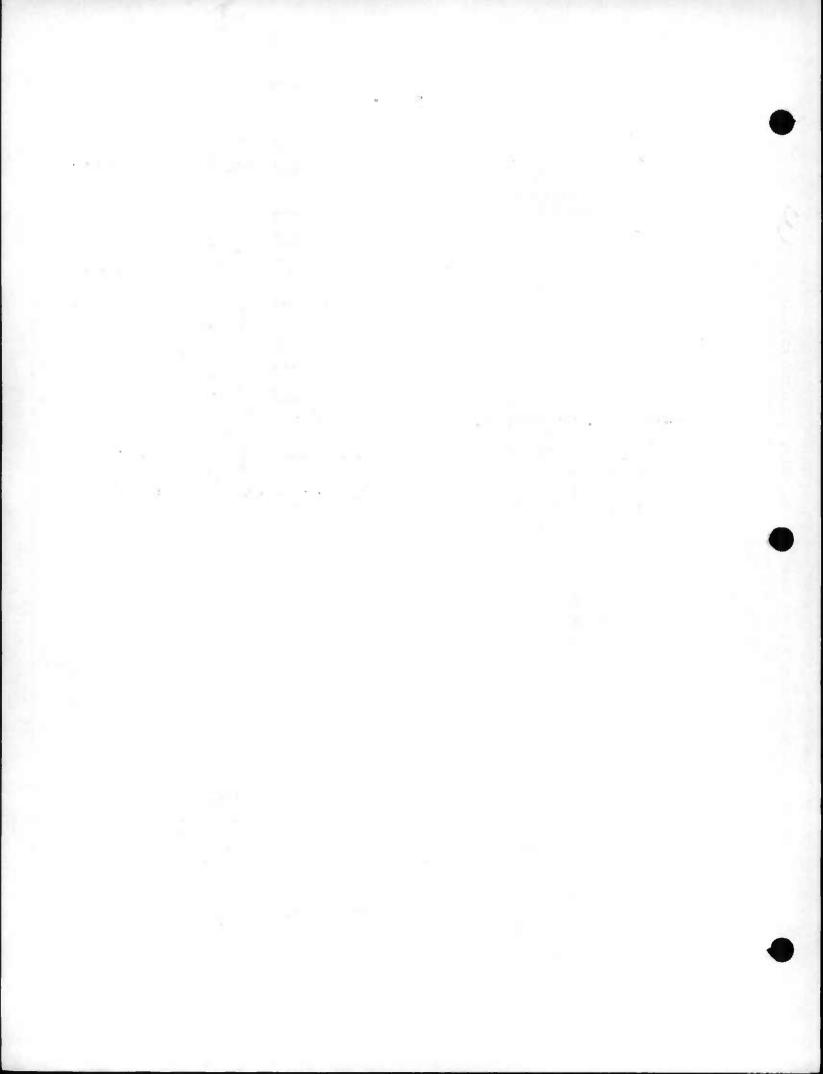
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit TO THE FUREAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, certaition, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPAR CERTIF	TMENT OF HEALTH A		L HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	S. W. Smith		2. DATE	OF DEATH	19	AR 3. TIME OF GEATH
1	4. SOCIAL SECURITY NUMBER 240 -34 -1778	5. SEX 6. AGE (In yrs. lest birthdey)	IF UNDER 1 YEAR IF UNDER 24 MONTHS DAYS HOURS	HRS. 7. DATE (Mont	OF BIRTH	8. 5	Country) M, C
5	Sa. FACILITY NAME (If not institution, give str	estand number)	9b. CITY, TOWN OR LOCATION	OF DEATH	1	c. COUNTY	OF DEATH
2	RESIDENCE OF DECEDENT	19.c CIT	Y, TOWN OR LOCATION				10d. INSIDE CITY LIMITS?
7	100. STREET AND NUMBER	DQ	101. ZIP CODE	12//	´ 1	og. CITIZEN	1 ▼YES 2 □ NO  OF WHAT COUNTRY?
ONE	33/2 C19/	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 1 YES 2 NO	13. WAS DECENDENT OF			No- 14.	RACE — American Indian, Black, Whita, etc.
100	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE MAR'OR DATES	1 TYES 2 NO	Specify:			specify: Black
7	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		USUAL OCCUPATION work done during most of working se retired.)	161	b. KIND OF BUSINI	ESS/INDUST	RY
00	17. FATHER'S NAME (First, Migdle, Last)		18. MOTHE	R'S NAME (First,	Middle, Malden, Sur	name)	
7 2	TIBL BIF ORMANT'S NAME (Type/Print)	19b, MAILING	ADDRESS (Street and Number or	Rural Route Nurr	nber, City or Town, S	itate, Zip Coo	10) Mil
	20s METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remo	wal from State of gemetary, crematory		+ DAT	TE 20 LOCAT	TION — City	or Town, State
	4 Donation 8 Other (Specify)	ENSEE CONTIST	22. NAME AND APPRESS	1	st wil	1	11113,10
	23. PART i. Enter the diseases, or c	omplications that caused the death. Do i	not enter the mode of dying	o utu	bash x	Jue Dry arrest.	Approximate
	iMMEDIATE CAUSE (Final disease or condition	List only one cause on each line.	DICAGO CA	POIDA	40 PATH	7	Interval Between Onset and Death
	resulting in death)	DUE TO (OR AS A CONSEQUENCE O			( )	,	YEARS
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE O	F):				YEARS
	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE O	F):				
AL CE		a contributing to death but not resulting	in the underlying cause give	ven in Part I.	24a. WAS AN AU PERFORME		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
NED C	Tobacco	RSUIL		-	1 D YES 2	90	OF DEATH?  1 Tes 2 PNO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEA	ATH (Check only o	ne)		
2	EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outpetient 3   DOA	OTHER: 4   Nursing Home Testiesi	dence 8 🗆 Oth	er (Specify)		
L	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) 28b. TIM	JURY 28c. INJURY AT WORK?  M 1 YES 2		SCRIBE HOW INJ	JRY OCCUR	ED
200	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, farm, building, etc. (Specify)	street, factory, offica		CATION (Street and y or Town, State)	Number or I	Rural Route Number,
COMPLE	and the second s	CIAN: To the best of my knowledge, death occurs					suse(a) and menner as stated.
ם ב	296. SIGNATURE AND THE OF CERTIFIES	berle I Mo	29c. LICEN	ISE NUMBER			GNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DEATH (ITEM 27) (Type	10-	. 50		/	Cofil
	31. DATE FILED (Month, Day, Year) MAR 2 1 1991	32. REGISTRAR'S SIGNATURE Lina Davidson Rando D	( 000)				



	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA				YGIENE EG. NO.	1-0	174
	1. DECEOENT'S NAME (First, Middle, Last) E. Jun	Shill.	ing			2. DATE OF C	DAY	YEAR 3. TIA	E OF DEATH U
	4. SOCIAL SECURITY NUMBER 216-10-9529	7 / YRS. MON	UNDER 1 YEAR ITHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, De 06 · 2	8.19	Country)	(State or Foreign	
E I	9a. FACILITY NAME (If not institution, give stella Maris Hos		9b.		R LOCATION OF OI	EATH		ry of DEATH ltimore	
2	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT		10c CITY TO	OWN OR LOCAT			J Da.		NSIDE CITY
L DIRECTOR	MD  100. STREET AND NUMBER					altimo			JMITS? YES 2 NO
ERA		O Roland Heig	hts Avenu		LIF GODE	2121		U.S	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN I FORCES? 1 YES IF YES, GIVE WAR OR DAT	U.S. ARMED 2 NO	13. WAS OEC	ENOENT OF HISPAI city Cuban, Mexics 2 X NO Specif	in, Puerto Ricar		14. RACE — Arr Black, White Specify:	hite
8	15. OECEDENT'S EDU (Specify only highest grade	JCATION e completed)	16a. OECEDENT'S USU (Give kind of work	done during mo	N It of working	16b. KIN	D OF BUSINESS/INDU	ISTRY	
PE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT use red Sal	eslady			Hecht Co	mpany	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	Walter Do	rsey				e, Melden Sumeme) I. Tracev		
TO BE	19a. INFORMANT'S NAME (Type/Print)  John W. Sh	illing, Sr.			nd Number or Rural	Route Number, C	e Baltimo	Code)	21211
	20e_METHOD OF DISPOSITION 1 2 Burial 2 Cremation 3 Ren 4 Donation 8 Cther (Specify)	noval from State 20b.	PLACE OF DISPOSITION Of their place) WO		Cemeter	у	Woodlaw		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENTER	20	4.5	D ADDRESS OF FA	. 31	631 Falls altimore,	Road MD 21	211
	23. PART   Energine diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. Cereba Due to (or As A of the Court of th	ch line.						Approximate interval Between Onset end Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	atic L consequence of:	un	g Car	nce.	2		
CAL	PART II. Other aignificant condition	ns contributing to death bu	t not resulting in t	he underlyin	cause given in		L. WAS AN AUTOPSY PERFORMED?  YES 2 NO	AMAIL	AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE EATH?
: MED		٠				-		10	YES 2 NO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (C		IIo ess		
BY PHYSICIAN:	27. MANNER OF DEATH  1 Natural 8 Pending	28b. TIME O	3 DOA 4 Nursing Home 8 Residence 6 DON			DESCRIBE HOW INJURY OCCURED			
	2 Accident Investigation 3 Suicide 6 Could not be 4 Hemicide determined	28e. PLACE OF INJURY - building, etc. (Specif	— At home, farm, stree	rt, factory, offic		281. LOCATIO City or R	OH (Street and Number own, State)	or Rural Route h	lumber,
COMPLETED	(Oraca unit	SICIAN: To the best of my knowle							manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIC	alexano			29c, LICENSE NU D 2708		≥ 3 ≥ 3	SIGNED (Mont	n, Day, Year)
F	30. NAME AND ADDRESS OF PERSON W Carla S. Alexano				ce-Dulan	ey Val	ley Rd	Towson	n 21204

32. REGISTRAR'S SIGNATURE



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Annual death. Page 6 may be retained by the hospital or attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transful be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
---

	FOR 1 - STATE	STATE OF MARYL			HEALTH AND I		<b>E</b> 9	07429
	1. DECEDENT'S NAME (First, Middle, Lest) IRIS S. SCHE	IN	CERTIFI	CALE	PUEATH	2. DATE OF DEATH MONTH DA	W YE	ar 3. TIME OF DEATH 5:25 P M
	4. SOCIAL SECURITY NUMBER 265–48–2863	5. SEX 6. AGE (I	n yrs. lest birthday) 55 YRS.	IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year) 1/21/36	8. 8	NETHPLACE (State or Foreign country)  NEW YORK
TOR	96. FACILITY NAME (If not institution, give sti PHE JOHNS HOPKI RESIDENCE OF DECEDENT			BALIT	N OR LOCATION OF DE		9c. COUNTY	OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY	BALTIMORE		r, town or lo BALTIMO				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 6214 IVYMOUNT RD.				101. ZIP CODE 21209		USA	OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 XMarried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	3√E NO	If yes	DECENDENT OF HISPAN is, specify Cuban, Mexica YES 25 NO Specify			RACE — American Indian, Black, Whita, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		life. Do NOT us	vork done during e retired.)	most of working	16b. KIND OF BU	SINESS/INDUST	
	17. FATHER'S NAME (First, Middle, Last) MEYER JACOBS	2	TRAV	/EL AGI		ME (First, Middle, Malden Y MECHANI		
TO BE	19a. INFORMANT'S NAME (Type/Print) MARVIN H. SCHEIN					Route Number, City or Town		
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Remo	oval from State	other place)	(CHI	cometery, crematory or	3/17/91		or Town, Stata MORE, MD
	21. SIGNATURE OF FUNERAL SERVICE LIK	Lewis		22. NAN	SOL LEVINS D REISTERS	ON'& BROS.	, INC. BALTO.	, MD 21215
	23. PART I. Enter the diseases, or cabock, or heart fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one couse on e	sch line.	, fa			iratory screst	Approximate interval Between Onset and Death
ATION	Sequentisity list conditions, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE O	F):				
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):				
PHYSICIAN: MEDICAL C	PART II. Other significent condition	s contributing to death b	out not resulting	in the under	tying ceuse given in	Part i. 24a. WAS AF PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQEPITAL:		OTHER:	86. PLACE OF DEATH (C	heck only one)		
	1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation	1 Inpetient 2 ER/Out	28b. Tik	E OF 28	Home 5 Residence INJURY AT WORK?  YES 2 NO	8 Other (Specify)  28d. DE\$CRIBE HOW	INJURY OCCUP	RED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe		street, factory,	office	281. LOCATION (Street City or Town, State		Rural Route Number,
COMPLET	one)	ICIAN: To the best of my know						cause(a) and manner as stated.
BE	296. BIGHATURE AND TITLE OF CERTIFIE	- 84D, M	10		29c. LICENSE NU	MBER / S	29d. DATE S ▶ 3	IGNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	e, Print)	N W	elfe 5 +	Ba	14, MJ 21205

01/51/20 20 80 1 K 45 54

8. BIRTHPLACE (State or Fore Country)

Germany

10g. CITIZEN OF WHAT COUNTRY?

9c. COUNTY OF DEATN

3. TIME OF DEATH

10d. INSIDE CITY LIMITS?

1 X YES 2 | NO

2. DATE OF DEATH DAY 3-20-91

7. DATE OF BIRTIN (Month, Dey, Year) 11-20-1902

10e. STATE

AL DIRECTOR

Henry

4. SOCIAL SECURITY NUMBER

213-09-4707

RESIDENCE OF DECEDENT

Maryland

10e. STREET AND NUMBER

9e. FACILITY NAME (If not institution, give atreet end number)

3111 Kenyon Avenue

10b. COUNTY

IF UNDER 1 YEAR

10c. CITY, TOWN OR LOCATION

Baltimore

DAYS

IF UNDER 24 HRS.

MIN.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

10f. ZIP CODE

Baltimore

Schrank

6. AGE (In yrs. last birthday)

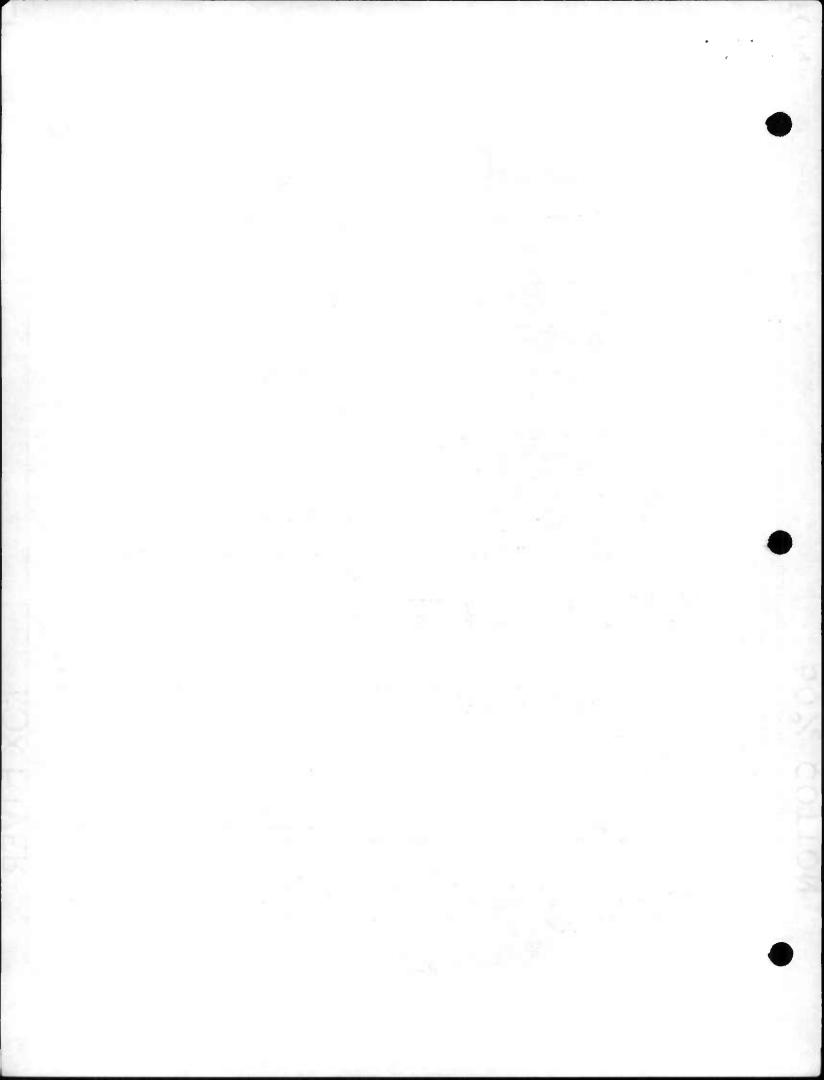
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5. SEX

1 XM 2 - F

BALTIMORE, MARYLAND 21215-0

Ш	3111 Kenyon Avenue			2121:	3	U.S.A.			
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 VINO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Speci	Black, White, etc. Specify:	hite			
윤	15. DECEDENT'S ED (Specify only highest gree		16a, DECEDENT'S US	rk done during most of working	16b. KIND OF BUSIN	ESS/INDUSTRY			
Ē	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use						
COMPL	6th GRade  17. FATHER'S NAME (First, Middle, Last)		Chauff		Hecht C				
		Schrank		III. MOTHER S N	CHE (FIS), MIGGIO, MILIOSIT SU	marrier			
H	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DORESS (Street and Number or Rural	Route Number, City or Town,	State, Zip Code)			
2	Terese(Theresa)	Schrank	3111 K	enyon Avenue Ba	ltimore,Mar	vland-21213			
	20a, METHOD OF DISPOSITION 1 D Burlel 2 Cremation 3 Re			OF DISPOSITION (Name		TION — City or Town, State			
	4 Donation 5 Other (Specify)			f Faith Cemeter					
	21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE h	1	22. NAME AND ADDRESS OF F	0	415 Belair Ro			
-	Mathleen	In which	My.	John C. Mille	er, Inc. B	altimore,Md.2	2120		
	23. PART i. Enter the diseases, or	r complications that cause	d the deeth. Do no	t enter the mode of dying, au	ch as cardiac or reepire		oximat		
	IMMEDIATE CAUSE (Final			10 0.	0-10	A 12.2			
	disease or condition resulting in death)	. Mapa	whee Vo	Mucalar	Jusus.	ageor			
		DUE TO (OR AS	CONSEQUENCE OF):	Bland					
8	Sequentially list conditions,	DUE TO (OP)AS	A CONSEQUENCE OF:	Here !					
Ę	if any, leading to immediate cause. Enter UNDERLYING	LA	to horse	legalus		į			
Ĕ	CAUSE (Disease or Injury that initisted events	DUE TO OR AS	A CONSEQUENCE OF):		-				
CERTIFICATION	resulting in death) LAST	4							
- 11	PART ii. Other eignificant condition	one contributing to death	but not resulting in	the underlying ceuse given in	Part 1. 24a, WAS AN AL				
호	Carcone	ma He	20Extres	le.		FORMED? AMILABLE PRIOR TO			
MEDICAL	lichteric	ulder	/	1 163 2 100			2 🗆 N		
ż									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLACE OF DEATH (Check only one) OTHER:					
YSI	1 NES 2 NO	1   Inpatient 2   ER/Out	ipatient 3 🗆 ODA	4 - Nursing Home 5 - Residence	28d. DESCRIBE NOW INJURY OCCURED				
	27. MANNER OF DEATH  1 Natural 5 Pending	(Month, Day, Year)	28b. TIME INJU	RY WORK?					
À	2 Accident Investigation		IY — At home, farm, at	M 1 YES 2 NO	281 LOCATION (Street are	LOCATION (Street end Number or Rural Route Number,			
	3 Suicide 8 Could not b 4 Homicide determined	building, atc. (Spi	ectfy)	city or Town, Stelle)					
	29s. CERTIFIER (Check only)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and manner as stated.								
COMPLET	one)						er ee str		
BE	Caro ker	15	13/31/9/	1					
2	30. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, I	Print)		7 11 11			
	VA47NK	seuw 800	& Ave	· Balto.	3/32	4			
	31. DATE FILED (Month, Day, Year)	MAR 2 1 1991							
li li			Julia Di	4.4					



	REGISTRAR		CERTIFIC	CATE OF	DEATH	RI	EG. NO.		
	1. DECEOENT'S NAME (First, Middle, Last)  CANDERS	illie Wil	R. LI Sar	nders	,	2. DATE OF C	EATH DAY	TI C	SP39 PM
	4. SOCIAL SECURITY NUMBER 5. SED 242-24-1901	6. AGE (In y	- The second	F UNDER 1 YEAR	# UNDER 24 HRS. HOURS MIN.	7. DATE OF B	21/21	BIRTHPLACE COUNTRY)	E (State or Foreign  TIMLE
TOR	9a. FACILITY NAME (If not institution, give street and SINAL HOS RESIDENCE OF DECEDENT	PITH		B. CITY, TOWN OF	LOCATION OF DE	MOR		Y OF DEATH	HORE
DIRECTOR	10a. STATE 10b. COUNTY	zimon	E B/	TOWN OR LOCATION	moi	RE			INSIDE CITY LIMITS?  YES 2 \( \square\) NO
FUNERAL	2919 WHAN	J AVE	NU		ZIP CODE	15	10g. CITIZE	LLP	COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced				NDENT OF HISPAN city Cuban, Maxica NO Specify	n, Puerto Ricen		4. RACE — A Black, Whi Specify:	merican Indian, ite, etc.
	ts. DECEDENT'S EDUCATION (Specify only highest grade complete	16	ia. OECEOENT'S U	SUAL OCCUPATION	N t of working	16b. KIN	D OF BUSINESS/INDU	STRY	27/01
COMPLETED		ge (1-4 or 5+)	Ilfe. Do NOT use	retired.)					
MP	17. FATHER'S NAME (First, Middle, Last)		Stee	elworke			Bethle	hem	Steel
	Argo	Sanders			IO1		Kina		
BE	t9a. INFORMANT'S NAME (Type/Print)		19b. MAILINO A	ADDRESS (Street an			ity or Town, State, Zip C	Code)	
10	Lessie Bell		2919	Ulman	Avenu	е Ва	lto., Mo	1. 21	215
	20a, METHOD OF DISPOSITION **Paurial 2	m State 20b. Pl	netary crematory o	of oisposition ( or other place) Memori	<sub>Name</sub> .al Par	DATE	Balto.		itata
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE				A. Mo		& Sons Balto.,		21217
CERTIFICATION	ahock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition) resulting in death)  Sequentially list conditiona, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury but leithed excess or injury but leithed excess.						Interval Between Onset and Death		
	that initieted events resulting in death) LAST  PART II. Other aignificent conditions cont				1000 2000 to	Brat La			
PHYSICIAN: MEDICAL	DH, HTN,	nouning to death but	not resulting in	The underlying	ceuse given in		NAS AN AUTOPSY PERFORMED?	CON OF I	RE AUTOPSY FINDINGS ILABLE PRIOR TO IMPLETION DF CAUSE DEATH?  YES 2 NO
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only one)			
YSIC	1   YES 2   NO   1   1	PITAL: opatient 2 ER/Outpatie		OTHER: 4 — Nursing Home	5 - Residence	6 Other (Sp	ecify)		
ву Рн	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	6a. DATE OF INJURY (Month, Day, Year)	28b, TIME INJU	OF 28c. INJU	RK?	26d. DEŞCRII	BE HOW INJURY OCC	JRED	
	3 Suicide 6 Could not be 4 Homicide detarmined	8e. PLACE OF INJURY — building, etc. (Specify)		reet, factory, offica			N (Street and Number own, State)	ir Rural Route	Number,
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(s) and manner as stated.								
TO BE	296, SMONATURE AND TUTLE OF CERTIFIER  296, LICENSE NUMBER  296, LICENSE NUMBER  296, LICENSE NUMBER  297, LICENSE NUMBER  297, LICENSE NUMBER  298, CALLICENSE NUMBER  298, LICENSE NUMBER  298, LICENSE NUMBER  298, LICENSE NUMBER								
	1sehringe	PLETED CAUSE OF DEAT	5	Print)	1	405	POTA	4	
	MAR 2 1 1991	2. REGISTRAR'S SIGNATION Julia Davidson							

The time is a state of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be common the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DINIG PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician. DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPI TO THE FUNE De filed within

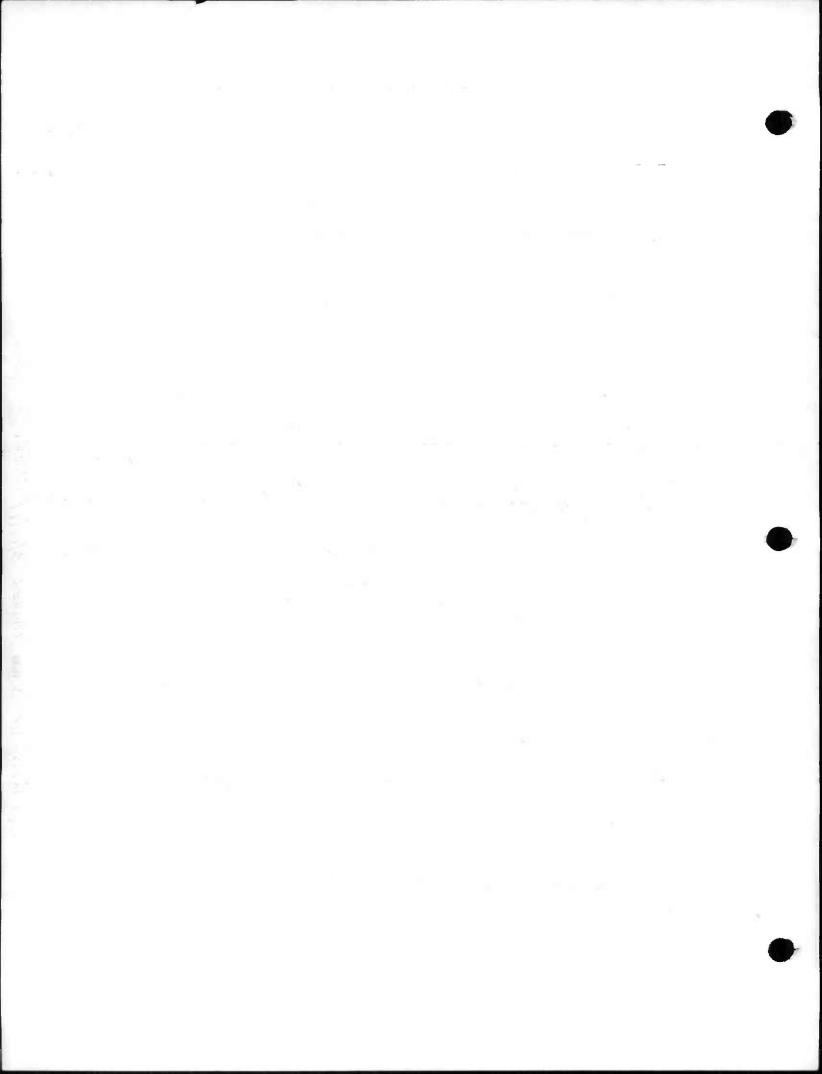
BALTIMORE, MARYLAND 21215-0020



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DIVISION OF VITAL RECORDS, P.O. BOA 13149,	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2
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	SPITAL

	1. DECEDENT'S NAME (First, Middle, Lest)	R	54	HA		REG. NO.	Y 9						
	4. SOCIAL SECURITY NUMBER 220-40-2856	5. SEX 8. AGE (In y			UNDER 24 HRS. 7.	DATE OF BIRTN (Month, Day, Year)	8. B	IRTNPLACE (State or Foreign ountry)					
)R	9a. FACILITY NAME (If not institution, give s	Treet and number)  IUE ANUENTIS	, a	PYCKUI	CATION OF DEAT		9c. COUNTY O	WASHINGTON, I OF DEATH VHOOMER ()					
DIRECTO	RESIDENCE OF DECEDENT						10d. INSIDE CITY LIMITS? 1 VES 2 NO						
ERAL D	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTED												
BY FUN													
PLETED	Elementary/Secondary (0-12) College (1-4 or 5 +)  College (1-4 or 5 +)  College (1-4 or 5 +)												
17. FATNER'S NAME (First, Middle, Last)  LaMONT A. BROOKBANK  18. MOTHER'S NAME (First, Middle, Maiden Surname)  DOROTHY E. GREER						ER							
TO B	19a. INFORMANT'S NAME (Type/Print) DAVID J. SMITH		112-0-0-00-00-0	SAME AS	#10	ite Number, City or Town	n, Stata, Zip Cod	•)					
	20s. METHOD OF DISPOSITION  1							A, VA.					
	21. SIGNATURE OF FUNERAL SERVICE, SICENSEE  22. NAME AND ADDRESS OF FACILITY MURIEL H. BARBER FUNERAL HOME 21525 LAYTONSVILLE RD. LAYTONSVILLE, MD. 208  23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mods of dying, such as cerdiec or respiratory street,  Approximate												
SERTIFICATION	ahock, or haert feilure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A C. DUE TO (OR AS A C. DUE TO (OR AS A C. D. DUE TO (OR AS A C. D. DUE TO (OR AS A C. D. DUE TO (OR AS A C. D. DUE TO (OR AS A C. D. D. D. D. D. D. D. D. D. D. D. D. D.	onsequence of:	lmot		4	vy anvat,	Approximata Interval Betwee Onset and Deat					
MEDICAL	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I.  24s. WAS AN AUTOPSY PERFORMED?  1 YES 2 DINO  24b. WERE AUTOPSY MARIABLE PRIC COMPLETION OF DEATH?  1 YES 2 DINO  1 YES 2 DINO  24b. WERE AUTOPSY MARIABLE PRIC COMPLETION OF DEATH?					24b. WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO							
A N	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1												
SICIA	27. MANNER OF DEATH  1 Netural 5 Pending Investigation  28a. DATE OF INJURY 28b. TIME OF INJURY WORK?  3 1 6 9 1 1 Yes 2 NO NO NAME OF INJURY WORK?												
BY PHYSICIAN:	2 Accident Investigation	3/16/19/		37.1		3 Suicide 6 Could not be 28. PLACE OF INJURY — At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, building, atc. (Society)							
D BY PHY	2 Accident 3 Suicide 6 Could not be determined	A v T d	At home, farm, stre	et, factory, offica $ea/e^{\wedge}$	ship	City or Town, State)							
TED BY PHY	2 Accident 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only	building, atc. (Specify  A T 0  SICIAN: To the best of my knowled  ER: On the basis of axamination a	At home, farm, stre	et, factory, offica  e a le  at the time, date and in my opinion, death	Ship place, and due to	City or Town, State) the cause(a) and me	nner ea stated.	<u> </u>					



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FOR STATE REGISTRAR

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 22 HZ ARY 1991 SR TARCH 7. DATE OF BIRTH (Month, Day, Year 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 1 M 2 KF MARYLAND 08 916 3016 JAn. 22 en signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should of Health and Mental Hygiene prior to burlal, cremation, or remoral. 9e. FACILITY NAME (If not institution. 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BIRL OLO U DIRECTOR inks Burco ARROW 10b. COUNT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND FinksBURG ARROW 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? U.S. 21048 3126 OFO 24 hours after death. Page 6 may be retained by the hospital or attending physician. 14. RACE — American Indien, Black, White, atc. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 KNO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried BY 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION

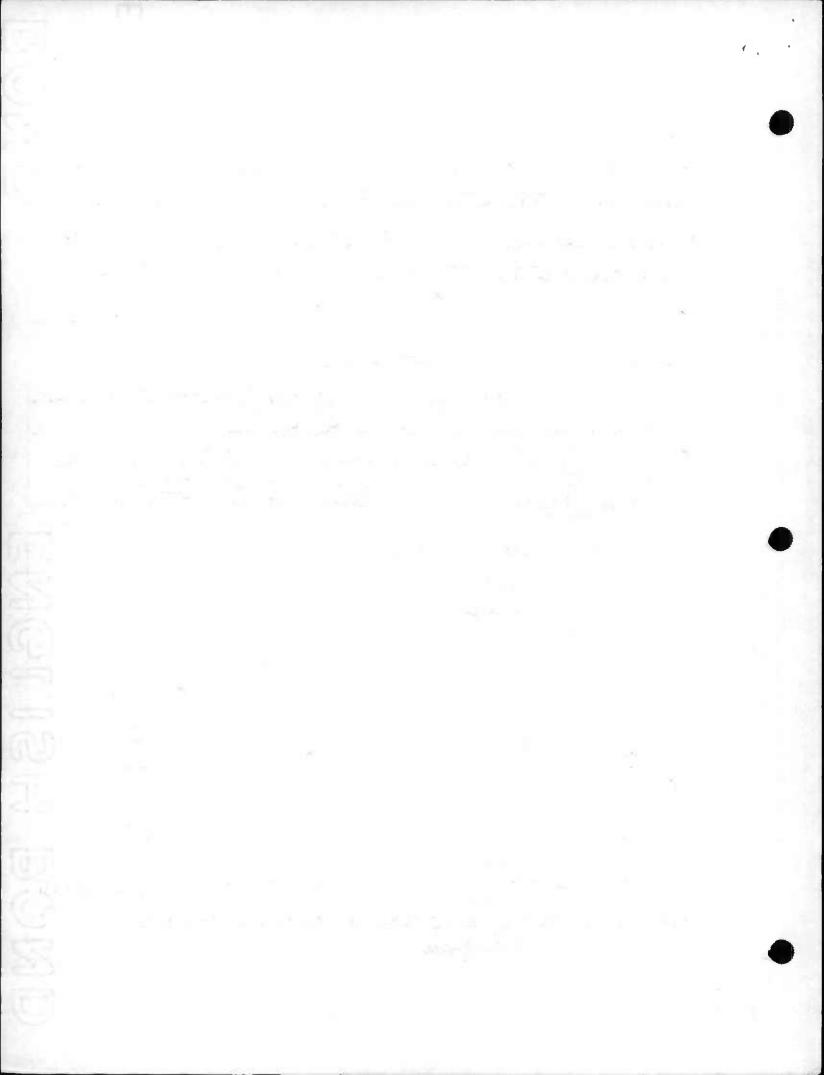
The blad of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Home YRS. notified at once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Surname) PARGAR EDWARD ARY annanana. BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 AS ABOVS 99 20e. METHOD OF DISPOSITION 3-30 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION -- City or Town, State must VALLEY □ Donation 5 □ Other (Specify) 21. SIGNA 22. NAME AND ADDRESS OF FACILITY

EVANS CHAPLI medical examiner HE DEFUNERAL SERVICE LICENSEE OFCHIMES EVANS OR moriom 2325 Nam 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate interval Between shock, or heart feliure. List only one cause on each line IMMEDIATE CAUSE (Final Onset and Death injury, or other traumatic event, the disease or condition resulting in death) ACUTE MYO CAN DIA INFARCTION DUE TO (OR AS A CONSEQUENCE OF): DIANCTES rieur CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events CAD DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL that item 23 shows any 1 TES 2 NO requires 1 TYES 2 NO has been the State Dept. AW. 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL The TO THE HOSPITAL OR ATTENDING PHYSICIAN: The TO THE FUNERAL DIRECTOR: After this certificate I be filed within 72 hours after death with the State OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 TES 2 NO ng Home 8 KResidence 8 - Other (Specify) 4 🗆 No IMPORTANT: If Item 28 is marked, or 27. MANNER OF DEATH 28s. DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 28c. INJURY AT WORK? 1 Natural
2 Accident 5 Pending 1 YES 2 NO BY investigation 28e. PLACE OF INJURY — A1 home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER 1 MCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, de D TITLE OF CENTIFIES 29d. DATE SIGNEO (Month, Day, Year) 29b. SIGNATURE 29c. LICENSE NUMBER BE 0875 C ARCH 18 1991 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CEATH (ITEM 27) (Type, Print) BALL MORE BLVD. - F. C 3125 31. DATE FILEO (Month, Day, Year)
MAR 2 1 1991 32. REGISTRAR'S SIGNATURE a Savidson-Randale

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



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MPORTANT: If Item

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. MECHSTURES SIGNATURES. Davidson

NIGAN

31. DATE FILED (Month, Day, Year) MAR 2

91 07434 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH 3. TIME OF GEATH OECEDENT'S NAME (First, Middle, Last) 03/19791 1555pm PM ELIZABETH MARY SCHELLBERG 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 82 YRMS. DAYS HOURS 1 - M 2 216-32-1824 9/8/08 Mary land 9b. CITY, TOWN OR LOCATION OF DEATH 9a. FACILITY NAME (If not institution, give street and nu DIRECTOR St. Agnes Hospital Baltimore 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Baltimore 1 YES XX NO 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE USA 707 Maiden Choice Lane/Apt. 8

11. MARITAL STATUS

| Never Merried | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married | Married 8116 21228 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)
1 ☐ YES X ☐ NO Specify: 1 Never Merried 2 Married BY 3 Widowed 4 Divorced white ETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. OECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) COMPL unkhown homemaker own home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Peter Zeitvogel Elizabeth Steibel 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Ernestine A. Hensler 1346 N. Rolling Rd/Balto. MD 20e. METHOD OF DISPOSITION

(\$\infty \text{Dyburial} 2 \square \text{Cremation 3 \square Ramoval from State} \]

4 \square \text{Donation 5 \square Other (Specify)} 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION -- City or Town, State Loudon Park Cemetery Baltimore, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Sterling Ashton Funeral Home, Inc Inc. Hand 23. PART & Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximete shock, or heart fellure. List only one ceuse on each line. Interval Batwean Onset and Death IMMEDIATE CAUSE (Final MP 24 hr disease or condition Myocardial resulting in death) DUE TO (OR AS A CONSEQUENCE OF): RENAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Hypertension 1 YES 2 NO 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HØSPITAL: OTHER: 1 YES 2 NO Inpatient 2 ER/Outpatient 3 DOA me 5 Residence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF GEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY Accident 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE

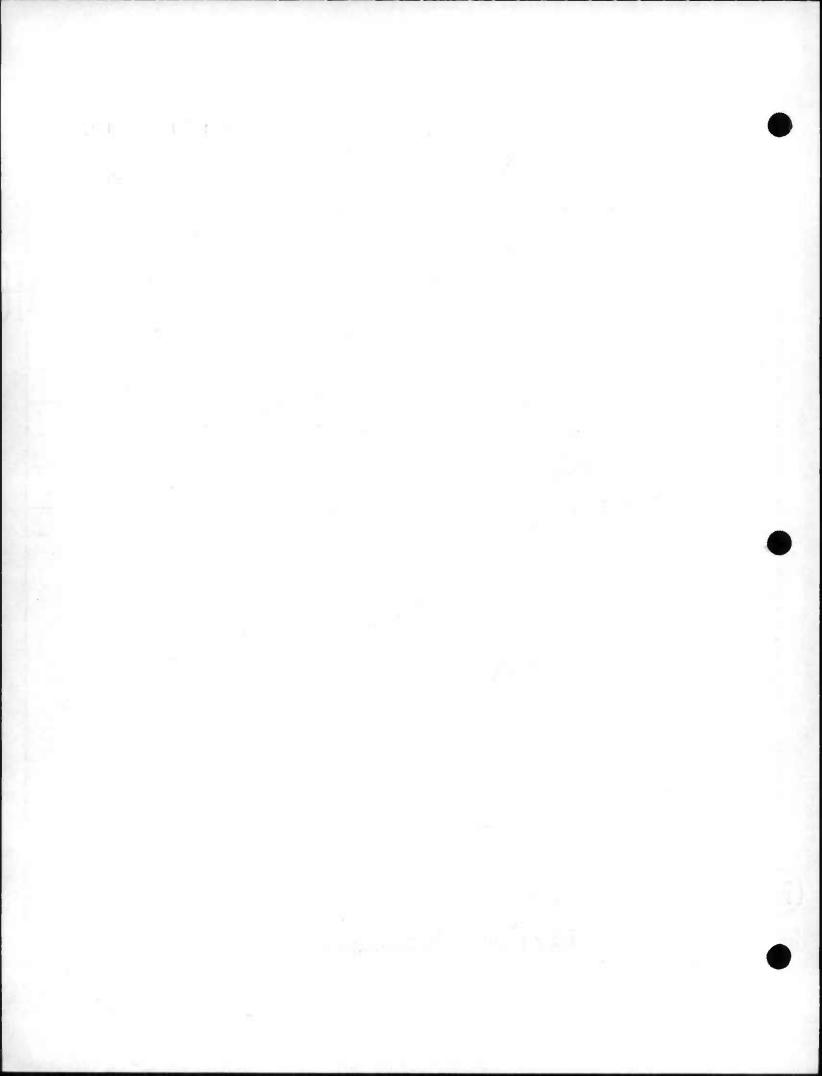


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	FOR STATE REGISTRAR	STATE OF M	ARYLAND / I		MENT OF I			/ENTAI	HYGIEN	E	1 0	1400
	1. DECEDENT'S NAME (First, Middle, Lest) Lillian	Hoshall		Tro				Mar	ch 17	199	YEAR	I:31 P M
	4. SOCIAL SECURITY NUMBER  218-36-8001  98. FACILITY NAME (If not institution, give st	1 🗆 M 2 💢	6. AGE (In yrs. last i	YRS.	ONTHS DAYS	HOURS	MIN.	Nov	of BIRTH I, Day, Year)		Country)	
TOR	Greater Baltimor		I Center		Tows		ON OF DE	AIN .			timor	
FUNERAL DIRECTOR		Itimore			WSON	200					1[	I. INSIDE CITY LIMITS? YES 2X NO
NERAL	205 E. Joppa Ro					f. ZIP COD	212	204		U	SA	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE W	YES 2 NO	D	If yes, s		in, Mexica	n, Puerto I	? (Specify Yea Rican, atc.)	or No	Black, W	American Indian, hita, etc. White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give	e kind of wor Do NOT use r	SUAL OCCUPATION OF MINISTER OF	ost of worki			State			nd.
BE COM	17. FATHER'S NAME (First, Middle, Lest) Charles E. Hosh	nall			court		HER'S NA	ME (First, I	Middle, Malden Ce Tur	Sumame)		
10 B	196. INFORMANT'S NAME (Type/Print) Andrew H. Tros	st			DORESS (Street							
	20a, METHOD OF DISPOSITION 1 X Burlei 2 Cremation 3 Remote 4 Donation 5 Other (Specify)		of cometany of	cramatany or	ge Cer	neter	у	OAT			e, Mo	
		Lochstan				non-	Mitcl	hell-	Wiedef			
	23. PART I. Enter the diseases, proshock, prheert fellure.  IMMEDIATE CAUSE (Finel	complications the	chused the dea	ith. Do not	t enter the m	ode of dy	ing, suc	h as cere	flac or respi	ratory arr	eat,	Approximate Interval Between Onset and Death
	disease or condition resulting in death)	DUE TO	OR AS A CONSECU	LENCE OF):	rcic	dis	ect	un	·			±64+5
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	с	OR AS A CONSECU	·								
CERTI	that initiated events resulting in death) LAST	d										
PHYSICIAN: MEDICAL	PART II. Other algolificant condition	e contributing to	deeth but not re	aulting in	the underlyle	ig ceuse	given in	Part I.	24e. WAS AN PERFOR	RMED?	AM CC OF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION DF CAUSE DEATH?  YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:	ER/Outpatient 3		26. I	LACE OF						
BY PHY	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, De	INJURY	28b. TIME	OF 28c. IN	JURY AT ORK? YES 2			SCRIBE HOW	NJURY OC	CURED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE Of building,	F INJURY — At honetc. (Specify)	ne, farm, str	reet, factory, off	CR			ATION (Street or Town, State)		or Runii Rout	e Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of ER: On the bests of ax										nd manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIED  30. NAME AND ADDRESS OF PERSON WH	9 PC	Mu	, Mil		29c. LK	PASE NUI	03		29d. DAT	3 '20	onth, Dey, Year)

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Edward P.

31. DATE FILED (Month, Day, Year)
MAR 2 1

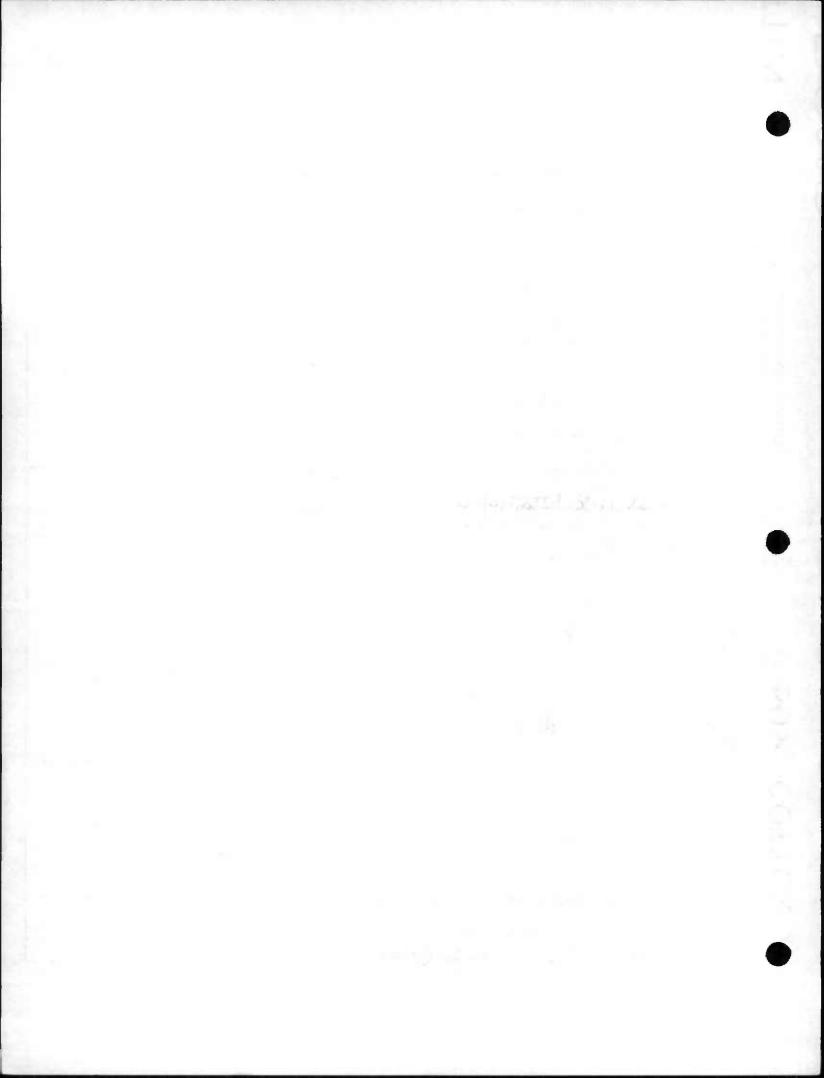
Costlow

M.D.

32. REGISTRAR'S SIGNATURE
Julia Davidson-Rondelle

Md

10 Gerard Avenue, Timonium,



Difference of a TTENDING PHYSICIAN: The law requires that the death certificate be executed within z. Hours after death. Page 6 may be retained by the hospital or attending physician.	THE WILL OFFICTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages	s filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	IMPORTANT: if tiem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
2	2	20	3

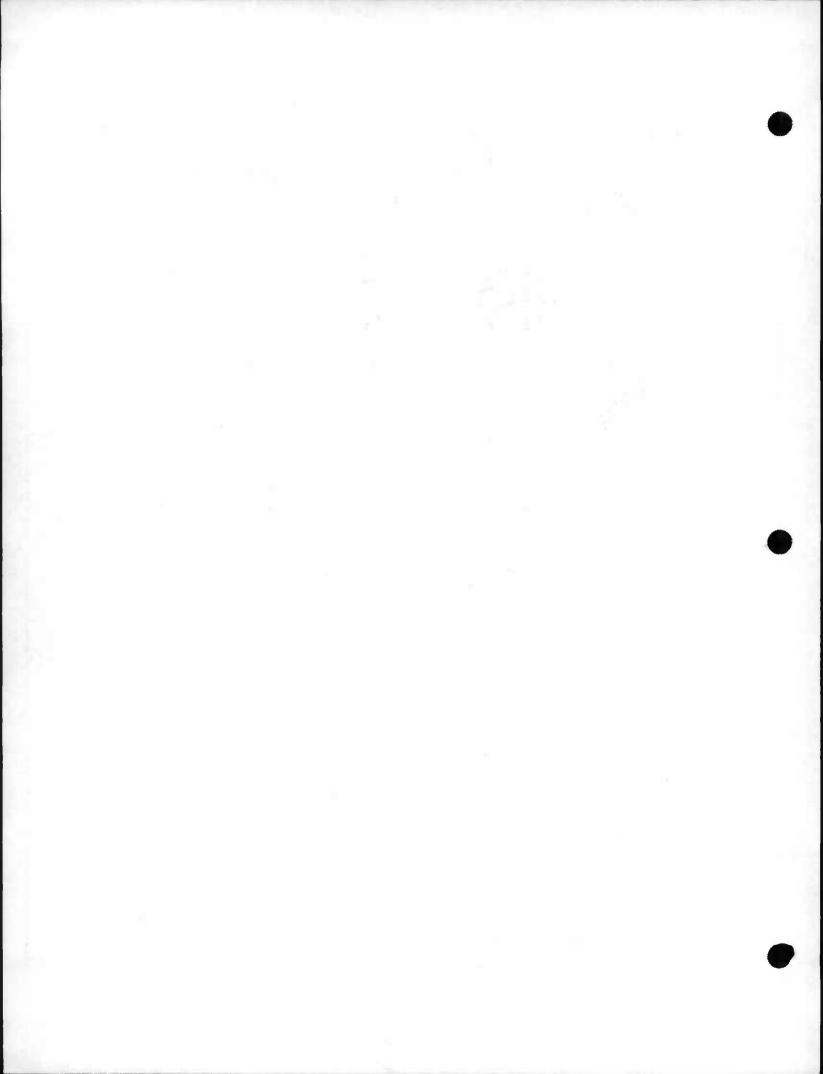
BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1, 2, 3 should

_	11201011011							
	1. DECEDENT'S NAME (First, Middle, Last)  FINNE E. THOMA	15			2. DATE MONTI	OF DEATH	1/9	YEAR 532-A M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. ins.	MC MC	UNDER 1 YEAR			OF BIRTH	1,1	8. BIRTHPLACE (State or Foreign Country)
-1	578 22 2798 1 M 2 🔀 F 74	YRS.			Staf	723	16	Maryland
-	9a. FACILITY NAME (If not institution, give street and number)		1	N OR LOCATION O	OF DEATH			TY OF DEATH
DINECTOR HOLDEN	Prince George's Hospital Cente	R	Che	1erly			111	Nee George's
ž	10e. STATE 10b. COUNTY		OWN OR LO					10d. INSIDE CITY LIMITS?
5	District of Columbia	W	asnır	gton				1 XYES 2 NO
1	100.STREET AND NUMBER 1280 Morse Street, N.E.			101. ZIP CODE 200	102		_	ted States
	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR	RMED	13. WAS (	ECENDENT OF H		t? (Specify Yas		14. RACE — American Indian, Black, White, atc.
1 1 1	1 Never Married 2 Merried  3 Wildowed 4 Divorced  FORCES? 1 YES 2 N  IF YES, GIVE WAR OR DATES  NO	NO	If yes,	specify Cuben, M	exicen, Puerto Specify:	Rican, etc.)		Specify: Black
2	(Specify only highest grade completed) (G	CEDENT'S US	k done during	TION most of working	16b	. KIND OF BU	SINESS/IND	USTRY
9	Elementary/Secondary (0-12) College (1-4 or 5+)	. Do NOT use r	,			,		
COMPLE	12th Grade   N	vatio	nal S	Securit	S NAME (First,			DV.
- 1	Francis Penny				Mary C		,	
2 2	19e. INFORMANT'S NAME (Type/Print) 19	b. MAILING A	DDRESS (Stre	et and Number or I			n, State, Zip	Code)
۱ ۲	Carroll F. Thomas, Sr.	3704	64th	Avenu	ie C	hever	ly,N	4d. 20785
	Startel 2 Cremetion 3 Removal from State Other pl	face)		emetery, cremetor		100		ington, D.C.
	21 SIGNATIFIE OF FUNERAL SERVICE LICENSEE	TT7	Ste	wart F	unera			
	23/PART I. Enter the dissesses, or complications that caused the de	eeth. Do no		1 Benr				eat, Approximete
-11	ahock, or heart failure. List only one cause on each line			,,,,,,	<b>\</b>			Interval Betwean Onset and Death
	in EDIATE CAUSE (Finel disease or condition resulting in desth)	my	en	bolo	em			produce
	OUE TO (OR AS A CONSE	OUENOS OF):	. ,	fare				
Z	Sequentially list conditions, b. Chrocol		ru	farc	reas			
ATIC	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	OUTPUCE OF):						İ
RTIFICATION	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSE	OUENCE OF):						
	resulting in death) LAST							
CE	PART II. Other significent conditions contributing to death but not	resulting in	the under	vina ceuse alve	en in Part I.	24a, WAS AF	AUTOPSY	24b. WERE AUTOPSY FINDINGS
DICAL	Di alectes mellis			,		PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED		- Se Liqui				1 123	HO	DF DEATH?
~								
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		20 OTHER:	B. PLACE OF DEAT	TH (Check only o	ne)		
X	1 ☐ YES 2 ☑ NO 1 ☐ Inpatient 2 ☑ ER/Outpatient :	3 DOA 4	Nursing	Home 5 - Resid				
Ω.	27. MANNEB OF DEATH  1 Natural 5 Pending  28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	RY	WORK?  YES 2 N	116-250	SCRIBE HOW	INJURY OC	CURED
В	2 Accident Investigation 28e, PLACE OF INJURY — At h	ome, farm, str			-	CATION (Street	and Number	or Rural Route Number,
TED	4 Homicide determined building, etc. (Specify)				City	or Town, State	)	
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, d	leath occurred	at the time,	date and place, ar	nd dua to the ci	tuse(s) and ma	nner as sta	ted.
N C	(Check only one)  2 MEDICAL EXAMINER: On the basic of examination end/or							
о Ш	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENS	E NUMBER		29d, DAT	E SIGNED (Month, Day, Year)
m	aufmyvacer, M.	D.		012	-879		M	m 14,1991
0	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITTELL PORTY OF THE PROPERTY OF T	EM 27) (Type, F	TON	PR.	LARG	my MI	020	E SIGNED (Month, Day, Your)  INC 14, 1991  3772
	31. DATE FILED-(Month, Day, Yand 32. BEGISTBAR'S SIGNATURE	nda 80		1		-		





FOR STATE REGISTRAR

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,09	OSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Pr	INSERT DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	quires t	n sinner
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1, DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 03 DAY 8 YEAR VORSTEG 9:40 AM W. JOHN 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Formion HOURS 215 10 8912 1'5 M 2 | F 4 PARY Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR BALTIMORE CITY 6100 macbeth drive RESIDENCE OF DECEDENT 10a. STATE 10h. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYL TA YES 2 NO AM MOR permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 3 212 6108 page 5 should be detached for use as the burial-transit 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3. Widowed 4 Divorced 18e. DECEDENT'S USUAL OCCUPATION

When the state of working the state of COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) 8YRS 220AUSTUANCE ROWN OIL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ARMAC VORSI notified at NO. FSR BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 FAMIL ABOVS 2 20a. METHOD OF DISPOSITION
15€ Burlal 2 ☐ Cramation 3 ☐ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, State OATE must director, ☐ Donation 6 ☐ Other (Specify) SMEJERY examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY OF SYANS CHAPEL 8300 MARFORD medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reepiratory errest, **Approximate** ahock, or heart fellure. Liet only one Interval Between 6 Onset and Death IMMEDIATE CAUSE (Finel the cremation, disease or condition\_ event. resulting in death) DUE TO (OR AS A CONSEQUENCE OF) prior to burial, traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF). Enter UNDERLYING CAUSE (Disease or Injury other OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 Mental Injury, PART II. Other eignificent conditione contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL Health and AVAILABLE PRIOR TO shows any COMPLETION DE CAUSE YES 2 NO OF DEATH TYES 2 | NO 0 PHYSICIAN: Dept. 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) State HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1X YES 2 NO ng Home 5 - Residence & X Other (Specify) ON THE STREET 4 - Nurs 6 the 27. MANNER OF DEATH 28s. DATE OF INJURY 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED with marked, 1 Natural 2 Accident 5 Pending 1 TYES 2 NO BY death 281. LOCATION (Street and Number or Rural Route Number, 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 60 6 Could not be after 4 Homicide 28 hours ? Item . COMPLET 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(s) and manner as stated. (Check only one) be filed within 72 h on and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 出出 O.C.M.E. 03/18/91 223 2 O COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 PENN STREET, BALTIMORE, MARYLAND 21201 LE. 32. RECISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

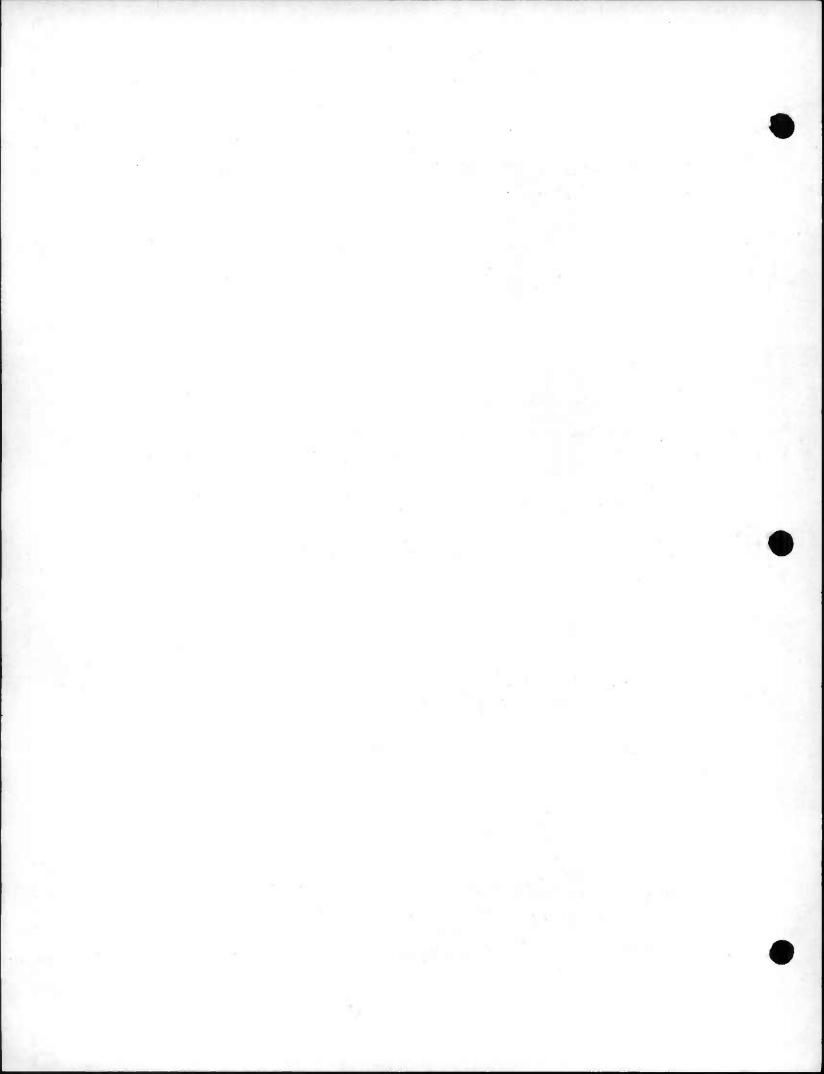
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DIVISION OF VIEW RECORDS, F.O. DOA 13149,	9	ler	ath	22
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a financial description.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical ex
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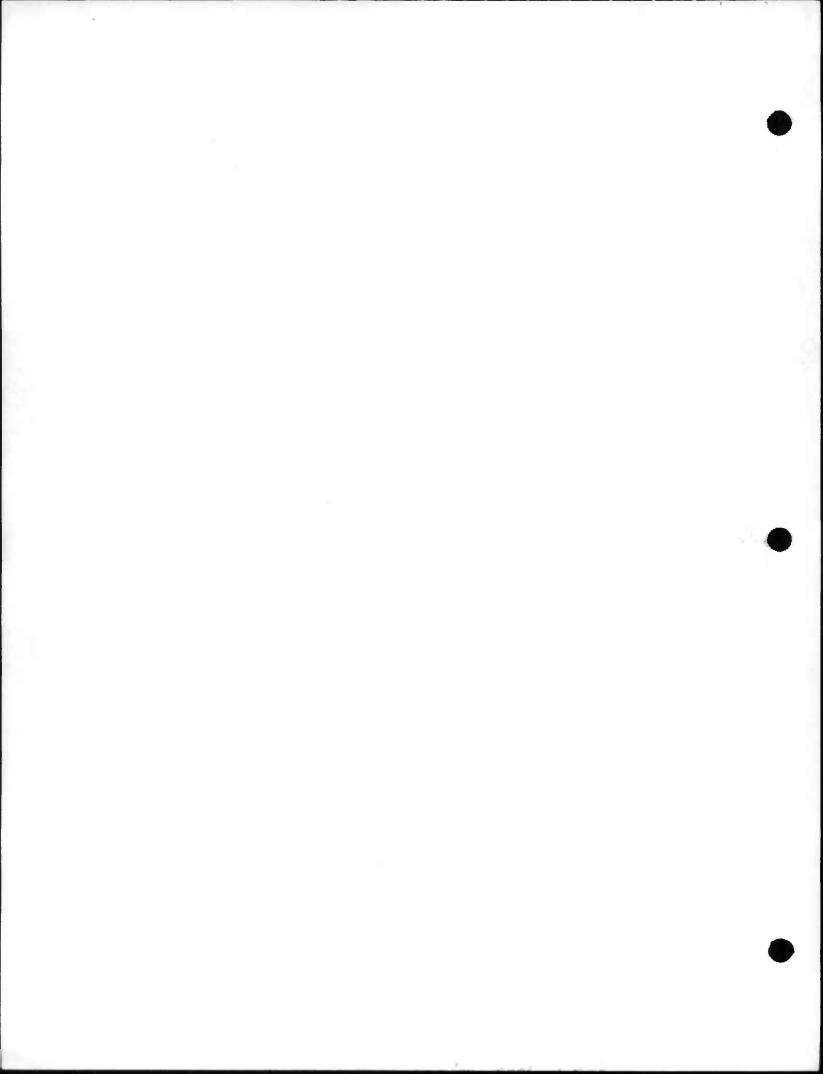
	1 - STATE REGISTRAR	TATE OF MARYLA		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	91 01438
	1. DECEDENT'S NAME (First, Middle, Last)  BETHA WILL	-IAMS/E	Bertha	Williams	2. DATE OF DEATH DAY	SEAR S.43P
	A 1 1	SEX AGE (II	***	UNDER 1 YEAR IF UNDER 24 HRS. YTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8-10-02	8. BIRTHPLACE (State or Foreign Country)
œ	DEATON HOSPITAL		-	CITY, TOWH OR LOCATION OF I		NTY OF BEATH
5	RESIDENCE OF DECEDENT		T,	J. 1010.   111a.		
EC	10s. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATION		10d. INSIDE CITY
DIRECTOR	MD		BAL	TIMORE, CIT	Υ	LIMITS?
1 V	10e. STREET AND NUMBER			101. ZIP CODE	10g. CITI	ZEN OF WHAT COUNTRY?
ERAL	611 S. CHARLE	S STREET		21230		usa
FUNI	11. MARITAL STATUS 12	WAS DECEDENT EVER IN	U.S.,ARMED		ANIC ORIGIN? (Specify Yea or No-	14. RACE — American Indian,
ВУ	1 Never Merried 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES IF YES, GIVE WAR OR DA		If yes, specify Cuban, Maxie 1 YES 2 NO Spec		Specify: BLACK
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com	pleted)	18a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during most of working	16b. KIND OF BUSINESS/IND	DUSTRY
P	Elementary/Secondary (0-12) C	ollega (1-4 or 5 +)	HOUSEK	FFPFP		
NO.	17. FATHER'S NAME (First, Middle, Last)		HOUSER		IAME (First, Middle, Malden Surname)	
ECC	VERGES MILLER			The second of th	MAMIE ROBINS	ON
8	19a, INFORMANT'S NAME (Type/Print)	-	19b. MAILING AD		Il Route Number, City or Town, State, Zio	
5	EVELYN WITT			the state of the second	/BALTIMORE,	
		206.		ON (Name of cemetery, cremetory or		City or Town, State
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremellon 3 Ramoval 4 Donation 5 Other (Specify)	from Stata	TNG MEM	ORIAL PARK		LSTOWN, MD.
	21. SIGNATURE OF FUNERAL SERVICE LICENS			22, NAME AND ADDRESS OF F		
	> Glades	Dane		WM.C. MARCH	н F.H. 1101 E	.NORTH AVE
N	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF:	ulcer-50	epsis	Onset and Dea
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.		CONSEQUENCE OF):			
CAL C	PART II. Other algnificant/conditions c		ut not resulting in t	he underlying cause given i	n Part 1. 24a, WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO
_	Bludder,	CEINCLE	/		1 TYES 2 1 NO	COMPLETION OF CAUSE OF DEATH?
: MED	Diabete	s Melle	tes			1  YES 2  NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (	Check only one)	
SICI		OSPITAL: Inpetient 2 ER/Outp		THER:  Nursing Home 5 - Residence		
PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY OC	CURED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide delarmined	28e. PLACE OF INJURY building, etc. (Spec	— Al home, farm, stre-	M 1 YES 2 NO	281. LOCATION (Street and Number City or Town, State)	or Rumi Route Number,
COMPLET	anal .				us to the cause(a) and manner as state the time, data and place, and due to the	
TO BE C	29b. BIGMATURE AND DYLE OF CENTRIER	nceps	h m	28c. LICENSE N	UMBER 29d, DAT ≥ 3	E SIGNED (Morth, Day, Year)
F	DE NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	11 /1 3. C	Rayles st.	Batto MJ
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	ATURE			71230



DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21203-3148	2. Surs after death. Page 6 may be retained by the hospital or atterness in the contract of th	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the outrial partial permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Jours after death. Page 6 may be retained by the hospital or attended in the hospital or att	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

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		WY		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BII (Month, Day, 12-0	RTH (bar) 5 - 1909	Country)	(State or Foreign EORGIA
OR	9a. FACILITY NAME (If not institution, give street GOOD SAMARITAN	et and number)		BALTI	MORE, M	ATH		Y OF OEATH	0113171
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE    10b. COUNTY			TOWN OR LOCAT		·		, L	NSIDE CITY IMITS? YES 2 NO
ERAL	100. STREET AND NUMBER 4700 HARFORD	ROAD			ZIP CODE			USA	OUNTRY?
B		12. WAS OECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 (NO	If yes, sp	ENDENT OF HISPAN actify Cuban, Maxica 2 NO Specify	n, Puarto Rican,		4. RACE — Am Black, White Specify: B	erican Indian, n, etc. L. A C K
COMPLETED	15. DECEDENT'S EDUCAI (Specify only highest grade co		16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	SUAL OCCUPATION to done during moretired.)	DN st of working	ABB	EY FEN		0.
BE CON	17. FATHER'S NAME (First, Middle, Lest)  BUD WATKINS				18. MOTHER'S NA	ME (First, Middle,			
TO B	19a. INFORMANT'S NAME (Type/Print) LOUISE TAYLOR	}	The real section of the section of t				IMORE,		1218
	20a. METHOD OF DISPOSITION 1 N Burlel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from Stata	WESTERN	STAR	CEMETER	RY	CATONSV		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ware	2		. MARCI		1101 E	. NOR	TH AVE.
	23. PART I. Enter the diseases, of constant in the second shock, or haert failure. Lie immediate CAUSE (Final disease or condition resulting in death)	et only ona ceuse on e	ach ilna.						Approximata Interval Between Onset and Death
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CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated evente resulting in daeth) LAST		A CONSEQUENCE OF):				/		
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MEDICAL							PERFORMED?	AVAIL/ COMP DF DE	ABLE PRIOR TO LETION OF CAUSE
AN	25. WAS CASE REFERRED TO MEDICAL			26 81	LACE OF DEATH (Ch	ack only one)			
SICI	EXAMINER?	HOSPITAL:	patient 3 DOA 4	OTHER:	ne 5 🗆 Residence		ecify)		
BY PHYSICIAN	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	RY WC	PURY AT DRK? YES 2 NO	28d. DESCRIB	DE HOW INJURY OCCU	JREO	
8				net, factory, offic	•		N (Street and Number own, State)	r Rurel Route N	lumber,
17	3 Suicide 6 Could not be 4 Homicide datarmined	28e. PLACE OF INJUR building, atc. (Spe				Ony or now			
COMPLET	4 Homicide datamined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my know	viedge, death occurred	at the time, data		to the cause(a)			menner as stated.
BE COMPL	4 Homicide distarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:  29b. SIGNATURE AND TITLE OF CERTIFIER  A A	AN: To the best of my know On the basis of examination	viedge, death occurred on and/or investigation.	at the time, data in my opinion, c		to the cause(a)	place, and due to the		
E COMPL	4 Homicide datamined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:  29b. SIGNATURE AND TITLE OF CERTIFIER	AN: To the best of my know On the basis of examination	viedge, death occurred on and/or investigation,	at the time, data in my opinion, o	leath occured at the	to the cause(a) time, data and	place, and due to the	cause(s) and r	



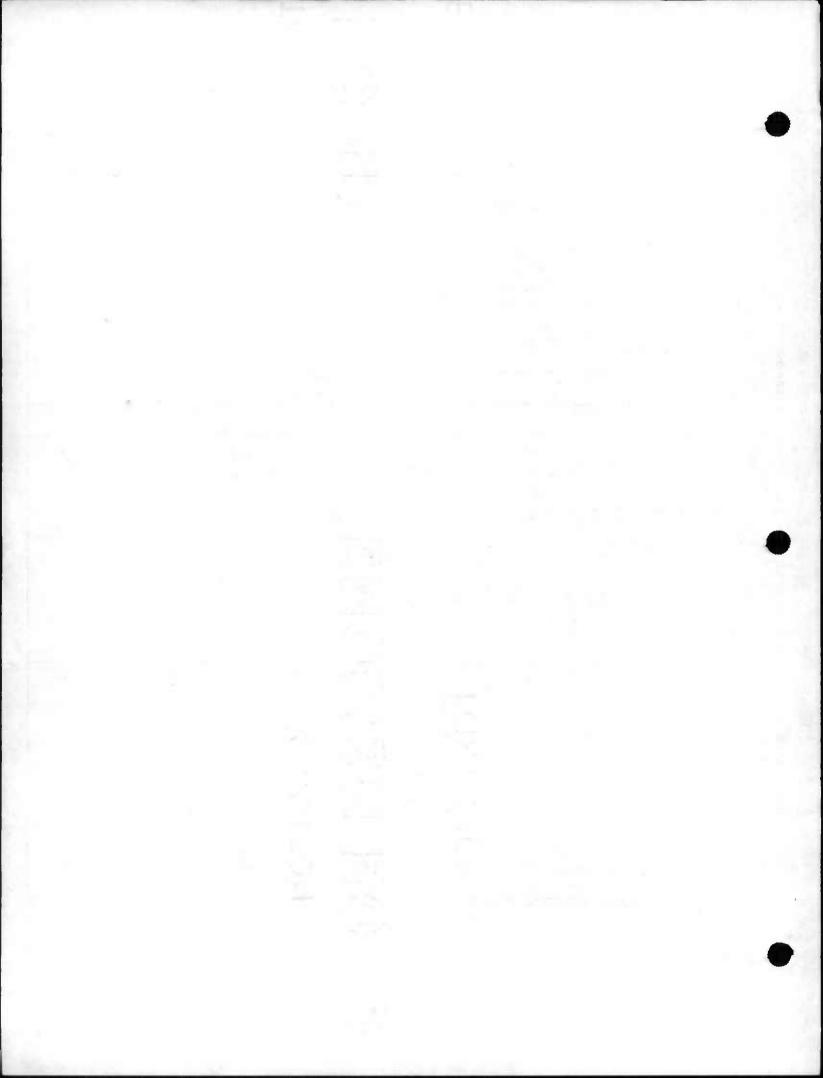
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NG PHYSICIAN: The law requires that the death certi	ter this certificate has been signed by the attending arb with the State Deot. of Health and Mental Hvole	marked, or item 23 shows any injury, or oth
NDING PHYSICIAN: The law requires that the death cert	i. After this certificate has been signed by the attending or death with the State Deot. of Health and Merial Hydie	is marked, or item 23 shows any injury, or oth
ITENDING PHYSICIAN: The law requires that the death certi	JOB: After this certificate has been signed by the attending after death with the State Dect. of Health and Mental Hydie	28 is marked, or item 23 shows any injury, or oth
AR ATTENDING PHYSICIAN: The law requires that the death certi	HECTOR: After this certificate has been signed by the attending has after death with the State Deot. of Health and Mental Hoties	em 28 is marked, or item 23 shows any injury, or oth
AL DR ATTENDING PHYSICIAN: The law requires that the death certi-	J. DIRECTOR: After this certificate has been signed by the attending a bours after death with the State Deot. of Health and Mental Hoties.	t Item 28 is marked, or item 23 shows any injury, or oth
SPITAL DR ATTENDING PHYSICIAN: The law requires that the death certi	IERAL DIRECTOR: After this certificate has been signed by the attending in 22 hours after death with the State Dect. of Health and Mental Hories	IT: It Item 28 is marked, or item 23 shows any injury, or oth
HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certi	FUNERAL DIRECTOR: After this certificate has been signed by the attending within 72 hours after death with the State Dect. of Health and Mental Hories	TANT. It Item 28 is marked, or item 23 shows any injury, or oth
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certi-	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending list within 72 hours after death with the State Dect. of Health and Mental Hydie	PORTANT: It Item 28 is marked, or Item 23 shows any injury, or oth
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after death. Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached has makin 72 hours after death with the State Deat of Health and Mental Hodiere prior to burial, cremation, or removal.	IMPORTANT: It Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

MARY HOFMAN
31. DATE FILED (MORTH, Day, Year)
MAR 2 1 1991

MO. Mercy
32. REGISTRAR'S SIGNATURE

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPAR	TMENT OF HEALTH AND I		07440
	1. DECEDENT'S NAME (First, Middle, Last) ROSA LI W	SEX 6. AGE (In yrs. last birthday)	F UNDER 1 YEAR F UNDER 24 HRS.	7. DATE OF BIRTH 8.	SHITHPLACE (State or Foreign
В	9a. FACILITY NAME (If not institution, give street  University D+M		SOL CITY, TOWN OR LOCATION OF DE	01-08-36	OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY		Y, TOWN OR LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER  2800 Belmont  11. MARITAL STATUS  12	+ Aue. WAS DECEDENT EVER IN U.S. ARMED	101. ZIP CODE  2/2/6  13. WAS DECENDENT OF HISPAN	9	N OF WHAT COUNTRY?
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuben, Mexica 1 TYES 2 NO Specify	n, Puerto Ricen, etc.)	Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12)  C		USUAL OCCUPATION work done during most of working e retired.)	166. KIND OF BUSINESS/INDUS	TRY
BE CO	17. FATHER'S NAME (First, Middle, Last)  50/0 Mon / h/1  19a. INFORMANT'S NAME (Type/Point)	Sin	Kepeco		
٩	ROSIGN WILLIAM  20a. METHOD OF DISPOSITION	ns 2800	ADDRESS (Street and Number or Rural I)  BELMONT A  E OF DISPOSITION (Name	Poute Number, City or Town, State, Zip Co	2/2/6
	1 N Burlel 2 Cremation 3 Removal 4 Donation 8 Other (Specify) 21, SIGNATURE, OF FUMERAL SERVICE LICENS	from State of cemetary crematory	of other place) Stay CRM	3/2/41 Catons	ville, rd
	Dala	March	March F/H Wes 4300 Wabash	t	
	23. PART I. Enter the diseases, or com- shock, or heert feilure. List IMMEDIATE CAUSE (Finei disease or condition resulting in deeth)	only one ceuse on each line.	Cancer		t, Approximete Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF	Effision E		
SERTI	thet initiated events resulting in deeth) LAST				
PHYSICIAN: MEDICAL	PART II. Other significent conditions of Diabetes Me	ontributing to death but not resulting	in the underlying ceuse given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	28. PLACE OF DEATH (Ch	eck only one)	
HYS	1 TYES 2 NO 1	28e. DATE OF INJURY 28b. TIM	4 Nursing Home 8 Residence IE OF 28c. INJURY AT	8 Other (Specify)  28d. DESCRIBE HOW INJURY OCCUR	RED
ВУ	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be datermined	(Month, Dwy, Year) IN.  28e. PLACE OF INJURY — At home, ferm, building, stc. (Specify)	M 1 YES 2 NO	281. LOCATION (Street end Number or City or Town, State)	Rural Route Number,
COMPLETED	anal .	N: To the best of my knowledge, death occurr On the basic of examination and/or investigation			
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO/C	mm Reside	29c. LICENSE NUI	MBER 29d. DATE 5 ▶ 3	SIGNED (Moret), Day, Year)



TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE FUNERAL DHECTOR: After this certificate has been stoned by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, MAR 2 1

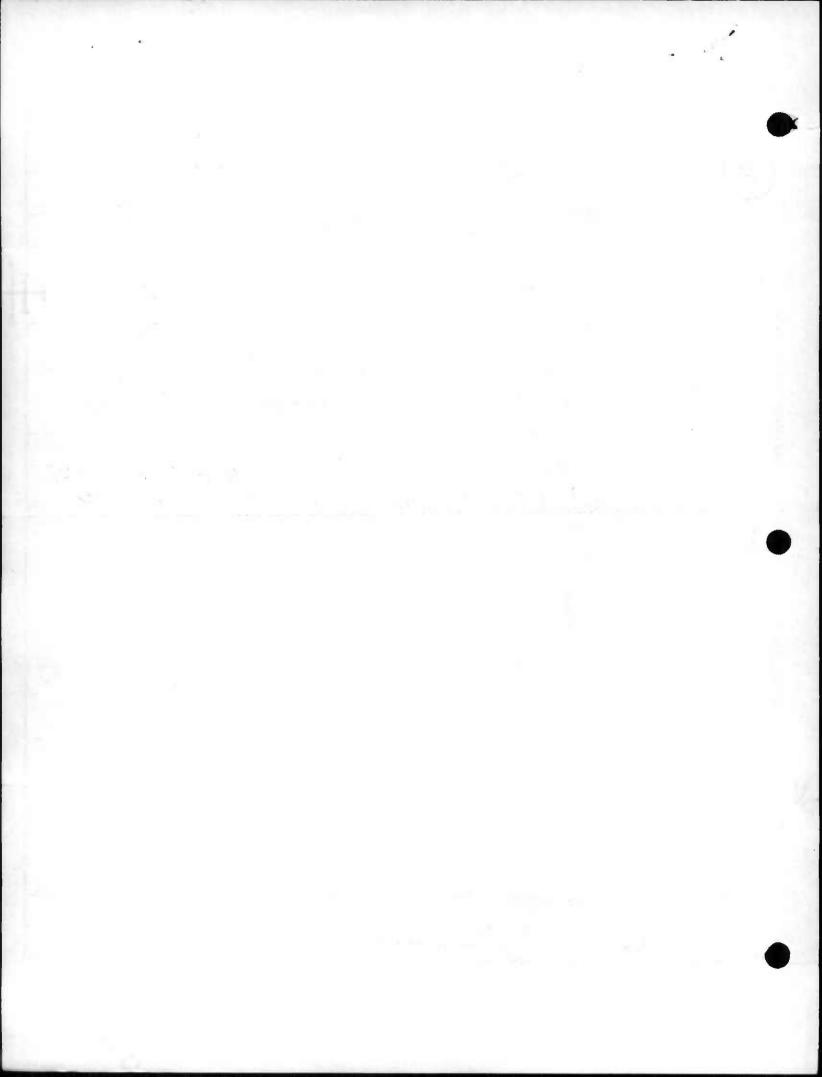
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32. REGISTRAR'S SIGNATURE

nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

01 071.1.1

1 - STATE #1	STATE OF MARYLA	CERTIFIC	ATE OF DEAT	TH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	11 1	0 1 (		2. DATE	E OF OEATH	YEA	3. TIME OF DEATH
TRINA DAWN	valley	Baby	710	9	38	1991	2,47 A"'M
4. SOCIAL SECURITY NUMBER	1 🗆 M 2 🕽 🗲	YRS. MC	FUNDER 1 YEAR IF UNDER HITHS DAYS HOURS	MIN. (Mor	e of Birth 2/,		MTHPLACE (State or Foreign purity)  MARYLANIA
ST. AG NES HOSPITA	reet and number) 900 C L BALTO.		BALTI	MORE		9c. COUNTY C	OF OEATH
RESIDENCE OF DECEDENT							10d. INSIDE CITY
10a. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCATION				1 TYPES 2 NO
10e. STREET AND NUMBER			10f. ZIP COD	E		10g. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS DECENDENT			or No- 14. 5	RACE — American Indian, Black, White, etc.
1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA		1 TYES 2 NO				Specify: BI ACK
15. DECEDENT'S EDUC (Specify only highest grade		18a. DECEDENT'S US	SUAL OCCUPATION is done during most of work		b. KIND OF BUSI	NESS/INDUSTI	97
Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT use r	etred.)				n .
17. FATHER'S NAME (First, Middle, Last)	1 1 11 1	/		HER'S NAME (First			- 1 - 0.1
	N WALLEY						TOSEPH
MICHAEL ALLEN U	DALLEY	E 21-	ODRESS (Street and Number	LTIMORE			
20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo	20b.		ION (Name of cemetery, cre			ATION — City	
4 Donation 5 Other (Specify)	w	DODLAWN	00 0/		BAL	TO MA	RYLAND
21. SIGNATURE OF FUNERAL SERVICE LIC	al allest	Either	22. NAME AND ADDR	ESS OF FACILITY	Balti	role	21201
		Latira	1521	14/0-	$T \cdot n$	Tre	1100
23. PART I. Enter the diseases, or o			t enter the mods of d	ying, such as co	ordiec or respir	atory errest,	Approximate Interval Retween
shock, or heert fallure.  iMMEDIATE CAUSE (Final	List only one cause on ea	ich fine.			ordiec or respir	atory errest,	Approximate Interval Between Onset and Death
shock, or heert failure.	List only one cause on ea	eme P	t enter the mods of de		ordiec or respir	atory errest,	Interval Between
shock, or heert fallure.  iMMEDIATE CAUSE (Final disease or condition	a	CONSEQUENCE OF):			ordiec or respir	atory errest,	Interval Between
shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)	a	eme P			ordiec or respir	atory errest,	Interval Between
shock, or heert fallure.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediata	a	CONSEQUENCE OF):	rematur		ordiec or respir	atory errest,	Interval Between
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shock, or heert fallure.  iMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a CX // CAS A  DUE TO (OR AS A  DUE TO (OR AS A  C DUE TO (OR AS A  d	CONSEQUENCE OF):	remakur	rity		autopsy Medy	Interval Between
shock, or heart fallure.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a CX // CAS A  DUE TO (OR AS A  DUE TO (OR AS A  C DUE TO (OR AS A  d	CONSEQUENCE OF):	remakur	rity	24e. WAS AN PERFOR	autopsy Medy	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE
shock, or heert fallure.  iMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events rasulting in death) LAST  PART II. Other aignificent condition	a CX // CAS A  DUE TO (OR AS A  DUE TO (OR AS A  C DUE TO (OR AS A  d	CONSEQUENCE OF):	remature	given in Part i.	24e. WAS AN PERFOR	autopsy Medy	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
shock, or heart fallure.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a CX // CAS A  DUE TO (OR AS A  DUE TO (OR AS A  C DUE TO (OR AS A  d	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):	remature	given in Part i.	24e. WAS AN PERFOR 1  YES 2	autopsy Medy	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
shock, or heert fallure.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events rasulting in death) LAST  PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	B. DUE TO (OR AS A DUE TO (OR	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):	the underlying cause  26. PLACE OF  OTHER:    Nursing Home 5   10  RY   28c. INJURY AT  RY   WORK?	given in Part i.  OEATH (Check only Residence 6 Or 28d. 6	24e. WAS AN PERFOR 1  YES 2	AUTOPSY MED	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINERY?  1 YES 2 NO  27. MANNER OF DEATH	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  Ut not resulting in  Detical 3 DOA 6	the underlying cause  26. PLACE OF OTHER: 1   Numbing Home 5   10 OF   28c. INJURY AT RY   M   1   YES 2	given in Part i.  OEATH (Check only Residence 6 O	24e. WAS AN PERFOR 1 YES 2 one) ther (Specify) DESCRIBE HOW II	AUTOPSY MEDI NO NJURY OCCUR	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
shock, or heert fallure.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events rasulting in death) LAST  PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  ut not resulting in  28b. TIME INJUI  At home, farm, str	the underlying cause  26. PLACE OF  OTHER:  Nursing Home 5 = 10  Yes 2  The control of the contr	given in Part i.  OEATH (Check only Residence 6 Or 28d. C	24a. WAS AN PERFOR 1 YES 2  ther (Specify) DESCRIBE HOW II  OCATION (Street a lity or Town, State)	AUTOPSY MEDI NO NJURY OCCUR	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
shock, or heert fallure.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only)	B. DUE TO (OR AS A DUE TO (OR	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  Ut not resulting in  Dottleril 3 DOA (4)  28b. TIME INJUIT  At home, farm, streity)	the underlying cause  26. PLACE OF  OTHER:    Nursing Home 5   10  WORK?  M   T   YES 2  reet, factory, office	given in Part i.  OEATH (Check only Residence 6 Or 28d. C	24e. WAS AN PERFOR 1 YES 2  ther (Specify) DESCRIBE HOW II  OCATION (Street a lifty or Town, State)	AUTOPSY MEDI NO NO NO NO NO NO NO NO NO NO NO NO NO	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  Rural Route Number,
shock, or heert fallure.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only)	DUE TO (OR AS A  DUE TO	CONSEQUENCE OF):  CONSEQUENCE	the underlying cause  28. PLACE OF  OTHER:    Nursing Home 5   1   WORK?  M   1   YES 2  reet, factory, office	given in Part i.  OEATH (Check only Residence 6 Or 28d. C	24e. WAS AN PERFOR 1 YES 2  ther (Specify) DESCRIBE HOW II  OCATION (Street a lifty or Town, State)	AUTOPSY MEDI NO NJURY OCCUR and Number or F	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  Rural Route Number,
shock, or heert fallure.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events rasulting in death) LAST  PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Februral 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	List only one cause on ea  a	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  Ut not resulting in  Detient 3 DOA 28b. TIME INJUIT  Tedge, death occurred in end/or investigation.	the underlying cause  26. PLACE OF OTHER:    Nursing Home 5	given in Part i.  OEATH (Check only Residence 6 0 0  NO 28f. L  Cope, and due to the sured at the time, d	24e. WAS AN PERFOR 1 YES 2  ther (Specify) DESCRIBE HOW II  OCATION (Street a lifty or Town, State)	AUTOPSY MEDI NO NJURY OCCUR and Number or F	Interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  Bural Route Number,



TO THE HOSPITAL ON ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 cars after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled within 72 hours after death with the State Dept. of Health and Mental Hygher prior to burda, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE   STATE	OF MARYLAND / DEPA	RTMENT OF H		ENTAL HYGIENE REG. NO.	9	07442
ì	1. DECEDENT'S NAME (First, Middle, Lest)	1	m Leon V	2	DATE OF DEATH DAY	-	3. TIME OF DEATH
į	4. SOCIAL SECURITY NUMBER 5. SEX 225-07-2230 12 M 2 [	6. AGE (In yrs, lest birthdey)	MONTHS DAYS	4404400 4404	DATE OF BIRTH (Month, Day, Year)	8. B	erthplace (State or Foreign country)  rginia
OR	9a. FACILITY NAME (If not institution, give street and number Harbor Hospital Ce			City, M		9c. COUNTY C	DF DEATH
DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY	10c. CI	ITY, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
	Maryland	Ва	alto.Cit	y, Md.		40. 0/7/7541	ÜÇÜYES 2 □ NO
FUNERAL	1462 Stevenson	St.	107.	21230			SA
BY FUN	1 Never Married 2 Married FORCES	CEDENT EVER IN U.S. ARMED? 1.X. YES 2 \( \) NO GIVE WAR OR DATES		cify Cuban, Mexican,	ORIGIN? (Specify Year of Puerto Rican, etc.)	1	RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elemantary/Secondary (0-12)  College (1-	18a, DECEDENT (Give kind o life, Do NOT		N st of working	16b. KIND OF BUSI	NESS/INDUST	PY .
OMP	12th.Grade	- Med	chanic	18 MOTHER'S NAME	Gov¹t	umame)	
BE CC	William	W, West	t	Aleth			awyer
TO B	19a. INFORMANT'S NAME (Type/Print)				te Number, City or Town,		
	Mrs, Margaret S. West	AND IN ACE OF DIED	OSITION (Name of con		Balto.Md	ATION — City	
	the Buriel 2 Cremetion 3 Ramoval from St. 4 Donation 5 Other (Specify)	Glen Ha		normal P		en Bu	rnie,Md.
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE	Marlos	McCu	ally Fun	Bal eral Hom	to.Md e,130	.21230 E.Fort Ave
	23. PART I. Enter the diseases, or complication shock, Dr heart failure. List phly processes of condition resulting in death)	na that catased the death. Do ne cause on each line.  Your ay I	1	de of dying, such	ss cardisc or respir	atory arrest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury.		arrest oring th	imia			
PHYSICIAN: MEDICAL C	PART II. Other eignificant conditions contribut  5°x K Sirus Synd  Congestive heart		g in the underlying	g cause given in P	art i. 24e. WAS AN / PERFORI	WED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?  1 YES 2
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITA	AL:	26. PI	ACE OF OEATH (Chec	k only one)		
	27. MANNER OF DEATH 28a. D  1  Natural 5  Pending (A		4 Nursing Horr	PRK?	Other (Specify)  28d. DESCRIBE HOW IN	JURY OCCUR	ED
TED BY		LACE OF INJURY — At home, farm ulfding, etc. (Specify)	m, atreet, factory, offic		28f. LOCATION (Street a City or Town, State)	nd Number or R	tural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 2   MEDICAL EXAMINER: On the be						use(a) and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CENTIFIER	officer		29c. LICENSE NUME	BER	29d. DATE SI	GNEO (Month, Day, Year)
101	30. NAME AND ADDRESS DE PERSON WHO COMPLETE  ROSSELLO M.O.		iype, Print)	or Bal	130- Mi	7	Ιωρί
	31. DATE FILED (Month, Day, Year) 0 32. RE	GISTRAR'S SIGNATURE avidson-Randell	7-07		5- 1-3		

al in attending physician.	forum 7, the Earth-Transit permit. Pages 1, 2, 3 should	)
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be ratained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to he find within 72 hours after death with the State Dent, of Health and Mental Hopiere prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

3	FOR 1 . STATE	STATE OF M	ARYLAND	/ DEPAF	RTMENT	Г OF Н	EALTH	AND I	MENTAI	L HYGIEN	E	91	07443
	REGISTRAR		C	ERTIF	ICATE	E OF	DEAT	ГН		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. OATE	OF OEATH	v	YEAR	3. TIME OF OEATH
	Albert	Samuel		Ziec	ler,	Jr.			Mar			91	M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	est birthday)	IF UNDER		IF UNDER			OF BIRTH		8. BIRTHI	PLACE (State or Foreign
	213-05-5939	1 □XM 2 □ F	81	YRS.	MONTHS	DAYS	HOURS	MIN.	Au	g. 10	1909	Ma	ryland
	9a. FACILITY NAME (If not institution, give a		9b. CITY	, TOWN O	R LOCATI	ON OF OE				TY OF DE	EATH		
E I	2720 Chesley A	venue			E	Baltin	nore					-	
5	RESIDENCE OF DECEDENT			T .					-				
DIRECTOR	Maryland 106. COUNT	Y		10c. CIT	Y, TOWN							- 1	10d. INSIDE CITY LIMITS?
					Balt	<u>imor</u>	-						1 X YES 2 NO
M.	10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CITI	ZEN OF W	HAT COUNTRY?
当	2720 Chesley A							234				USA	
COMPLETED BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 X Merried 3 Wildowed 4 Divorced	12. WAS OECEDENT FORCES? 1 IF YES, GIVE WI	EVER IN U.S. A LYES 2 AR OR DATES	RMEO NO		If yes, spe	ecify Cube		n, Puerto l	i? (Specify Yes Ricen, atc.)	or No—	14. RACE Black Specif	— American Indian, , White, atc. y: White
9	15. DECEDENT'S EDU (Specify only highest grade		16a. D	ECEDENT'S	USUAL O	CCUPATIO	ON .		16b	. KIND OF BU	SINESS/INC	USTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 6+	, h	Give kind of fe. Do NOT u	work done	aunng mo	at or worki	ng					
AP.	6			Ship	Bu	ilder	•		E	Bethlel	nem S	Steel	
S	17. FATHER'S NAME (First, Middle, Last)									Middle, Maiden			
BE	Albert Samuel Z	iegler, Si	r.				L	_illia	n Ai	rey S	neph	ard	
10	190. INFORMANT'S NAME (Type/Print) Anna B. Ziegl	er	1							ber, city or Tow Balto.			234
	20a, METHOD OF OISPOSITION 1 Dention 5 Other (Specify)	noval from State	of cemetar	E ANO OAT ry, cremator	y or other	place)		-:-1	OAT		CATION		
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE /	Dula	ney				SS OF FA		ens	I Imo	nium	. Ma.
	7 V/1/h .U	yan W. C	lary			Lem	mon-	Mitc	hell-	-Wiede and 2			
	23. PART I. Enter the disesses, or shock, or heart fellure.				not ente	r the mo	de of dy	ing, suc	h ae cen	diec or resp	iratory sn	reet,	Approximate interval Between
	IMMEDIATE CAUSE (Fine)		GESTIV		Hem	οT	Co		2 &				Onset and Death
	resulting in death)	DUE TO	OR AS A CONS	EQUENCE (	)E)·								
-		Die	GITTA	C	MRD	HON	YOPH	nt/					1/5,425
0	Sequentielly list conditions, if any, leading to immediate	DUE TO	OR AS A CONS	EOUENCE C	OF):								10
AT	cause. Enter UNDERLYING	15	clfemic	puller.	1/2	MI	1	155	ME				YEMPS
ERTIFICATION	CAUSE (Disease or injury that initiated events	OUE TO	OR AS A CONS	EOUENCE (	OF):								
E	resulting in deeth) LAST	d											
O	PART ii. Other aignificent condition	no contribution to	dooth hut not		In the s		وعدانات	atrica ta	Direct 1			1 445	WEST HERSEN SWIDTH
¥	PART II. Other alginiticant condition		death but not	resuming	m ure u	noeriyin	g ceuse	given in	Part I.	24a. WAS AN PERFO		240	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ŏ										1 TYES	NO		OF DEATH?
M													1 YES 2 NO
Z													
CHA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF	DEATH (Ch	eck only o	ne)			
S	1 TES 2 NO	1 - Inpatient 2 -	ER/Outpatient	3 DOA			10 5 KR	leeldence	8 🗆 Oth	er (Specify)			
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28a. OATE OF (Month, D		28b. Ti	ME OF	28c. IN.	JURY AT		28d. DE	SCRIBE HOW	INJURY OC	CURED	
ВУ	1 Abietural 5 Pending 2 Accident Investigation	_			М	1 🗆	YES 2	□ NO				7	
ED	3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE O building,	F INJURY — At atc. (Specify)	home, farm,	atreet, fac	ctory, offic	-			CATION (Street or Town, State		r or Rural I	Route Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS	BICIAN: To the best of											and manner as stated
8			3	9 9	.on, in my	opinion, (				- and piece, e			
BE	296. SIGNATURE AND TITLE OF CERTIFIE	is de			0			O S C	MBER 79	5	29d, DAT	3	(Month, Day, Year) - 18 - 91
70	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUS	SE OF DEATH (IT	TEM 27) (Typ	e, Print)								

John Lavin, 31. DATE FILED (Month, Day, Year) M.D 32. REGISTRAR'S SIGNATURE MAB 6 1 1001

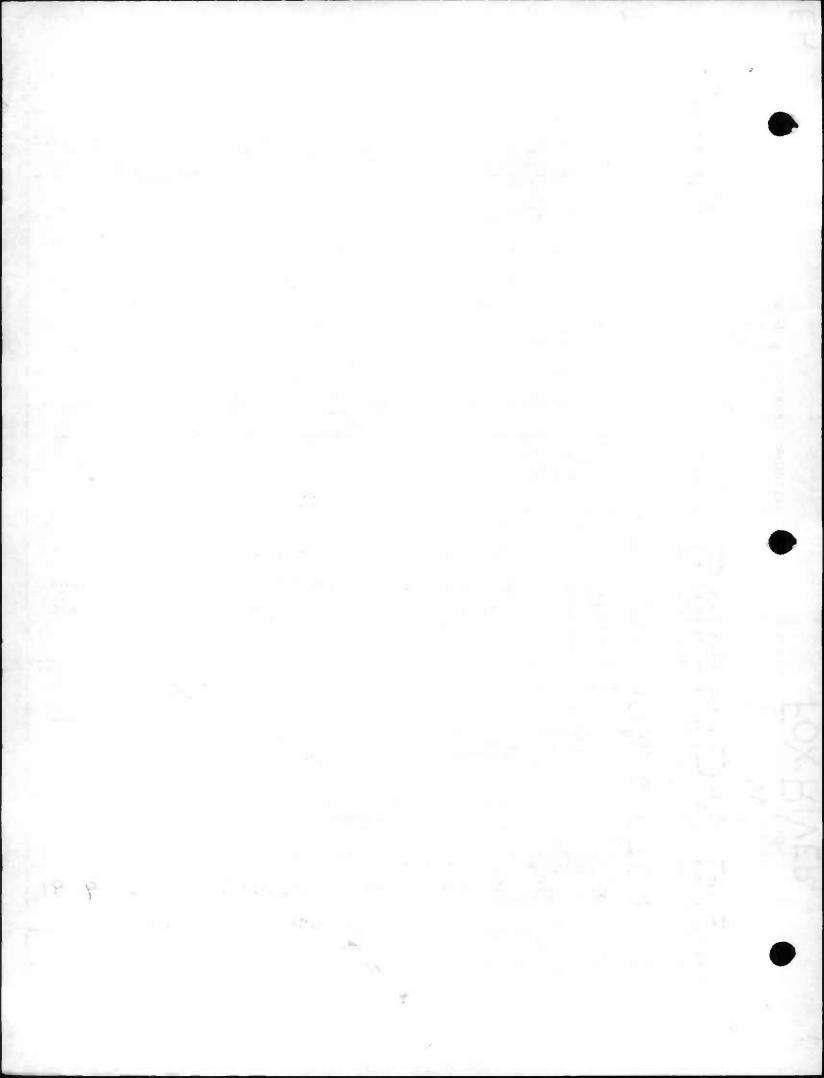
DHMH-18 Rev 1/89

Towson,

Md.

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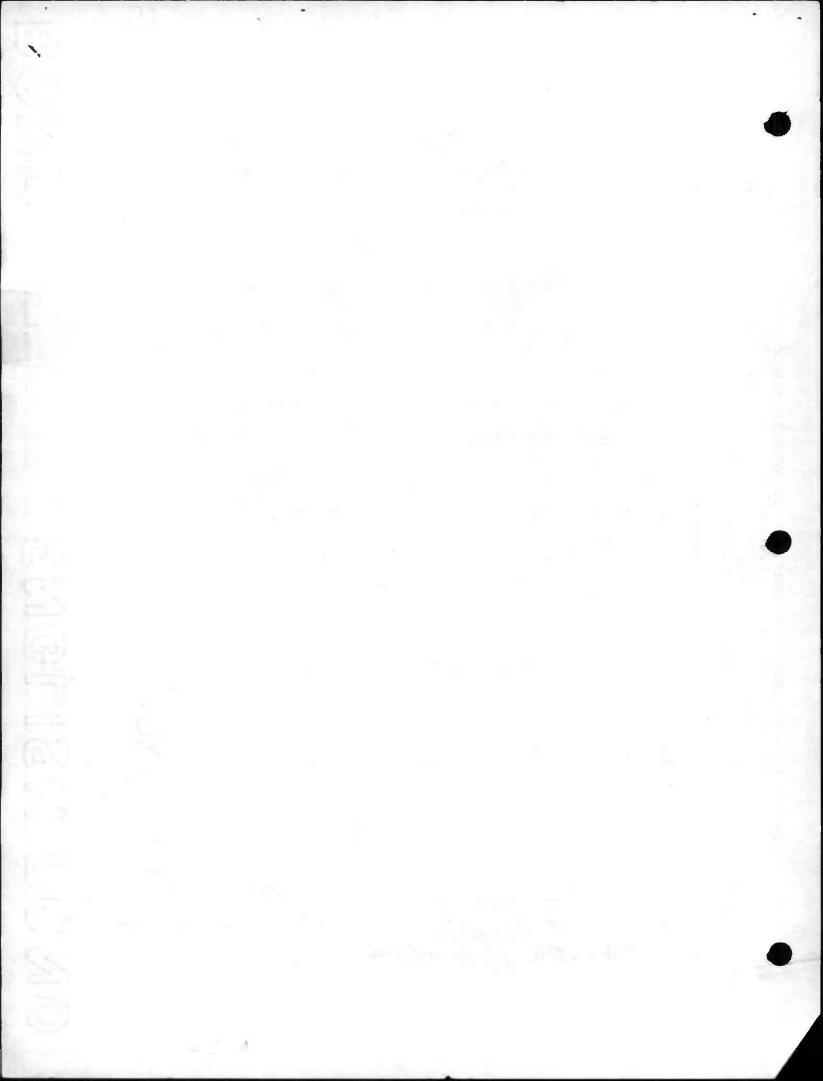
6212 York Rd.,



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with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	rked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
=	2
*	2
	-

REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		3=.,,,,	FICATE OF		REG. NO		3. TIME OF DEATH
ANN	IF	ALLE	N			20 9	7 4
4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	GE (In yrs. last birthde	y) IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Forei
214-58-8411	1 🗆 M 2 💢	88 YRS	MONTHS DAYS	HOURS MIN.	7/25/19		. Carolina
9a. FACILITY NAME (If not institution, give	street and number)		96. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY	
Liberty Medi	cal Cente	r	Bal	timore			
10s. STATE 10b. COUNT	Υ	10c. C	CITY, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
Maryland			Columb	ia			1 TYES 2 NO
10e. STREET AND NUMBER			10	H. ZIP CODE			OF WHAT COUNTRY?
9709 Clarktow					040		USA
11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 \( \subseteq \text{Y}				NIC ORIGIN? (Specify Years, Puerto Rican, etc.)	es or No— 14.	. RACE — American Indian, Black, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OF	R DATES	1 🗆 YES	S 2 DO Specif	y:		Specify: Black
15. DECEDENT'S EDU	ICATION	16e. DECEDENT	I'S USUAL OCCUPATI	ION	16b, KIND OF BU	USINESS/INDUS	
(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind	of work done during m ruse retired.)				
astronary (o 12)	Contract (1-4 of 5 +)						
17. FATHER'S NAME (First, Middle, Last)		_		16. MOTHER'S NA	ME (First, Middle, Maide	n Sumame)	
Ed Locklear				Margar	et Lockl	ear	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADDRESS (Street	and Number or Rural	Route Number, City or To	wn, State, Zip Co	ode)
Elizabeth E. W	illiams	354	0 Syden	ham St.	Phila,	PA	19140
20a. METHOD OF DISPOSITION  1 Burial 2 Cremation 3 Ren	novel from State	20b. PLACE AND Or of cemetary, cremate	ATE OF OISPOSITION	N (Name	1	OCATION — CITY	
4 Donation 6 Other (Specify)		King Me	morial	Park	3/25 Ba	ltimo	re, Maryl
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	0	22, NAME A	ND ADDRESS OF FA	CILITY	NAT TOTTAT	TIDAT HOME
LOSOTL		//		Y () 1)Y	ETT & SU	IN PUN	EKAL HUME
	- () hv	lel					ERAL HOME NUE 21207
23. PART IEnter the diseases, or			4600	LIBERT	Y HEIGHT	S AVE	NUE 21207
ahock, or heart failure.	List only one cause o	n each line.	4600 o not anter the m	LIBERT	HEIGHT	PIS AVE	NUE 21207
ahock, or heert fallere.  IMMEDIATE CAUSE (Finel disease or condition	List only one cause o	n each line.	4600 o not anter the m	LIBERT	HEIGHT	PIS AVE	NUE 21207
ahock, or heart fallere.	List only one cause of	n each line.	4600 o not anter the mo	LIBERT	Y HEIGHT	PIS AVE	NUE 21207
ahock, or heert failere.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	List only one cause of	SPIR	4600 o not anter the mo	LIBERT	HEIGHT	PIS AVE	NUE 21207
ahock, or heert fallere.  IMMEDIATE CAUSE (Finel disease or condition	a. DUE TO (OR A	SPIR	4600 o not anter the mo	LIBERT	HEIGHT	PIS AVE	NUE 21207
ahock, or heert failere.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. DUE TO (OR A	SPIR: SPIR: AS A CONSEQUENCE EVMON	4600 o not anter the mo	LIBERT	HEIGHT	PIS AVE	NUE 21207
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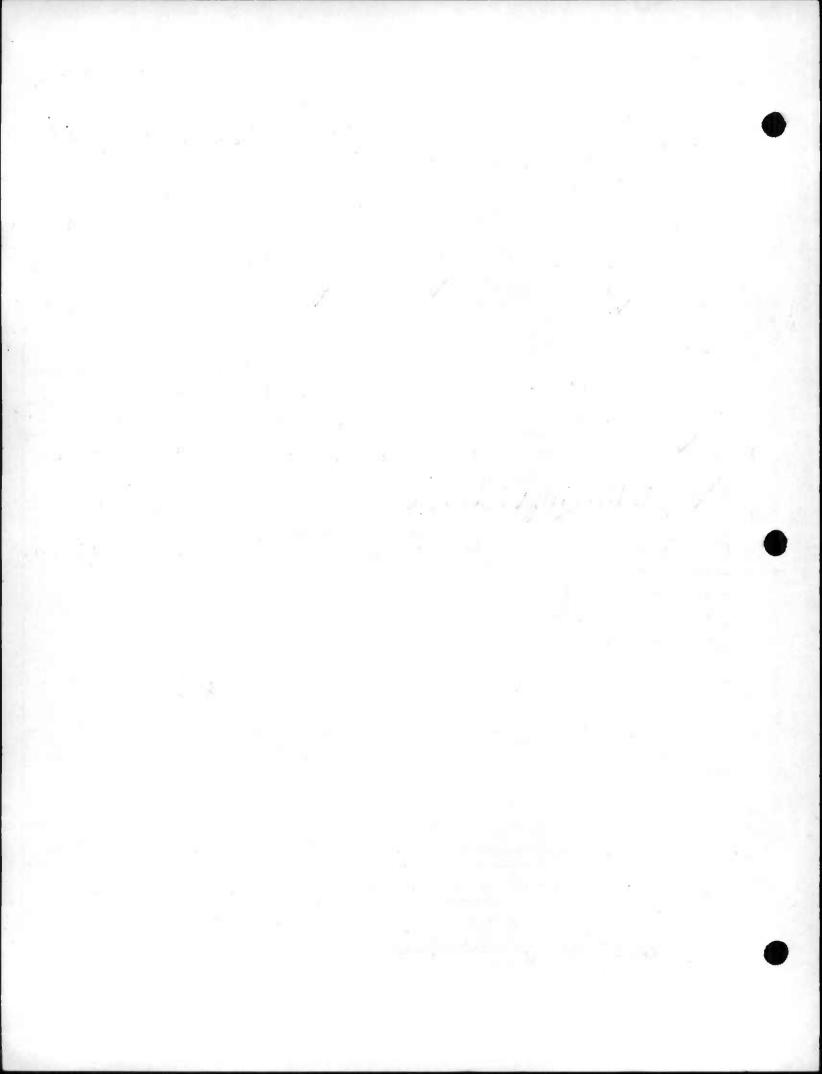
BALTIMORE, MARYLAND 21203-3146

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at he notified at once.	IMPORTANT Priest 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	-
	where were 72 hours are death with the State Dept. of Health and Mental Hygiene prior to burner commission or named we	-
pare 5 should be detached	TO THE HING TO WHEN IN SECURITIONS After this certificate has been signed by the attending physician and complemely liked in by the lutteral director, page 5 should be detached	-
may be retained by the hospit	III THE MOST MAN SAME AND ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit	-

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

57,9

1. DECEDENT'S NAME (First		E	DWARD		RYANT		17	THE OF DEATH	19,19	791	9130P
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. I		IF UNDER 1 YEAR	HOURS N	IRS. T. C.	AYE OF BIRTH (coth, Ora, Sur)		E. BERTH	PLACE (State or Foreign
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22 NORM	AL TE			OR LOCATION SON	OF DEATH		9c. COUN		EATH MORE		
RESIDENCE OF DECEDENT  10- STATE 100. COUNTY			40.00			-					
MD.	100. COOK		IMORE	10c. C11	Y, TOWN OR LOC TOW						1 YES 2 NO
100. STREET AND NUMBER 22 NORM		ER.			1	of. ZIP CODE	212	0 4	10g. CITI		J.S.A.
11. MARITAL STATUS  1 Never Married 2 2 3 Wildowed 4 Div		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2		If yes, s	EGENDENT OF H specify Cubers, R ES 2 1 NO	fexican, Pu	RIGIN? (Specify Yearto Rican, etc.)	e or No—	14. RACI Black Spec	— American Indian, t, White, atc.
(Specify on Elementary/Secondary (	CEOENT'S ED	DUCATION de completed) College (1-4 or 5 -	.)	(Give kind of Ife. Do NOT u	-	TION nost of working		16b. KIND OF BU		USTRY	
10				STOC	KMAN			STOR	ES 		
17. FATHER'S NAME (First, III		BRYANT						irst, Middle, Maiden ET C . I		НҮ	
190. INFORMANT'S NAME (		BRYANT S						Number, City or Tox PHOENI			131
METHOD OF DISPOSIT	ion 3 🗌 Re	moval from State	20b. PLAC other	minant	SITION (Name of a				KESV		wm, State E, MD. 2120
21. SIGNATURE OF FUNER	AL BERVICE	LICENBEE	. 1	1	22. NAME	AND ADDRESS	OF FACILITY	4905	YORK	ROZ	AD. 21212
23. PART I. Enter the cahock, or I	heart fallure	complications the						INS AN	D SOI		Approximete interval Between
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Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  CAUSE (Disease or in the Initiated events resulting in death) LA:  PART II. Other algnification in the Initiated events resulting in death) LA:  PART II. Other algnification in the Initiated events resulting in death) LA:  25. WAS CASE IN FERRED EXAMINED?  1 Network 1 No. 27. MANNER OF DEATH  1 Network 1 No. 28. 29. CERTIFIER 1 CERTIFIER	Itions, deliate vine sediate vi	b. DUE TO c. DUE TO d	(OR AS A CONS (O	BEOUENCE COREOUENCE CO	OF 28c. I JURY M 1 cstreet, factory, of red at the time, do	PLACE OF OEA  TOTAL  PLACE OF OEA  TOTAL  THE STATE  PLACE OF OEA  TOTAL  THE STATE  THE	en in Part  TH (Check or 28d NO 28f.	INS AN cardiec or reap  I. 24a. WAS AN PERP TO SEE  Other (Specify) I. DESCRIBE HOW City or Town, State the cause(e) and min, date and place, a	NAUTOPSY MAEO? 2 No INJURY OC and Number of the first of the second due to the	24k	Approximete interval Betwee Onset and De Ons



Pages 1, 2, 3 should

USPITAL OH ALLEMENTATIONAN: THE IAM REQUIRES DIST THE DESTRICATE DE EXECUTED WITHIN SATISFICATION AND THE MAN DE FEMALIED BY UNE MOSPITAL OF ALMENDING PRINCIPLE.	TO THE FUNERAL DIRECTION PROFILE MAY BE SHOULD BE SHOULD BE SHOULD BE GREATED BY THE FUNERAL DIRECTION TO BE 5 Should be detached for use as the burial-transit	ithin 72 hours after death with the State Dept, of Health and Mental Hypiene prior to burial, cremation, or removal.	ANYTH Ham 28 femanded or Ham 23 shows any injury or other traumatic event, the medical examiner must be notified at once.
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2	2	De l	100

31. DATE FILED (Month, Day, Year)

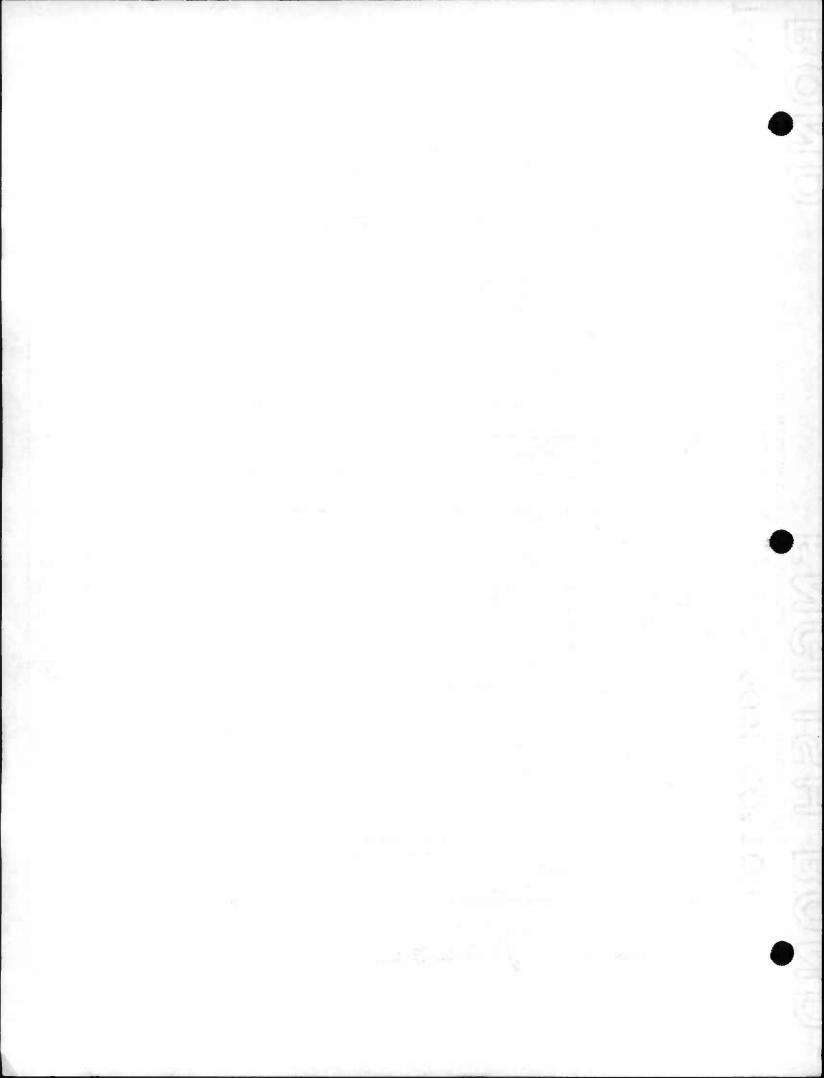
MAR 22

1991

32. REGISTRAR'S SIGNATURE who Davidson

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1991 YEAR Tyniera S. Bumberry 03 18 9:03 (BG ROYSTER) P 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. DAYS 23 1 M 2 F N/A 2-23-1991 Md 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR JOHNS HOPKINS HOSPITAL BALTIMORE THE BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY MD Baltimore 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 2862 Oakley Avenue 21215 S 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 X Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced Black ED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18b. KIND OF BUSINESS/INDUSTRY COMPLET Elementary/Secondery (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Sherman Bumberry Tracev Royster BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Steven T. Royster 2862 Oakley Avenue Baltimore, Md 21215 20a METHOD OF DISPOSITION
1 Suriel 2 Cremetton 3 Removel from State
4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name DATE Western Star Cemetery 32291 Catonsville. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY March F/ H West 4300 Wabash Avenue Ca 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, **Approximate** shock, or heart failure. List only one cause on each line, Interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition . IRREVERSIBLE WAL DISCUSE 331 resulting in death) DUE TO (OR AS A CONSEQUENCE OF) SEPSIS CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE CAPILLARY LERK SYNDROME, GRADE I IVH LEWAL FAILURE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 TES 2 NO ng Home 5 🗆 Residence 8 🗆 Other (Specify) 4 - Nursi 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To like best of my knowledge, death occurred at the lime, data and piece, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 29h. SIGNATURE AND TITLE OF CENTIFIER 29d. DATE SIGNED (Month, Day, Year) FERLOW PIEW. 154147557 66841 3/157 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) bEFT of ANES/ECM 600 N. WOLFE ST RUBERT S. CREENBERG MA

BATIMORG, MS



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

HARLEY

170-16-7193 1 K M 2 

9a. FACILITY NAME (If not institution, give street and number)

9a. FACILITY NAME (If not in	estitution, give st		00	96, CITY,	TOWN OR LOCATION OF D		9c COU	TY OF OEATH	1
Momor:	ial Vac	ndtol			Cumberland			Alleg	
Memor: RESIDENCE OF DEC			1000				'	7 1 7 1 1 1 1 1 1 1 1 1 1	
10a. STATE	10b. COUNTY		-	TY, TOWN O				1,712	. INSIDE CITY LIMITS?
The STREET AND NUMBER	AII	egany		Cumb	erland		100 0171	ZEN OF WHAT	YES 2 NO
Rt#2, Bo	v 80	Hillcrest	Drive		21502		20.81		COUNTRY
11. MARITAL STATUS	X 00	12. WAS DECEDENT EVER IN		T 13. V	AS OECENDENT OF HISPA	NIC ORIGIN?		JSA 14. RACE /	American Indian,
		FORCES? 1 YES	2 NO	н	yes, specify Cuban, Maxic  ☐ YES 2 ☐ NO Speci	an, Puerto Rica		Black, Wi Specify:	nite, etc.
3 Widowed 4 Dive	orced		NO		_ 100 1 _ 110 4,000	-	NO I		nite
Constitution (Constitution)	EOENT'S EDUC y highest grade			work done d	CUPATION uring most of working	16b. KI	NO OF BUSINESS/IND	USTRY	
Elementary/Secondary (	0-12)	College (1-4 or 5+)	ille. Do NOT i						
2	2 +	6 <b>y</b>	Ret	ired			chool Te	acher	<u> </u>
					18. MOTHER'S N.	AME (First, Midd	dle, Maiden Sumame)		
EMMIT  19a, INFORMANT'S NAME (	BURC	HARD	405 4444 101	0 4000000	(Street and Number or Rural		VAN CAN		
2   _	**********	Dan alak							
Joyce Bur			PLACE AND DA		lderness '	PATE			
1 Buriel 2 Crematic	on 3 🗆 Reme		emetary, cremator			DATE	200 EDGATION -	Only or rown,	Diete
21. SIGNATURE OF FUNERA		ENSEE DAD 1 d T	a ob or	÷ 22.1	NAME AND ADDRESS OF F	ACILITY C.	t a t a . 3 = a		D 3
	/	1 Ronald V	wade,D 3/20/9	1165	5 W. Balt	imore	tate Ana		
Janas		1 dece							21201
ahock, or h	eart failure.	omplications that caused lat only one cause on as	the daeth. Do ch line.	not enter	the mode of dying, su	ch aa cardiad	c or reapiratory arr	reat,	Approximata Interval Batwo
IMMEDIATE CAUSE (FI	nel	6 - 1					11-		Onset and Da
disease or condition resulting in death)	→ ,	EXTRA HEPA			ARY 12A	CT C.	HNCER		4 mon
		OUE TO (OR AS A	CONSEQUENCE	OF):				-	
Sequentially list condit	tions,	DUE TO (OR AS A	CONSEQUENCE	OED.					
Sequentially list condition of the sequential of		DUE TO (ON AS A	CONSCOUENCE	orj.					
		DUE TO (OR AS A	CONSEQUENCE	OF):					
that initiated eventa resulting in death) LAS	т			,					
0 1									
PART II. Other significa	ant condition	TRUCTION	it not reaulting	In the un	derlying cause given in	Part I. 24	PERFORMED?	AIA	RE AUTOPSY FINDING ILABLE PRIOR TO
DVODENAL	- 0.23	12001102	OUE !	0 0	- NCI-12	1	□ YES 2.00		MPLETION OF CAUSE DEATH?
								1 [	YES 2 NO
Z5. WAS CASE REFERRED T									
25. WAS CASE REFERRED TEXAMINER?	O MEDICAL	HOSPITAL:		OTHER	28. PLACE OF DEATH (C	theck only one)			
I □ YES 2-DINO		1 Inpatient 2 ER/Outpe	ntlent 3 DOA		ing Home 5 - Rasidence	6 🗆 Other (S	Specify)		
27. MANNER OF DEATH	D 41	28a. DATE OF INJURY (Month, Day, Year)	28b. Ti	ME OF	28c. INJURY AT WORK?	28d. OESCR	HIBE HOW INJURY OC	CURED	
1: Nettural 5   2 Accident	Pending Investigation			M	1 YES 2 NO				
□ 3 □ Suicide 8 □	Could not be	28e. PLACE OF INJURY building, etc. (Special	Al home, farm	, street, facto	ory, office	28f. LOCATE	ON (Street and Number Town, State)	or Rural Route	Number,
4 Homicide	determined								
29a. CERTIFIER (Check only	TIFYING PHYSI	CIAN: To the best of my knowle	edge, death occu	rred et the H	me, data and place, and du	e to the cause	(a) and manner as sta	ted.	
S one)	ICAL EXAMINE	R: On the besia of axamination	and/or investigat	tion, in my o	pinion, death occured at th	e ilme, data an	d place, and due to if	he cause(a) an	d manner as stated
~ I									
29h SHONATURE AND TITLE	OF CERTIFIER	VI . /			29c, LICENSE NU	IMBER	29d, DAT	E BIGNED (Mo	orth Day Years
296. SIGNATURE AND TITLE	e or cerminer	Jehran			29c. LICENSE NO D 174		29d. DAT	BIGNED (Mo	onth, Day, Year)
296. SIGNATURE AND TITLE	1.1	tehnes ~	ATH (ITEM 27) (75/	on, Print1	D 174		29d. DAT	BIGNED (Mo	onth, Day, Year)
296. SIGNATURE AND TITLE  30. NAME AND ADDRESS OF	F PERSON WH	O COMPLETED CAUSE OF DEA			D 174	56	<b>•</b>	3/13/9	
296. SIGNATURE AND TITLE  30. NAME AND ADDRESS OF	ip J.	tehnes ~	morial	Hospi	D 174	56	<b>•</b>	3/13/9	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

BURCHARD

IF UNDER 1 YEAR | IF UNDER 24 HRS.

WILLARD

6. AGE (In yrs. last birthday)

5. SEX

1 M 2 D F

2. DATE OF OEATH MONTH DAY

March 13

9-26-1904

7. DATE OF BIRTH (Month, Day, Year)

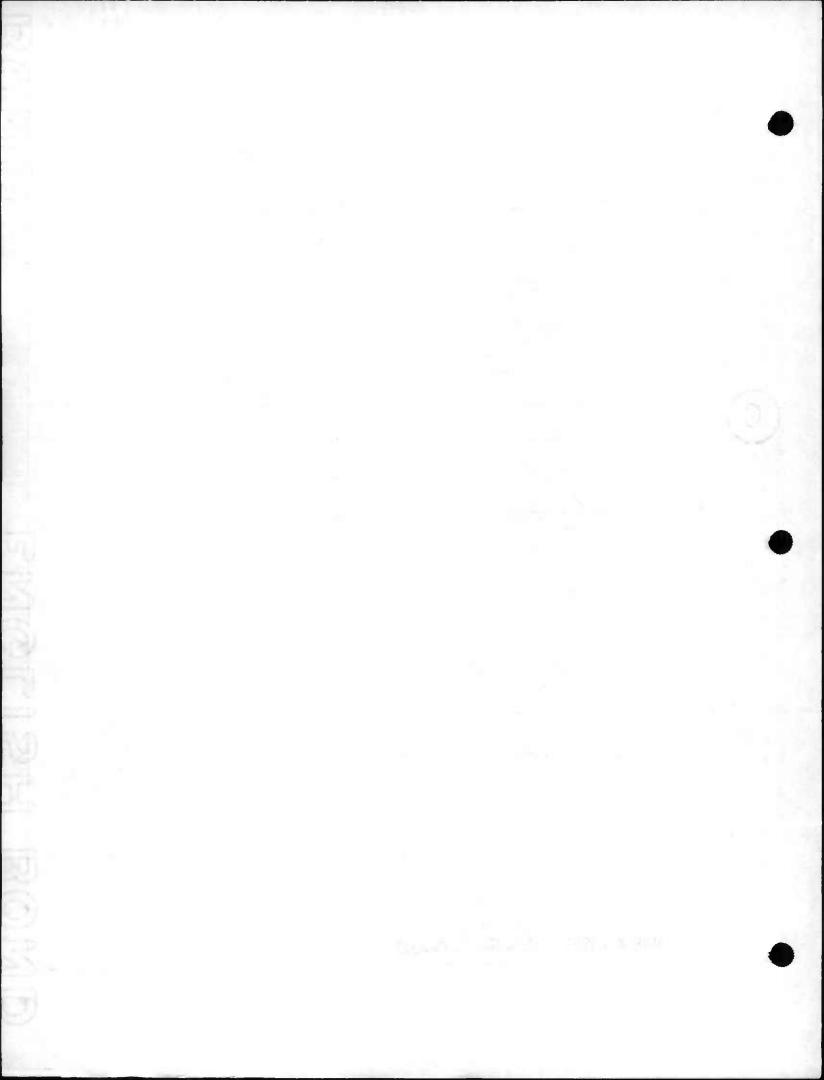
1991

8:03

DHMH-18 Rev 1/89

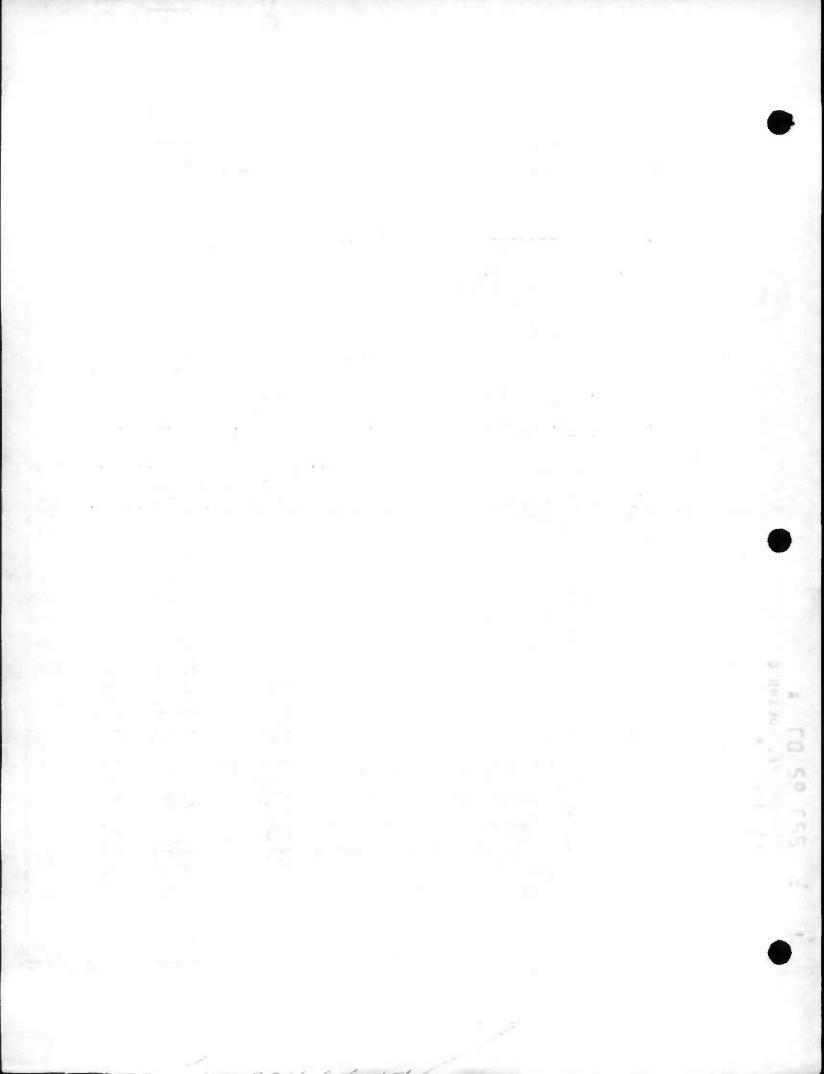
8. BIRTHPLACE (State or Foreign Country)

Penna



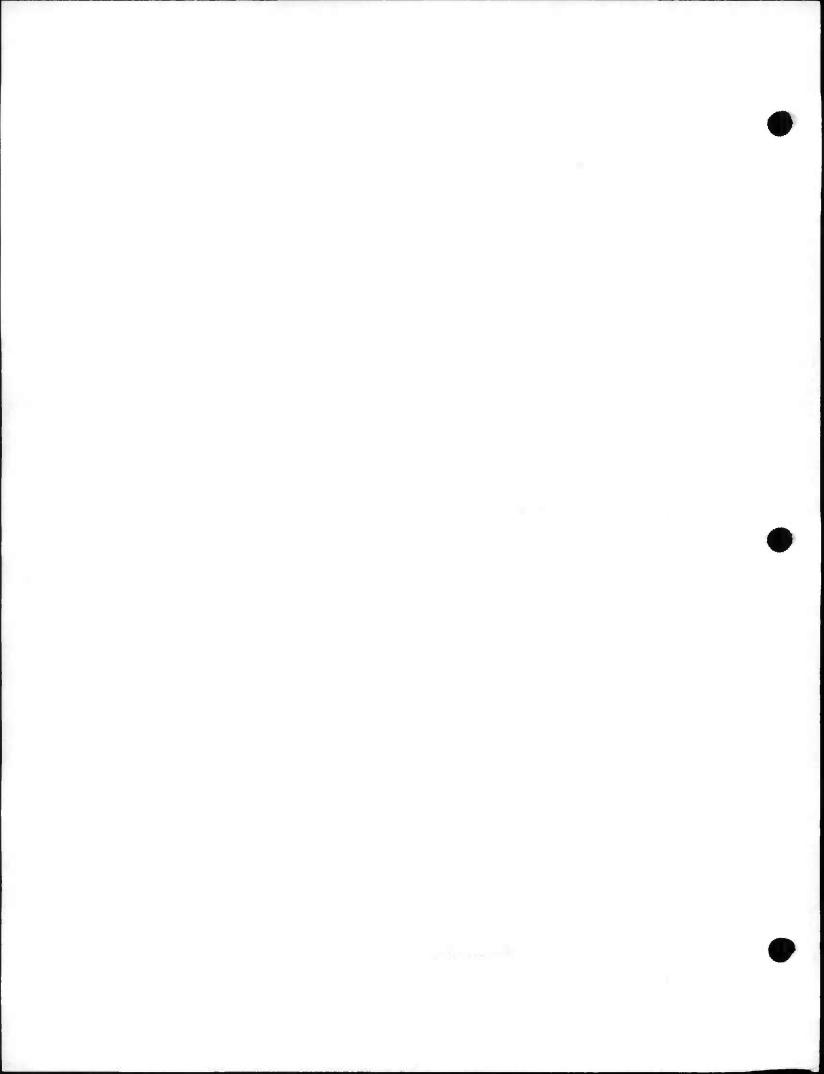
			certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be different for use any burnel many permit. Pages 1, 2, 3 should by the State Dent of Health and Mental Hymiere prior to burial cremation, or removal.	
	15-0020	remaind appaream.	as he busis-trans p	)
	BALTIMORE, MARYLAND 21215-0020	d by the hospital or at	id be detached for use	d at once.
	MORE, MAF	age 6 may be retaine	director, page 5 shou	er must be notifie
	BALTI	4 nours after death. P	filled in by the funeral	e medical examin
	OX 68760,	be executed within 2	ician and completely nor to burial, crematic	traumatic event, th
	RDS, P.O. B	it the death certificate	by the attending physical Mental Hymiene p	r Injury, or other
4 FO	E VITAL RECORDS, P.O. BOX 68760,	I. The law requires th	certificate has been signed by the attending physician and completely filled in by the in the State Dem of Health and Mental Hymiene order to burial cremation, or removal.	Item 23 shows an
0	IVISION OF V	TENDING PHYSICIAL	TOR: After this certif	8 is marked, or
ni Ni	INIQ	TO THE MOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the houseand or among the control of the control o	TO THE FUNERAL DIRECTOR: After this the fled within 72 hours after death with	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
		F	2	5

	1 - STATE REGISTRAR	SIAIE UF			ICATE OF				REG. NO.	- 4		0741	1,8
	1. DECEDENT'S NAME (First, Middle, La	st)						2. DATE OF	DEATN			TIME OF DEA	TN
	ROLAND BEADENK	OPF						MONTH	20	100	YEAR	5;29	рм
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last b	irthday)	IF UNDER 1 YEAR	IF UNDE		7. DATE OF (Month, D	BIRTH War	170	Country)	ACE (State or F	oreign
	219-38-8609	1 🖳 M 2 🗆 F	49	YRS.	MONTHS DAYS	HOURS	MIN.	3-3-		2 10	lary	land	
	9e. FACILITY NAME (If not institution, gi	ve street and number)			96. CITY, TOWN	OR LOCAT	ON OF DE		and in the second second		Y OF DEAT		
8	THE JOHNS HOPE	INS HOSPI	TAL		BALTI	MORE	CIT	Y		BAL	TIMO	RE	
DIRECTOR	RESIDENCE OF DECEDENT  10e, STATE 10b, COL			10c CIT	Y, TOWN OR LOCAL							d. INSIDE CIT	v
E	Md.				Baltimo							LIMITS?	
	10e. STREET AND NUMBER			ىد		. ZIP COD	E	_		10a, CITIZI		T COUNTRY?	NO
A	510 S. Smal	lwood St				21	223				U.S.		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. ARME	ED	13. WAS DEC			NIC ORIGIN? (	Specify Yes	or No- 1	4. RACE -	American Ind	llen,
BY FI	1 Never Merried 2 Merried 3 Widowed 4 Divorced		1 YES 2 NO WAR OR DATES			ecity Cubi		n, Puerto Rice y:	en, etc.)		Black, V Specify:	Whi.	te
8	15. DECEDENT'S		16a. DECE	DENT'S	USUAL OCCUPATION	ON		16b. KJ	ND OF BU	SINESS/INDU	STRY		
13.	(Specify only highest g	College (1-4 or 6	+)		work done during mo ise retired.)	ost or work	ng						
4	llth		I	Mec	hanic				Av	is Re	ntal		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		-			11000		ME (First, Mide					
BE	Arthur E. B	eadenkop					_	ces H					
2	Mrs. Martha	T Boode		MAILING 510	S . Sma							27.22	2
	20a, METNOD OF DISPOSITION	b. Deade		_	E OF DISPOSITION		00a	DATE	V	CATION — C	_		)
	1- Burial 2 Cremetion 3 1 1 4 Donation 5 Other (Specify)	lemoval from State	of cemetary, c	remator	y or other place)			DATE					
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	- I Meau	OWL	22. NAME A	ND ADDRE				alto.	,		
1	1 Orall	200.						iller					
	23. PART I. Enter the diseases,	7-000	at sourced the deat	h Do				ord R				Approxim	
	ahock, or heart falls			in. Do	not enter tha me	oda or dy	ring, auc	n aa carola	c or reap	oratory arre	me,	Interval t	Between
	iMMEDIATE CAUSE (Final disease or condition	M. IL:	ale acom		velu.	6.1.						Onset an	L
	resulting In death)	a. DUE T	O OR AS A CONSTOU	JENCE C	OFI:	70110	W.					100	tr
7		- Sepsis	,									10-	Jays
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	O (OR AS A CONSEOU		r D							-	
8	cause. Entar UNDERLYING CAUSE (Disease or Injury	a thine	UO SUPTIVE SO O (OR AS A CONSEOU	Tive	thus	PY.						SKA	5.
빌	that initiated events resulting in death) LAST	OUE TO	O (OR AS A CONSEOU	ENCE C	P: + 1 >4	1/4		lantat				6.1	1
H	resulting in death) Exor	a. Ortuo	10pic ma	4	9 4000	TV	M91	amari	M,			1400/	mo.
	PART II. Other aignificant cond	tions contributing t	o death but not re-	nulting	In the underlyin	g cause	given in	Part I. 2	4a. WAS AN	AUTOPSY		ERE AUTOPSY	
ICAL	Hemoclar	matosis,						1	PERFO		0	MILABLE PRIOR DMPLETION OF	
MED										K		F DEATH?	NO
							1						
CIA	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:				LACE OF	DEATH (C)	heck only one)					
Si	1 TYES 2 NO	1)Q Inpatient 2	☐ ER/Outpatient 3 ☐	DOA	OTHER: 4 - Nursing Nor	me 5 □ F	tesidence	6 - Other (5	Specify)				
PHYSICIAN:	27. MANNER OF DEATH  Netural 5 Pending	26a. DATE ( (Month,	Dey, Year)	28b. Til	JURY W	JURY AT ORK?		28d. DEŞCF	RIBE NOW	INJURY OCC	URED		
ВУ	1 Netural 5 Pending 2 Accident Investigat	***				YES 2	□ №			51	-	1	
	3 Suicide 6 Could not	buildin	OF INJURY — At hom g, etc. (Specify)	e, farm,	, street, factory, offi	Ce		26f. LOCAT	ION (Street Town, State	and Number (	or Rural Rou	te Number,	
COMPLETED	29a. CERTIFIER				_							-	-
MPL	Check only	HYSICIAN: To the best											2517.5
00		MINER: On the basis of	axamination and/or in	vestigat	ion, in my opinion,				nd place, a	nd due to the	cause(s) s	nd manner as	stated.
BE	296. SIGNATURE AND TITLE OF CERT	Surgery	Senior R	egio	kuf.	29c. Lie	39104	MBER		29d. DATE	SIGNED (A	Ignth, Day, Yea	1)
5/	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CA	USE OF DEATH (ITEM	27) (Typ		-	11	1	. 1	111	1	- 1	
	F- Camphi	11 Jo	iluns Hopki	ins	(tosp, 12)	B	alth	Mre. A	NO	2120	5,		
	31. DATE FILED (Month, Day, Year)	32. REGISTI	RAR'S SIGNATURE			1							
	MAR 2 2 199	11 Julia,	Javidson-Ran	dess									



	permit. Pages 1, 2, 3 should	
ing physicali.	burial-transit	
Copilal of attenda	ld be detached for use as the	6.
Leighten ny nie i	5 should be deta	notified at onc
rage o may be	iral director, page 5	narked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
THORIS ALIEL DEAL	filled in by the funeral director, p.	e medical exan
SYSTEM WITHIN C	and completely fit burial, cremation	natic event, th
an ceruncale be	tending physician al Hygiene prior to	or other traun
juires mar me oea	signed by the at Health and Ments	ows any injury,
CIAN: The law rec	this certificate has been signed by with the State Dept. of Health an	or item 23 sh
TENDING PHYSIC	UNERAL DIRECTOR: After this centing 72 hours after death with the	I Item 28 Is marked,
HOSPITAL OR AL	FUNERAL DIREC	BTANT: If Item
TOWNE		IMPOR

ľ	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H			GIENE		
1	1. DECEDENT'S NAME (First, Middle, Last)	EDNA A	. CATHCA			2. DATE OF DI	EATH DAY	YEAR	3. TIME OF DEATH
		SEX 8. AGE (1 ☐ M 2 🔀 F 91	in yrs. last birthday) YRS.	# UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day Jan. 19	,1900	8. BIRTI Count New	HPLACE (State or Foreign lry) Jersey
FOLOR	9a. FACILITY NAME (If not institution, give street Keswick Home	and number)		96. CITY, TOWN O	DR LOCATION OF DE	ATH	9c. 0	COUNTY OF I	DEATH
Dine	10a. STATE 10b. COUNTY Maryland			y, TOWN OR LOCAT	TION				10d, INSIDE CITY LIMITS? 1 X YES 2 NO
בחאר	10e. STREET AND NUMBER 209 E. Belvedere Av	ve.		101	21218			S.A.	WHAT COUNTRY?
101	11. MARITAL STATUS 12. 1 Never Married 2 Married 3 Widowed 4 Divorced	WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	If yes, sp	ENDENT OF HISPAN ecity Cuban, Maxica 2 M NO Specify	n, Puerto Rican,		- 14. RAC Blac Spec Whi	
	15. DECEDENT'S EDUCATII (Specify only highest grade com Elementary/Secondary (0-12)  1.2	ON pleted) ollege (1-4 or 5+)	(Give kind of a	USUAL OCCUPATION work done during mose retired.)	st of working		of Business		Institute
	17. FATHER'S NAME (First, Middle, Last)  Joseph L. Applegate	2	DACCUL.	THE DECT	18. MOTHER'S NA		, Maiden Surnan		2.10020400
2	19a. INFORMANT'S NAME (Type/Print) Read McCaffrey		42 Wa	arrenton	Rd., Ba	lto., M	id. 212	10	
	20a. METHOD OF DISPOSITION 1X Burial 2 Cremetion 3 □ Removal 4 □ Donation 5 □ Other (Specify)  1. SUMATURE OF TUNERAL SERVICE LICENSE	troffy State Wo	other place)	Cemetery	metery, crematory or		Wood1		The second second
	Madel Co	leager s	1_	Ruck 1050	Towson York Rd	Funeral	son, Md	1. 212	
	23. PART I. Enter the diseases, or come abook, or heart failure. Liet IMMEDIATE CAUSE (Final disease or condition resulting in death)	only one cause on a	ach Ilna.		Duller		or reapiratory	y arreat,	Approximata Interval Between Onset and Death Ratin
N I CIN	Sequentially list conditions, if any, lasding to immediata cause. Enter UNDERLYING		Politice of Consequen	ronea					days
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE O	F):			-	-	
MEDICAL	PART II. Other algolificant conditions c	ontributing to death b	out not reaulting	in the underlyin	g cauaa given in		WAS AN AUTOR PERFORMED? YES 2 NO		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			LACE OF DEATH (Ch	eck only one)			
PHYSICIAN	1 U YES 2 U NO 1	Inpatient 2 ER/Outs  28a. DATE OF INJURY (Month, Day, Year)	28b. TII	NE OF 28c. IN	JURY AT ORK?		ecify) BE HOW INJURY	OCCUREO	
2	1 Netural 5 Pending 2 Accident investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, atc. (Spe	f — At home, farm,		YES 2 NO		N (Street and Nu wn, State)	imber or Rural	Floute Number,
COMPLEIED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL (Check only one) 2 MEDICAL EXAMINER: C	N: To the best of my know On the basis of examination							(a) and menner as stated.
O BE C	29b. SIGNATURE AND THILE OF CERTIFIER/	Man	TATU (ITEM OR) (I	Print	29c. LICENSE NUI	MBER	29d.		D (Month, Day, Year)
	700 W. 40TH  31. DATE FILED (Month, Day, Year)	ST BACT	MO	21211	Shir1	ey H. N	Moore,	M.D.	
	MAR 2 2 1991	Julia Davidson	-Rando Co					-	DHMH-18 Rev 1/89



5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach to find within 72 hours after death with the State hand of Health and Mental Housen notice in builds cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	Dy th	2	at
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•	ny be	page	9
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	JR A	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the formal within 27 hours after death with the Stare Deor of Health and Mental Montere prior to build: cremation, or removal.	E
	MC	AL D	1 11
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BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

27. MANNER OF DEATH

1. DECEDENT'S NAME (First, Middle, La	att		-niiri	CATE OF	DEALIT	2 DATE	REG. NO.			3. TIME OF DEATH
JAMES			CZE	KAMSKI		MONT	h 21,	1991	YEAR	10:50pm
4. SOCIAL SECURITY NUMBER 212 58 02223	5. SEX	6. AGE (In yrs. Ins 70	t birthday)YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH			HPLACE (State or Foreign
9s. FACILITY NAME (If not institution, gi	ve street and number)			9b. CITY, TOWN	OR LOCATION OF O	EATH		9c. COU	NTY OF O	DEATH
Franklin Sq. H				Rossv:	ille			Bal	timo	ore Co.
RESIDENCE OF DECEDENT			10c. CITY	. TOWN OR LOCA	TION					10d. INSIDE CITY
Md. Ba	ltimore			ssex						10d. INSIDE CITY LIMITS? 1 TYES ZEX NO
00. STREET AND NUMBER		-			f. ZIP CODE			10g. CITI	ZEN OF V	WHAT COUNTRY?
207 Riversi	de Rd.				21221				US	SA
1. MARITAL STATUS Never Married 2 Married Dividowed 4 Divorced	12. WAS DECEDE FORCES?	NT EVER IN U.S. AR 1 YES 2 W WAR OR DATES	RMED NO	If yes, sp	CENDENT OF HISPA Decity Cuben, Mexic S DE NO Speci	an, Puerto I		or No—	14. RACI Blac Spec	E — American Indian, ik, White, atc. iiy: White
15. DECEDENT'S I (Specify only highest g	EDUCATION rade completed)	16a. DE	ECEDENT'S	USUAL OCCUPATE rork done during me	ON ost of working	16b	KIND OF BUS	INESS/INC	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	life	Po NOT use	e retired.)	_		Fara	1		
17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S N					
Josef Cze	Kalska				Fran	ciszk	a Wal	KOW	ak	
JOSEI CZE 19a. INFORMANT'S NAME (Type/Print)	Kataka	19	b. MAILING	ADDRESS (Street	Fran					
		19		ADDRESS (Street	and Number or Rural	Palt	imore	, State, Zip	Code)	
19a. INFORMANT'S NAME (Type/Print)	i, Sister	20b. PLACE	207	Rivers	and Number or Rural	Palt	imore,	Md.	Code) 21.2	
19a. INFORMANT'S NAME (Type/Print)  Mary Czekalsk 20a. METHOD OF DISPOSITION 30 Burlel 2 cremetton 3   F	i, Sister	20b. PLACE	207	Rivers of DISPOSITION of Policis 22 NAME A Bruz	and Number or Rural ide Rd. (Name h Nation ND ADDRESS OF F. Czinski	Ralt al Ce	imore, imore, ometery	Md.  Acation —  Example Pa	Code) 212 City or Te	imore Co. M
19e. INFORMANT'S NAME (Type/Print)  Mary Czekalsk 20e. METHOD OF DISPOSITION 20 Buriel 2 Cremation 3 F 4 Donation 5 Other (Specify) 21. BIOGRATURE OF FUNERAL SERVICE 22. BART I. Enter the diseases,	i, Sister	20b. PLACE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFI OFFI OFFI OFFI OFFI OFFI OFFI OFF	207  E AND DATE  OF COS	Rivers of Disposition of P611s 22 NAME A Bruze 1407	and Number or Rural ide Rd. (Name h Nation NO ADDRESS OF F. dzinski Eastern	Ralt  Acid Type  Acid Type  Acid Type  Ave.	imore; imore; 5/91.Loo ometery cal Hon Balt	Md. CATION — F  Me Pa	Code) 212 City or To	own, State imore Co. Mc Md. 21221 Approximeta
19e. INFORMANT'S NAME (Type/Print)  Mary Czekalsk  20e. METHOD OF DISPOSITION  10 Burlel 2 Cremetion 3 F  4 Conetion 5 Cother (Specify)  21. BIGNATURE OF FUNERAL SERVICE  22. PART I. Enter the diseases, ahock, or heert fellu  IMMEDIATE CAUSE (Final disease or condition	i, Sister  Licensee  of complications the re. List only one ca	20b. PLACE PROTISP	207 E AND DATE COS  eath. Do n	Rivers: OF DISPOSITION SOF POILS 22 NAME A Bruze 1407 not enter the me	and Number or Rural ide Rd.  (Name h Nation NO ADDRESS OF F. dzinski  Eastern ode of dying, sur	Ralt al Ce	imore; imore; 5/91.Loo ometery cal Hon Balt	Md. CATION — F  Me Pa	Code) 212 City or To	own, Stata imore Co. M Md. 21221
Mary Czekalsk  One of Disposition  One of Disp	i. Sister  lemoval from State  LICENSEE  of Complications there. List only one ca	20b. PLACE PROTISP	207  AND DATE  Cros  eath. Do no.	Rivers of DISPOSITION SolPolis 22 NAME A Bruz. 1407 tot enter the me	and Number or Rural ide Rd. (Name h Nation NO ADDRESS OF F. dzinski Eastern	Ralt al Ce	imore; imore; 5/91.Loo ometery cal Hon Balt	Md. CATION — F  Me Pa	Code) 212 City or To	Md. 21221 Approximeta Interval Between
Mary Czekalsk  Nary Czekalsk  Nary Czekalsk  Name Thoro of Disposition  Donation 5 Other (Specify)  Mary Czekalsk  Name Thoro of Disposition  Other (Specify)  Mary Czekalsk  Other (Specify)  Mary Czekalsk  Other (Specify)  Mary Czekalsk  Other (Specify)  Mary Czekalsk  Other (Specify)  Mary Czekalsk  Other (Specify)  Mary Czekalsk  Other (Specify)  Mary Czekalsk  Other (Specify)  Mary Czekalsk  Other (Specify)  Mary Czekalsk  Other (Specify)  Mary Czekalsk  Other (Specify)  Mary Czekalsk  Other (Specify)	i. Sister  Jemoval from State  LICENSEE  Of Complications the re. List only one can be a second or can be a	et caused the deuse on each line	207 EAND DATE CTOS  Death. Do no.	Rivers of DISPOSITION S OF POLIS 22 NAME A Bruz. 1407 not enter the me	and Number or Rural ide Rd.  (Name h Nation NO ADDRESS OF F. dzinski  Eastern ode of dying, sur	Ralt al Ce	imore; imore; 5/91.Loo ometery cal Hon Balt	Md. CATION — F  Me Pa	Code) 212 City or To	Md. 21221 Approximeta Interval Between
19e. INFORMANT'S NAME (Type/Print)  Mary Czekalsk 20e. METHOD OF DISPOSITION 20 Buriel 2 Cremetion 3 F 4 Donestop 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE 22. BART I. Enter the diseases, ahock, or heert fellu  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	i. Sister  Incomplications the complications the complications the complications the complication of the complication of the complication of the complication of the complication of the complet	et caused the deuse on each line SCLEROTI	207  AND DATE  CONSTRUCTION  CONTROL  C	Rivers OF DISPOSITION SOLVED TO THE TOTAL THE THE THE THE THE THE THE THE THE THE	and Number or Rural ide Rd.  (Name h Nation NO ADDRESS OF F. dzinski  Eastern ode of dying, sur	Ralt al Ce	imore; imore; 5/91.Loo ometery cal Hon Balt	Md. CATION — F  Me Pa	Code) 212 City or To	Md. 21221 Approximeta Interval Between
19a. INFORMANT'S NAME (Type/Print)  Mary Czekalsk  20a. METHOD OF DISPOSITION  30 Burlai 2   Cremation 3   F  4   Donation 5   Other (Specify)    11. Enter the diseases, abock, or heert fellu  12. PART I. Enter the diseases, abock, or heert fellu  13. PART I. Enter the diseases, abock, or heert fellu  14. IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	emoval from State  LICENSEE  Of Complications the re. List only one can be made to the ca	et caused the deuse on each line SCLEROTI O OR AS A CONSE DIAL INF	207  E AND DATE  CHOS  CHOS  C CAR  QUENCE OF  ARCTI  QUENCE OF	Rivers: OF DISPOSITION SOF POILS  22 NAME A Bruze 1407 not enter the me	and Number or Rural ide Rd.  (Name h Nation NO ADDRESS OF F. dzinski  Eastern ode of dying, sur	Ralt al Ce	imore; imore; 5/91.Loo ometery cal Hon Balt	Md. CATION — F  Me Pa	Code) 212 City or To	Md. 21221 Approximeta interval Between
ISE. INFORMANT'S NAME (Type/Print)  Mary Czekalsk  20. METHOD OF DISPOSITION  30. Burlel 2   Cremetion 3   F  4   Donetion 5   Other (Specify)    11. Enter the diseases, abock, or heert fellu  12. PART I. Enter the diseases, abock, or heert fellu  13. IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	emoval from State  LICENSEE  ATHERO  DUE TO  B. MYOCAR  OUE TO  C. DUE TO  d.	et caused the desire on each line SCLEROTI O (OR AS A CONSE	207  E AND DATE  CONSTRUCTION  CONTROL	Rivers: OF DISPOSITION SOF POLIS  22 NAME A Bruz. 1407 Not enter the me	and Number or Rural ide Rd.  (Name h Nation ND ADDRESS OF F. dzinski  Eastern ode of dying, su	Ralt Palt AGILTY Funer Ave. Cheacan	cor, City or Town.  imore,  5/91 Loc  metery  al Hon  Balt  Blec or reapi	AUTOPSY	Code) 212 City or To	Md. 21221 Approximeta interval Between Onset and Daati
19e. INFORMANT'S NAME (Type/Print)  Mary Czekalsk  20e. METHOD OF DISPOSITION  30 Burlel 2   Cremetion 3   F  4   Donetion 5   Other (Specify)    21. BART I. Enter the diseases, abook, or heert fellu  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	temoval from State  LICENSEE  ATHERO  B. MYOCAR  OUE TO  C. DUE TO  d.	et caused the deuse on each line SCLEROTI O (OR AS A CONSE D (OR AS A CONSE O (OR AS A CONSE	207  E AND DATE  CONSTRUCTION  CONTROL	Rivers: OF DISPOSITION SOF POLIS  22 NAME A Bruz. 1407 Not enter the me	and Number or Rural ide Rd.  (Name h Nation ND ADDRESS OF F. dzinski  Eastern ode of dying, su	Ralt Palt AGILTY Funer Ave. Cheacan	imore, im	AUTOPSY IMED?	Code) 212 City or To	Md. 21221 Approximeta interval Between Onset and Daati

1 📉 Natural
2 🔲 Accident
3 🔲 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my

28b. TIME OF INJURY

28c. INJURY AT WORK?

1 YES 2 NO

n/a

28d. DESCRIBE HOW INJURY OCCURED

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) ▶ March 21,1991

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

28a. DATE OF INJURY (Month, Day, Year)

FRANKLIN SQUARE DRIVE, BALTIMORE MARYLAND 21237 SCOTT REED MD 9000

31. OATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

MAR 2 2 1991 Davidson



France A. G. Batchtel Conville

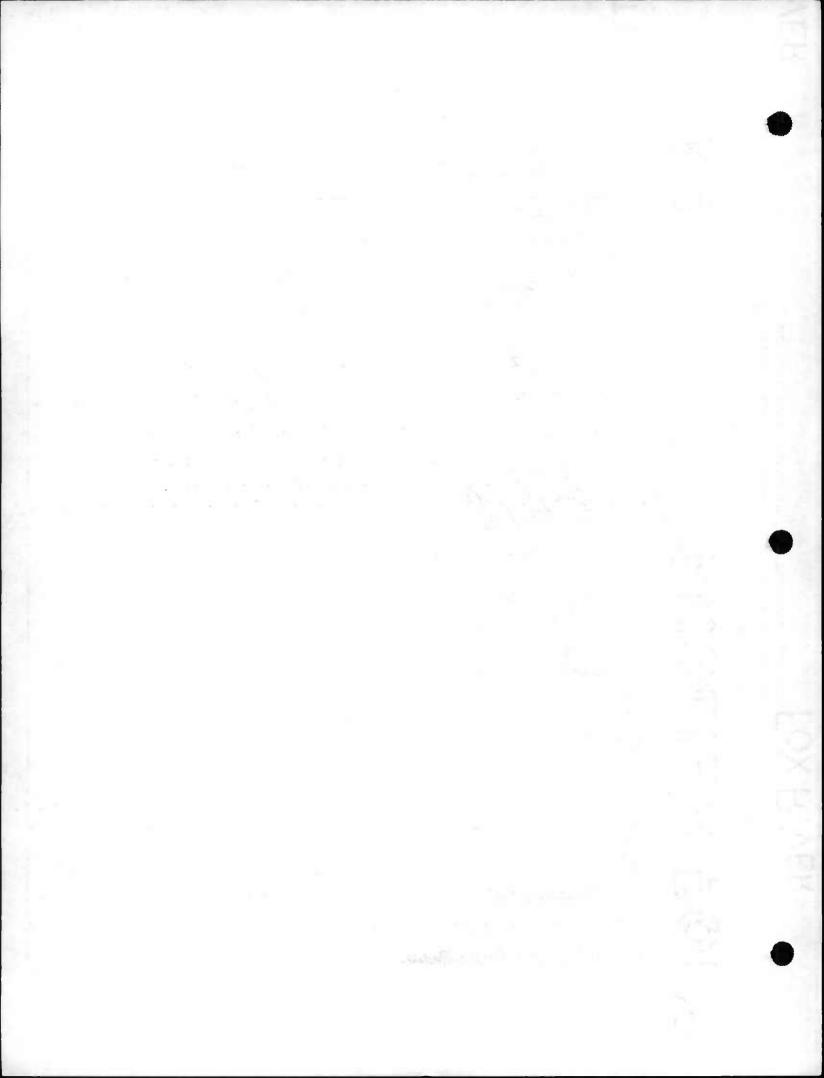
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1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTA	REG. NO.	E J		1451	,		
1. DECEDENT'S NAME (First, Middle, Last) Frank	Heiskeel		Chair	s JR.	2. DATE MONT	OF DEATH		AR.	2:11 P	N		
The second secon	5. SEX 6. AGE (In	yrs. last birthday) 72 YRS.	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Monti	OF BIRTH h, Day, Year) 26-191	0.1		CE (State or Foreign	_		
96. FACILITY NAME (If not institution, give street Frankl). Square Ho							9c. COUNTY	OF DEATI				
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	ore County	10c. CITY, TOWN OR LOCATION						10d.				
104. STREET AND NUMBER	ore waity		Essex	. ZIP CODE			10g. CITIZEN	OF WHAT		_		
628 Dunwich Road  11. MARITAL STATUS  1  Never Married 2  Married  3  Widowed 4  Divorced	12. WAS DECEDENT EVER IN FORCES? 1 (X) YES IF YES, GIVE WAR OR DA' WOrld War	2 NO	If yee, sp	21221 ENDENT OF HISPAI ecity Cuban, Mexica 2X NO Specifi	n, Puerto		or No.— 14.	Black, W	American Indian.			
	TION	16a. DECEDENT'S (Give kind of a life. Do NOT us				. KIND OF BUS						
12 17. FATHER'S NAME (First, Middle, Last) Frank H. Chairs		Cabinet	t maker	16. MOTHER'S NA	ME (First,			Соп	pany			
190. INFORMANT'S NAME (Type/Print)  Nora Lee Chairs		The second secon		and Number or Aural	Route Num	ber, City or Town				-		
20e. METHOD QE OISPOSITION  1 Buriel 2 Dr Cremation 3 Remov  4 Donation 5 Other (Specify)  21. SURVATURE OF FUNERAL SERVICE LICES  22. PART I. Enter the diseases, or coshock, or heert fellium. Li	mplicetions that caused	the deeth. Do	Bruzdz 1407	ery 3/ ND ADDRESS OF FA Zinski Fu Old East	outy Inera ern /	Balt Home Ave. Ba	P.A.	Mar	yland			
IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	OUE TO (OR AS A  DUE TO (OR AS A	CONSEQUENCE O	F):						Onset and D			
PART II. Other significant conditions	contributing to death bu	it not resulting	in the underlyin	g ceuse given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	AM CO OF	RE AUTOPSY FINDI ALLABLE PRIOR TO MPLETION OF CAUS DEATH?			
	HOSPITAL:	Mant 3 DOA	OTHER:	LACE OF DEATH (C)						_		
27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year) 3-20-1991		ME OF 28c. IN.	JURY AT DRK? YES 2 NO	28d. DE	SCRIBE HOW I			IMPACT			
2 Accident investigation 3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE OF INJURY building, etc. (Speci	- At home, ferm,	street, factory, offic	:0	28f. LOC	CATION (Street or Town, State)  ex Roa	and Number or	Aural Aout	Numb Balto	5		
	IAN: To the best of my knowler : On the basis of examination				to the ca	use(a) and ma	nner se stated.			d.		
296. SIGNATURE AND TITLE OF CERTIFIER  WONGLE HOUSE  30. NAME AND ADDRESS OF PERSON WHO	NIGHT MD	ATH (ITEM 27) (Rong	Print)	29c. LICENSE NU	MBER .M.E			-21-	onth, Day, Year)			
DONALD G. WRIGH 31. DATE FILED (Month, Day, Year) MAR 2 2 1991	32. REGISTRAR'S SIGNA	ATURE	enn Stre	et Balti	more	,Maryl	and 21	201		-		





DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMOHE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within common after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

						TOAT !		DEA	T	ned. No	·.	1"		
	1. DECEDENT'S NAME (First, Catherine	1	Lena		СОХ			,		March 21	,1991	YEAR	3. TIME OF DEATH  1155 PM M	
	4. SOCIAL SECURITY NUMBE 213 01 6448		5, SEX 1 M 2 XF	6. AGE (In yrs. last	YRS.	IF UNDER	DAYS	HOURS	24 HRS. 7	NOTE OF BIRTH	1912	Barry	to Co. Md.	
TOR	90. FACILITY NAME (II not ins Franklin S	q. Ho					,	Ille	ON OF DEAT	Н		TIMOF		
DIRECTOR	10. STATE Md.	10b. COUNT	imore		10c. CITY, TOWN OR LOCATION  Middle River							10d. INSIDE CITY LIMITS? 1  YES 2 NO		
MAL	104. STREET AND NUMBER						10	. ZIP CODI			10g. CIT		HAT COUNTRY?	
FUNERAL	705 Wam	pler	-			_			21220			USA		
B	11. MARITAL STATUS 1 Never Merried 2 I 3 Widowed 4 Divor		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2			If yes, sp	ecify Cube		ORIGIN? (Specify Yo Puerto Ricari, etc.)	ee or No	14. RACE Black, Specify	White	
	15. DECE (Specify only	16a. DE	CEDENT'S	USUAL O	CCUPATI during me	ON ost of working	10	16b. KIND OF B	USINESS/INI	DUSTRY				
COMPLETED	Elementary/Secondary (0-	)				orker			lero-	Space	Co			
S S	17. FATHER'S NAME (First, Mic	ddle, Last)								(First, Middle, Maide				
BEC		W1111	am Masson						Kath	erine Vol	12			
TO E	19e, INFORMANT'S NAME (Ty			191						ute Number, City or To				
	William Mas		Brother	T 001 01 405	-				-	alto., M		_		
	1 KBuriel 2 Cremation 4 Donation 5 Dother (	other ple	Belair Memorial Gardens Bela:								rion — City or Town, State			
	Mari	Ł	mydy	enske	Bruzdzinski Funeral Home I 1407 Eastern Ave. Balto.								21221	
NC	ahock, or ha IMMEDIATE CAUSE (Findlesse or condition resulting in desth)  Sequentially list conditions	al +	ATHEROSC	AL INFA	INFARCTION  A CONSEQUENCE OF):  ROTIC CARDIOVASCULAR DISEASE								Interval Between Onset and Death	
CERTIFICATION	if any, leading to immed cause. Enter UNDERLYII CAUSE (Disease or inju- that initiated events resulting in death) LAST	fleta NG Ty	c	(OR AS A CONSEC	AS A CONSEQUENCE OF):									
A	PART II. Other algorificat		na contributing to	daeth but not r	eaulting	In the u	nderlylr	g cause	given in P		N AUTOPSY		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
: MEDICAL	HYPERTENSO ALZHEIMERS		ASE							1 YES			COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO	MEDICAL					28. P	LACE OF E	DEATH (Chec	k only one)				
SIC	EXAMINER?		HOSPITAL:	ER/Outpatient 3	□ DOA	4 Nu		ne 5 🗆 R	esidence 6	☐ Other (Specify)				
ВУ РН	27. MANNER OF DEATH  1 X Natural 5 1  2 Accident	INJURY ay; Year)	26b. TIR	ME OF JURY M	W	JURY AT ORK? YES 2 [		28d. DESCRIBE HOW	/ INJURY O	CCURED				
8	3 Suicide 6 Could not be determined 256. PLACE OF INJURY — At home, farm, street, factory, office 251. LOCATION (Street and Number or Rural Ro City or Town, State)										oute Number,			
COMPLET	anal anny		ER: On the basic of a										) and menner as stated.	
TO BE (	29b. SIGNAPURE AND TITLE  JOHN  30. NAME AND ADDRESS OF	Hace	d mp	DE OF DEATH STE	11 em (T-	- 64-0		29c. LIC	n/a				(Month, Day, Year) 1 21,1991	
		MD 9	000 FRANK	KLIN SQU	ARE		Ε, Ε	BALTI	MORE,	MARYLAN	D 212	37		
	SCOTT REED, MD 9000 FRANKLIN SQUARE DRIVE, BALTIMORE, MARYLAND 21237  31. PATE FILED (NOTE) 1991 June Suindson April 1991													

TO A . STATE Zent of the new teach • o q e A DOMESTIC OF THE SECTION read to sequence to the se-THE LAND THE THEFT

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

THE REPLY OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-75 us after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should minimally forms after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

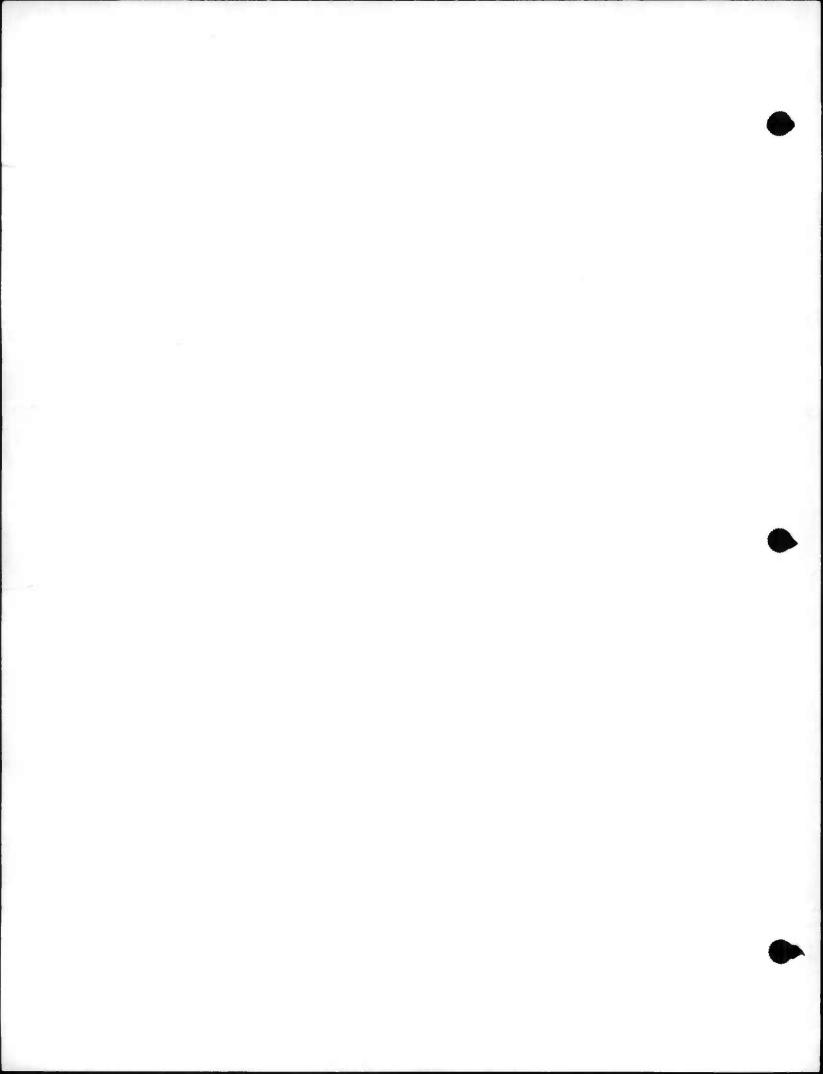
IMPORTANT: If Nem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First, Middle, Last)					2. OATE OF OEATH	AY Y	3. TIME OF DEATH
Mary Catherine (	Clarke				3 - Z	0 - 9	1 9:35 PH
4. SOCIAL SECURITY NUMBER		9404	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month, Day, Ybar)		BIRTHPLACE (State or Foreign Country)
219-30-3510	1 □ M 2 🂢 F	55 YRS.			1-10-36		Maryland
Se. FACILITY NAME (If not institution, give a		96.		R LOCATION OF DE	ATH	9c. COUNTY	OF OEATH
Bon Secours Hosp	oital		ватт	imore			
10e. STATE 10b. COUNT	Y	10c. CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
Maryland		Bai	ltimore	9			1 X YES 2 NO
10e. STREET AND NUMBER		· ·	101	. ZIP CODE		10g. CITIZEN	N OF WHAT COUNTRY?
609 S. Smallwood	Street			21223	3	U.S	.A.
11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 1 Y	R IN U.S. ARMED			IC ORIGIN? (Specify Ya , Puerto Rican, etc.)	a or No- 14	. RACE — American Indian, Black, White, etc.
1XXNever Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OF			NO Specify			Specify:
15. OECEOENT'S EDU	CATION	16a. DECEDENT'S USU	IAL OCCUPATION	DN .	16b. KIND OF BU	ISINESS/INDUS	White
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo	at of working			
Unknown		Packer	r		Allie	d Chem	ical
17. FATHER'S NAME (First, Middle, Last)		•		18. MOTHER'S NAM	ME (First, Middle, Maider		
Michael Edward (	Clarke			Blanche	Catherin	e Chen	owith
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Rural R	loute Number, City or Tox	vn, State, Zip Co	ode)
Kimberly Potter		609 S.	Smallv	wood St.	Baltimor	e, MD	21223
20a, METHOD OF DISPOSITION 15€ Burtlel 2 □ Cremation 3 □ Ram	oval from State	20b. PLACE OF OISPOSITIO	ON (Name of cer	netery, cremetory or			y or Town, State
4 Donation 5 Other (Specify)		Loudon Pa				ltimor	e, MD
21. SIGNATURE OF FUNERAL BERVICE LI	CENSEE	2011		od Address of FAC	al Home, I	nc.	
Leges.	7	JOHN					MD 21229
23. PART I. Enter the diseeses, or shock, or heart fellure.			enter the mo	de of dying, auch	n aa cardlac or raag	piratory arrea	t, Approximata Interval Between
IMMEDIATE CAUSE (Final					/	4	Onset and Death
disease or condition resulting in death)	· ) ever	S'A CONSEQUENCE OF):	( )	weaph	~ (0 pn)	4	
	DUE TO (OR A	S'A CONSEQUENCE OF):	(-1	11,4			
Sequentially list conditions,	b. OUE TO (OR.)	S A CONSEQUENCE OF):	100	- / / MA	ve po		<del> </del>
If any, leeding to immediate cause. Enter UNDERLYING	5	ephi ve	101 10	-			
CAUSE (Disease or Injury that initiated events	DUE TO (OR A	S A CONSEQUENCE OF):	The state of the s				
resulting in deeth) LAST	d						
PART II. Other significent condition	ns contributing to deat	h but not resulting in t	he underlyln	a Cause alven in	Part i 24a WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
PART N. Other alginicant condition	- Contributing to deat	in out not resurting in t	ine dilderryin	y cause given in	PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
					1 _ YES	2 00	OF DEATH?
					-		1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PI	LACE OF DEATH (Chi	eck only one)		
EXAMINER?	HOSPITAL:		THER:	ne 5 Residence			
27. MANNER OF DEATH	28a. DATE OF INJU	RY 28b. TIME O	F 28c. IN.	JURY AT	28d. DESCRIBE HOW	INJURY OCCU	RED
1 Pletural 5 Pending Investigation	(Month, Day, Ye	nr) INJUR		ORK? YES 2 NO			
3 Suicide 6 Could not be	28e. PLACE OF INJ building, etc. (	URY — At home, ferm, stre-	et, factory, offic	20	28f. LOCATION (Stree City or Town, State		Rural Route Number,
4 Homicide determined		,				-,	_
294. CENTIFIER TERTIFYING PHYS	BICIAN: To the best of my k	nowledge, death occurred a	et the time, date	and place, and due	to the cause(a) and m	enner as stated	l.
most	ER: On the basis of axamin	ation and/or investigation, i	in my opinion, d	death occured at the	time, data and place,	and due to the	cause(a) and menner as stated.
396. SAGMATURE AND TITLE OF CERTIFIE	ER			29c. LICENSE NUI	MBER	29d. DATE S	SIGNED (Month, Day, Year)
1/2/1/1/	u.	1 hours	ician	129	769	▶ .	3/21/91
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH TEM 27) (Type, Pri	int)	an h	111	61	2 10
(marcelino)	- HULVE	-he	516	UNKO	1119	159 /	20 100
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	IGNATURE					
MAR 2 2 199	June Da	rason-Handell	•				



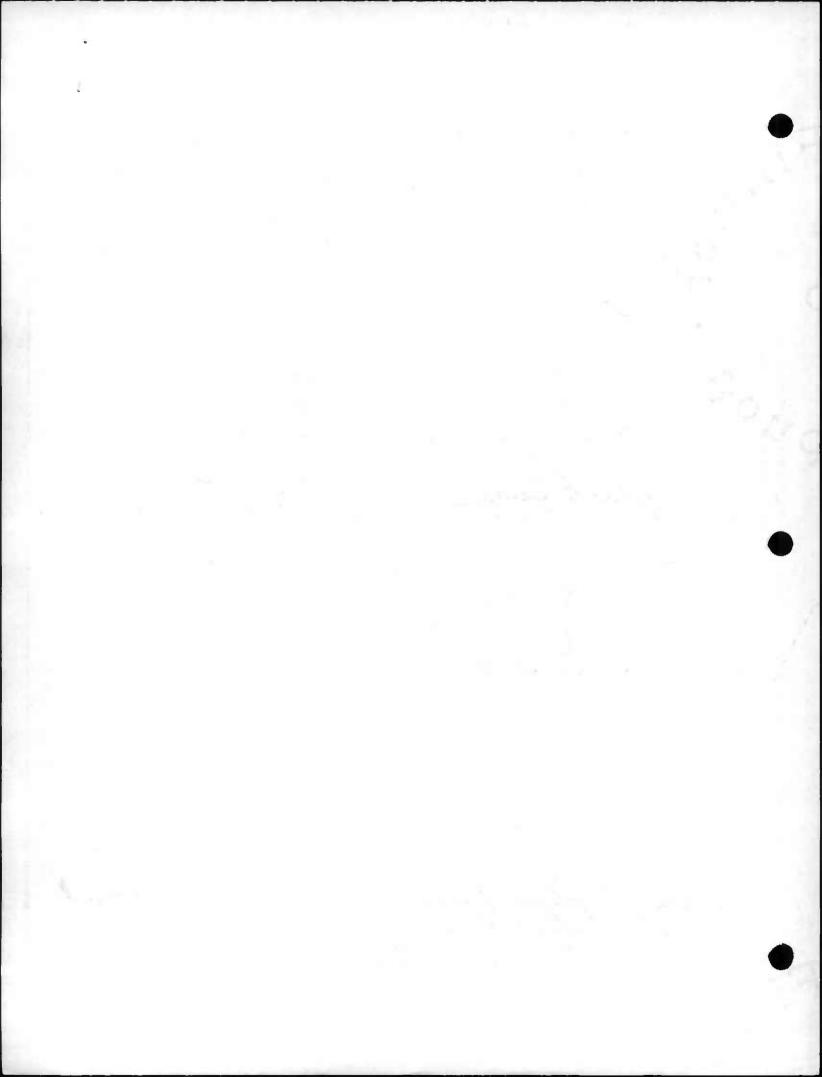
FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

- 1	JUNE	S.	CH <i>P</i>	APMAN_	Rosi	ak				3		1 91		150 a	
	4. SOCIAL BECURITY NU		5. SEX	6. AGE (In yrs	. last birthday)	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS.	(Monti	OF BIRTH	8	West	VA.	
	236-38-3	3736	1 □ M 2 🂢 F	63	YRS.			HOOKS		Sep	t.1,	1927	Mich	vA.	
	90. FACILITY NAME (If no					9b. CITY, 1						9c. COUNT	OF DEAT	Н	
DIRECTOR	St. Agne		ital		Baltimore City										
בַּ	RESIDENCE OF DE	10b. COUN	TY		10c. CITY, TOWN OR LOCATION								10	d. INSIDE CITY	
	MD				B	altimo	ore				LIMITS? TYES 2 NO				
	10a. STREET AND NUMBI	ER			101. ZIP CODE							10g. CITIZE		T COUNTRY?	
FUNERAL	5601 Merv	ille A	venue		21215							US	Δ		
	11. MARITAL STATUS		12. WAS DECEDE					ENDENT C	F HISPAN	VIC ORIGII	17 (Specify Y	-	RACE -	American Indian, hite, etc.	
- 14	1 Never Merried 2		FORCES?	WAR OR DATES	χχηο			2 XXIO	n, Mexice Specifi		Rican, atc.)	i	Specify:		
	3 Widowed 4 D													White	
	(Specify	ECEDENT'S ED only highest grad	de completed)	16a	(Give kind of	work done di.	uring mos	on st of worldr	ng	168	. KIND OF B	USINESS/INDU	STRY		
	Elementary/Secondery		College (1-4 or !								Medi	cal Ca	ce		
	12th				Nurses Aide  18. MOTHER'S NAME (First, Middle, Meiden Surreme)								_		
	Carey P		or												
	190, INFORMANT'S NAME		-I		Mary McMillion  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town							wn, State, Zip C	ode)		
2	Deborah	L. Mano	dlev		5622 Pilgrim Road Baltimo										
	METHOD OF DISPOS	SITION		20b. PL	ACE OF DISPO					arti		OCATION - CI		, State	
	N Buriel 2 ☐ Crems 4 ☐ Denation 5 ☐ Oti		moval from State		er piece) KWOOd	Cemet.	erv				B	altimo	co. N	ID.	
	21. SIGNATURE OF FUNE	RAL SERVICE				22. N	AME AN	D ADDRE							
	> Kody	U /6	Vola	×	Johnson Funeral Home									21204	
-	23. PAR I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line.											Approximate			
CERTIFICATION	Sequentielly list con if any, leading to im- cause. Enter UNDER CAUSE (Disease or I that initiated events resulting in death) L	mediata LYING njury	c	TO (OR AS A CO							_			   <b> </b>	
MEDICAL CE	PART II. Other algnif	licant condition	to death but r	not resulting	) in the unc	derlyin	g ceuse	given in	Part I.		AN AUTOPSY ORMED? 2 Q NO	C	ERE AUTOPSY FINDING MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO		
Z															
er u	25. WAS CASE REFERRE EXAMINER?	D TO MEDICAL	HOSPITAL:			OTHER		LACE OF E	DEATH (C	heck only o	one)				
PHYSICI	1 TYES 2 NO		1 Inpatient			4 🗆 Nurs	Ing Hom		esidence	_	er (Specify)				
ВУ РН	27. MANNER OF DEATH  1 Netural 5 2 Accident	Pending		OF INJURY , Day, Year)	28b. T	ME OF NJURY M	WC	ORK? YES 2 (	□ NO	28d. DE	SCRIBE HOV	V INJURY OCC	JRED		
ED B	0 0 0 1114	Could not be	28e. PLACE	etc. (Specify)	RY — At home, farm, street, factory, office 28f. LOCATION (Street end Number or Rural Route Noeclly) 28f. LOCATION (Street end Number or Rural Route Noeclly)							ite Number,			
COMPLE	(Check only —		SICIAN: To the best											and manner ee stated	
2	29b. SIGNATURE AND TI	TLE OF CERTIF	TER C	500	/			29c. LIC	ENSE NU	IMBER		294. DATE	SIGNED (A	Aonth, Day, Year)	
2	30. NAME AND ADDRESS	S OF PERSON	WHO COMPLETED C	AUSE OF DEATH	(ITEM 27) (Ty	pe, Print)				-		, 0	12	179	
	31. DATE FILEO (Month, (	Ouy, Year)	32. BJEGIST	TRANS SIGNATU	IRE	4.1							411		
	LIAB	8 8 400	1 / 1.		202 6.4										
	MAK	2 2 199	] guha	Savidson	-Hangu	PLS)									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

2. DATE OF DEATH MONTH DAY



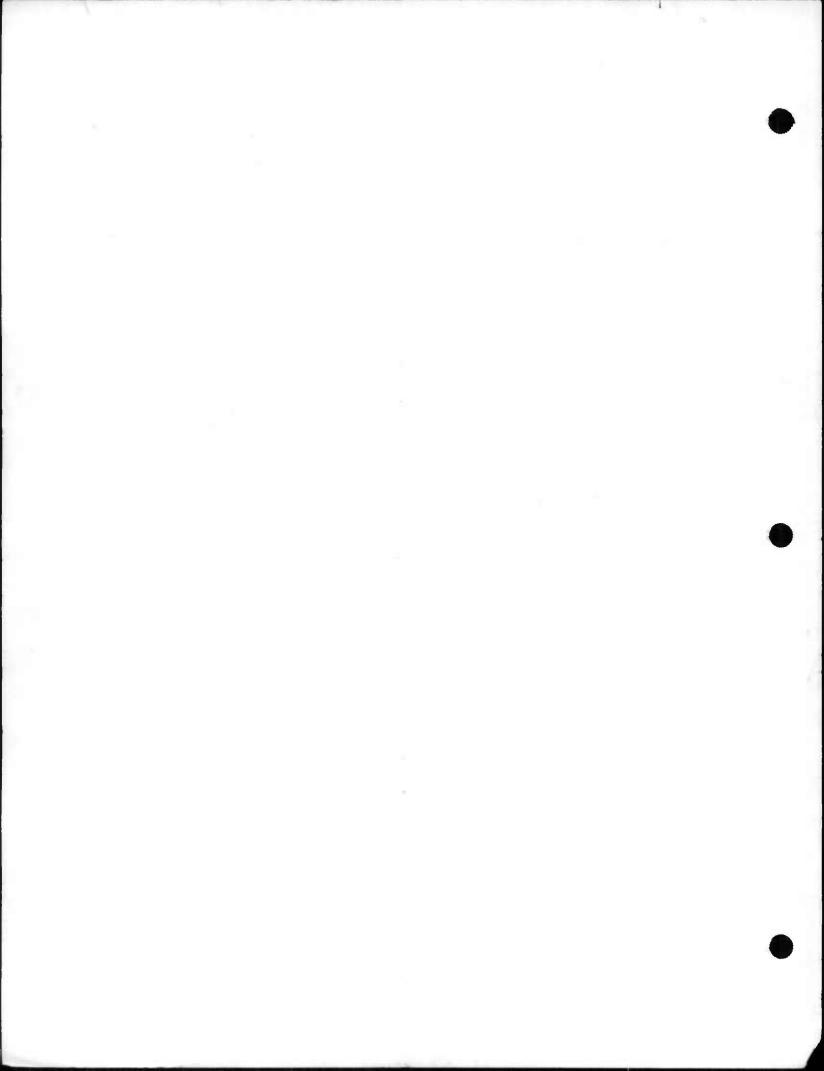
# TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25. Surva after death. Page 8 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

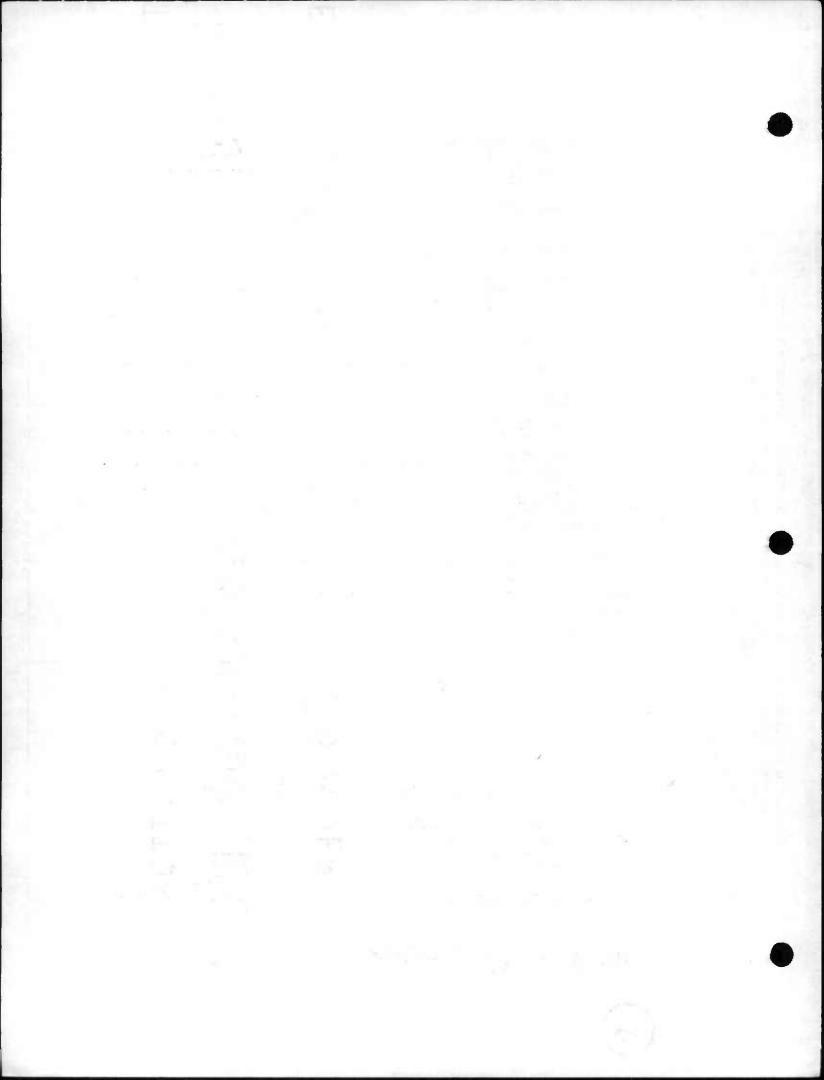
	1 - REGISTRAR CERTIFICATE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH DA		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrz. Jest birthday)  F UNDER 1 YEAR  MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	THPLACE (State or Foreign
	So. EACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN	OR LOCATION/OF OEA	0 , , ,	9c. COUNTY OF	
OR	Community Care 13	240.			
DIRECTOR	RESIDENCE OF DECEMENT	rion ,			10d. INSIDE CITY
	M Ba	40			1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER 10	f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
BY	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, sp	CENDENT OF HISPANI becify Cuban, Mexicon Specify:		or No— 14. RAM Bla Spe	CE — American Indian, ck, White, stc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  College (1-4 or 5 +)  16e. OECEDENT'S USUAL OCCUPATH (Give kind of work done during me life. Do NOT use retired.)	ON ost of working	16b, KIND OF BUS	INESS/INDUSTRY	
COM	12. PATHELY HAME (Figure Middle, Last)	16. MOTHER'S NAM	NE (First, Middle, Maiden	Surname)	
TO BE	196. IMPORMANT'S NAME CAPER Carles 400°Z S		oute Number City or Town	n, State, Zip Code)	
	20e. METHOD OF DISPOSITION 1 Gurlet 2 Cremetton 3 Removal from State 4 Oonetton 5 Other (Specify)			CATION — City or	Town, State
	21. BIGHATURE OF UNERAL SERVICE LICENSER  22. NAME A  S e4	SH MILL	en H	1639	Rodway
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the methods or heart failure. Liet only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  OUE TO (OR AS A CONSEQUENCE OF):				Approximate Interval Between Onset and Death
7	oue to (or as a consequence of):  1 There selects	hoomh	duce	-	
ATIO	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	onyopa	thies		
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  d. DUE TO (OR AS A CONSEQUENCE OF):	v due	ne		
MEDICAL C	PART II. Other significent conditions contributing to death but not resulting in the underlying below the language of the significant constraints of the significant constraints of the significant contributing to death but not resulting in the underlying below to the significant contributing to death but not resulting in the underlying below to the significant conditions contributing to death but not resulting in the underlying below to the significant conditions contributing to death but not resulting in the underlying below to the significant conditions contributing to death but not resulting in the underlying below to the significant conditions contributing to death but not resulting in the underlying below to the significant conditions contributing to death but not resulting in the underlying below to the significant conditions contributing to death but not resulting in the underlying below to the significant conditions contributing to death but not resulting in the underlying below to the significant conditions contributing to the signif	ng cause given in i	Part I. 24a. WAS AN PERFOR	RMED2	Ab. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
N.	Seizures				
SICI,	EXAMINER? HOSPITAL: OTHER:	TLACE OF OEATH (Che			
BY PHYSICIAN:	27. MANNER OF DEATH  26e. DATE OF INJURY (Month, Dey, Year)  M 1	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURED	
	2 Accident 3 Suicide 6 Could not be determined  28e. PLACE OF INJURY — At home, farm, atreat, factory, offi building, etc. (Specify)	сө	261, LOCATION (Street City or Town, Stete)		il Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion,				e(e) end menner ee stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	D304	BER	29d. DATE SIGN	EO (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  DESTAL MO 50008 UE RO	and Flo	w Bal	HMa-C "	SALINGA
	31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	(I, 4y			
	MAR 22 1991 Julia Savidson-Randalles				DHMH-16 Rev 1/89



within 24 nours after death. Page 6 may be retained by the hospital	ipletely filled in by the funeral director, page 5 should be detached it	cremation, or removal,	the madical amountains much be natified at seen
O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital	OTHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached it	e filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	and the second section of the model of the second s

REGISTRAR		LAND / DEPAR CERTIF		OF D			REG. NO		0140
1. DECEDENT'S NAME (First, Middle, Last) DIGNAN, W	LLLIAM WILL	IAM B. DI	GNAN				2. DATE OF DEATH MONTH	9	YEAR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 219-26-6058		E (In yrs. last birthday)  O YRS.	IF UNDER 1		IF UNDER	24 HRS. MIN.	JAN. 12,	1895	a. BIRTHPLACE (State or Foreign Country) MARYLAND
9a. FACILITY NAME (If not institution, give s							ATH		NTY OF DEATH
UNION MEMORIA	AL HOSPITA	. L	BAL	TIMC	JKE	CII	1		
10e. STATE 10b. COUNT MARYLAND -	Y 	1.00	TY, TOWN OF						10d. INSIDE CITY LIMITS?  1XX YES 2 \( \) NO
10e. STREET AND NUMBER			DALLI		ZIP CODE			10g, CITI	IZEN OF WHAT COUNTRY?
3004 BRENDAN AVEN	UE				212	L3		U.	S. A.
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 XXDivorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2XXNO	16		ify Cuber	n, Mexican	C ORIGIN? (Specify You, Puerto Rican, etc.)	ne or No	14. RACE — American Indian, Black, White, etc.
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18e. DECEDENT'S	work done d			g	16b. KIND OF B	USINESS/INC	DUSTRY
Elementary/Secondary (0-12) NA	College (1-4 or 5+) NA	POLIC		CICER			BAL	r IMOR:	E CITY
17. FATHER'S NAME (First, Middle, Last) JOHN PATRICK DIG	NAN						ME (First, Middle, Meide G. PARLET		
196. INFORMANT'S NAME (Type/Print) WILLIAM J. DIGNA	GRANDSON JK.	N/					oute Number, City or To		
20e, METHOD OF DISPOSITION  1 X Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		20b. PLACE AND DAT of cemetary, cremator BALTIMO					1		City or Town, State
21. SIGNATURE OF PUNERAL SERVICE LI	The second liverage and the se	21111	22.1	NAME AND	ADDRES	S OF FAC	LITY		ni -
Juin )	ties						ERAL HOME ANE, BALT		C. , MD. 21213
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Due to (or a	S A CONSEQUENCE OF	ENA OFF:	110-	Fa	To:	RE		Interval Betwee
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C,	S A CONSEQUENCE (		urc_		191			
PART II. Other significent condition  CARDIO  UKINAR	na contributing to death MYOPAT TRACT	but not resulting		,	ceuse (	given in (	Part I. 24a. WAS A PERFO	N AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER		CE OF D	EATH (Che	ick only one)		
1 YES 2 NO	1 Inpetient 2 - ER/O		4 🗆 Num	sing Home	_	<i>i</i> 1	6 Other (Specify)		
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJUF (Month, Day, Yea		ME OF	28c. INJU WOR 1 YE	ES 2	J/A NO	28d. DESCRIBE HOW	A	CURED
3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF INJU building, atc. (S	PRY — At home, farm	, street, fact	ory, office			28f. LOCATION (Stree City or Town, Sta		or or Rurel Route Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS							sted. the ceuse(e) end manner ee stated		
2 0									
296. SIGNATURE AND JULE OF CENTURE	run					of 1		29d. DA	TE SIGNED (Month, Day, Year)





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OR /	JIRE!	OUIS	E
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Hearth and Mental hygiene prior to bundle, cremation, of removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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SH	F	WI	TAI
포	王	filed	0
2	2	8	Ξ

1 - STATE REGISTRAR	SIAIE UF MARYLAN	D / DEPARTM CERTIFICA			MENTAL HYGIEN REG. NO	_	
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
LAWRENCE E	dward	ED.	PERSON	SR	1,12,12,1	YEA	
			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	20 91	THPLAGE (State or Foreign
217-05-5202 1	× × 2 □ F 76	YRS. MON	THE DAYS	HOURS MIN.	(Month, Day, Year) 04-29-		aryland
9e. FACILITY NAME (If not institution, give atreet	t and number)	9b.	CITY, TOWN O	R LOCATION OF D	EATH	9c. COUNTY C	OF DEATH
NORTH ARUNDEL HOS	PITAL ASSOCI	ATION	GLEN	BURNTE		Α.	A. COUNTY
100. STATE 100. COUNTY		10c CITY TO	WN OR LOCAT			Π.	10d. INSIDE CITY
							LIMITS?
Maryland Anne	Arundel	Gle	n Bur	nie		T.,	1 TYES 2 TONO
			101	13. 12.73			OF WHAT COUNTRY?
105 Hollywood D				21060		USA	
11. MARITAL STATUS  1 ☐ Never Married 2 ☐ Married  3 ☐ Widowed 4 ☒ ☒ vorced	2. WAS DECEDENT EVER IN U FORCES? 1 ☐ YES IF YES, GIVE WAR OR DATE	2 NO	If yes, spe		NIC ORIGIN? (Specify Yean, Puerto Rican, etc.) hy:		RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EDUCAT	ION 10	Ba. DECEDENT'S USU	AL OCCUPATION	N	16b, KIND OF BU	ISINESS/INDUSTF	
(Specify only highest grade cor	mpleted) College (1-4 or 6+)	(Give kind of work life. Do NOT use rel	done during mo				ipbuilding
9th	2011ege (1-4 or 6+)	Crane 0	perat	or		vdock	Thourtaine
17. FATHER'S NAME (First, Middle, Last)			F		AME (First, Middle, Maider		
	20			65 90 90	arah Spi		
William Epperso	011	1					
19a. INFORMANT'S NAME (Type/Print)		The second second			Route Number, City or Tox		
Lawrence E. Epp		LACE AND DATE OF			ve, Glen	BURNI OCATION — City	
1   Buriel 2   X Cremation 3   Remove 4   Donation 5   Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LISEN	of central of central ME		mator	v. Inc	. 3/21 Ba	ltimor	e, MD vland
George E. Ma	cNabb		299	Freder	ick Rd.,	Balto	., MD 2122
23. PART I. Enter the diseases, or con ahock, or heart failure. Lis iMMEDIATE CAUSE (Final disease or condition resulting in death)	RENAL		nter the mo	de of dying, su	ch aa cardiac or rea	piratory arrest,	Approximate interval Betwee Onset and Dea
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in deeth) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):	None		R Bile	457	
PART II. Other significant conditions	contributing to death but	not resulting in t	he underlyin	g ceuse given i		N AUTOPSY PRMED? 2 1 NO	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
						-	
25. WAS CASE REFERRED TO MEDICAL			26. Pi	ACE OF DEATH (C	Check only one)		
	IOSBITAL:		THER:  Nursing Hon	e 6 Residence	6 Other (Specify)		
27. MANNED OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME O	F 28c. IN.	URY AT PRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	ED
2 Accident investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify	At home, farm, street)	rt, factory, offic	•	261. LOCATION (Stree City or Town, State		ural Route Number,
one)	AN: To the best of my knowled						
2 MEDICAL EXAMINER:	On the basis of examination?	increc investigation, i	п ту ориноп, с	seath occured at th	ie time, date and piace. I	ena aue to the ce	use(s) end manner as stated

PAUL M.
31. DATE FILEO (MO)
MAR 2 2

ROSOFF (h, Day, Year) 1991

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

D./7575 RITCHTF. HWY

32. BEGISTRAN'S SIGNATURE

a Davidson-Pandells

3. TIME OF DEATH

9:37

10d. INSIDE CITY LIMITS?

1 TYES 2 KINO

8. BIRTHPLACE (State or Foreign Country) MARYLAND

2. DATE OF DEATH MONTH DAY

1991

9c. COUNTY OF DEATH

Baltimore

10g. CITIZEN OF WHAT COUNTRY?

March 21

7. DATE OF BIRTH (Month, Day, Year) 07/11/17

MD

213-03-8790

10e. STREET AND NUMBER

RESIDENCE OF DECEDENT

9e. FACILITY NAME (If not institution, give street end number)

FRANKLIN SQUARE HOSPITAL

BALTO

**EKSTOWICZ** 

1 🗆 M 2 😾 F

5. SEX

MONTHS DAYS

10c. CITY, TOWN OR LOCATION

BALTO

IF UNDER 1 YEAR IF UNDER 24 HRS.

ROSSVILLE

HOURA

9b. CITY, TOWN OR LOCATION OF DEATH

10f. ZIP CODE

MIN.

6. AGE (In yrs. last birthday)

73

YRS.

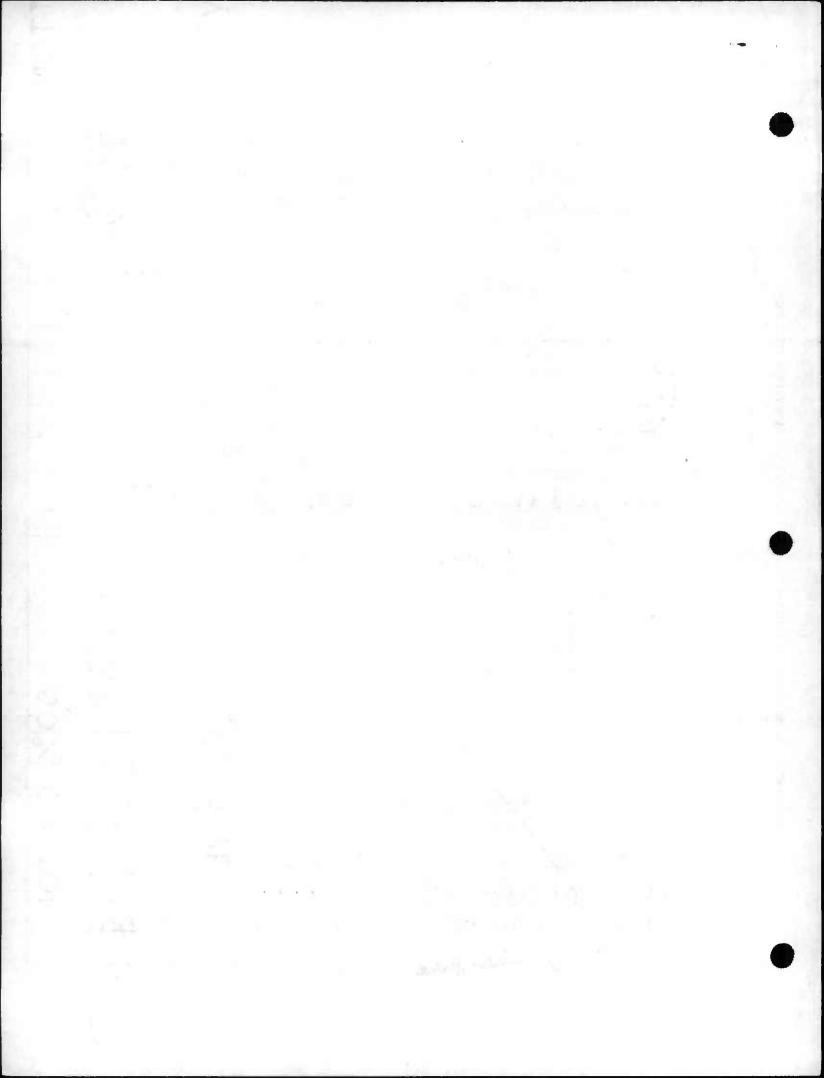
permit. Pages 1, 2, 3 should

DIRECTOR

200	<u> </u>	5207 McFAUL ROA	D			21206		USA					
(F)	BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YES IF YES, GIVE WAR OR I	2 NO	If yes, sp	ENDENT OF HISPANIC ecity Cuben, Mexican, P 2 NO Specity:		or No 14.	Black, Wh Specify:				
	PLETED	15. DECEDENT'S EDI (Specify only highest grad Elamentary/Secondary (0-12)		16a. DECEDENT'S USU (Give kind al work life. Do NOT use re HOUSEWII	done during mo tired.)		HOME		TRY				
5 16	E COMPL	17. FATHER'S NAME (First, Middle, Last) WALLACE GIETKA			18. MOTHER'S NAME (First, Middle, Melden Surneme) MARY BRYLINSKA								
hotified	TO B	190. INFORMANT'S NAME (Type/Print) MILTON EKSTOWI	CZ JR		DRESS (Street of	nd Number or Rural Rout	TO., MD	n, State, Zip Co	ode)				
er must be		20e. METHOD OF DISPOSITION 1- Burlel 2 Cremetion 3 Rer 4 Donation 5 Other (Specify)	novat from State	b. PLACE OF DISPOSITION other place)		metery, crematory or		CATION - CITY BALTO		State			
al. examiner		21. SIGNATURE OF FUNERAL SERVICE	DENSEE		CVACE	NO ADDRESS OF FACILITY ROSEDALE CHESACO	FUNERAL	HOME					
o build, cremation, or removal.  natic event, the medical examin		23. PART / Enter tha diseases, or shock, or heart fellure immediate CAUSE (Final disease or condition resulting in death)	e. Myocardia	each line.	anter the mo				t,	Approximate Interval Between Onset and Death			
l by the attending physician and company and Mental Hygiene prior to builal, or y injury, or other traumatic every injury, or other traumatic events.	RTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	L Arrhythmi DUE TO (OR AS COronary										
mtal Hyg	CERT	resulting In death) LAST	d	<u> </u>									
of Health	N: MEDICAL	PART II. Other significant condition diabetes	na contributing to death	but not resulting in t	ha underlyin	g ceuse given in Pa	Tt I. 24a. WAS AN PERFOI	RMED?	COL	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO			
State De	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		THER:	LACE OF DEATH (Check							
marked, or	BY PHYS	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		F 28c. tN.	IURY AT DRK7 YES 2 NO	Bd. DESCRIBE HOW	INJURY OCCUI	RED				
Mer d	0	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e PLACE OF INJUS	Y — Al home, farm, streetly)	et, factory, offic	2	61. LOCATION (Street City or Town, State	and Number or	Rural Route	Number,			
Min Min Min Min Min Min Min Min Min Min	COMPLET	anal anal	SICIAN: To the best of my kno tER: On the basis of examinati							d menner as stated.			
1 2 3 4	TO BE	296. SIGNATURE AND TITLE OF CERTIFI	Murke	un		29c. LICENSE NUMBE	ER	29d. DATE S	SIGNED (Mo	nth, Day, Year)			
		30. NAME AND ADDRESS OF PERSON W  Dan Morhain		ranklin Squature		r Balto	MD 2123	17					
		31. DATE FILED (Month, Day, Year)	Julia Davidso	MATURE AND AND AND AND AND AND AND AND AND AND									
										DHMH-16 Rev 1/89			

HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. It is not so that have been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the begun of the that had the maje prior to burial, compation or removal.
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FOR STATE REGISTRAR		RYLAND / DEPAR CERTIF	RTMENT OF H		MENTAL HYGIEN			7 7 0 3	
1. OECEDENT'S HAME (First, Middle, Leet CHRISTOPHER	)	R.	FRA		2. DATE OF OEATH MONTH		91 5:	E OF DEATH	
4. SOCIAL SECURITY HUMBER  222-48-8154  9a. FACILITY HAME (If not institution, give	1 🔀 M 2 🗆 F	AGE (In yrs. last birthday) 20 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) Dec. 10,	1970		(State or Foreign	
RESIDENCE OF DECEDENT 10a, STATE 10b, COUR	ENTER TY Kent		BALTIN		Y	Balt	u	City  ISIDE CITY IMITS?  YES 2 \( \subseteq \text{NO} \)	
100. STREET AND NUMBER 811 High Street			101	ZIP CODE 21620		U.S	H OF WHAT CO		
11. MARITAL STATUS  1 X Hever Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EN FORCES? 1 IN IF YES, GIVE WAR	YES 2 XHO	If yes, sp		NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) fy:	e or Ho—	4. RACE — Ame Black, White Specify:	erican Indian, , etc. hite	
15. DECEDENT'S EC (Specify only highest gra Elementary/Secondary (0-12)		16a. OECEOENT'S (Give kind of life. Do NOT L		OH st of working	166. KIHD OF BU		nstruc	tion	
17. FATHER'S HAME (First, Middle, Lest) Richard Frame				Patri	AME (First, Middle, Melder cia J. DW	yer			
19a. IHFORMANT'S HAME (Type/Print) Patricia J. Pie  20a. METHOD OF DISPOSITION	tuszka		Mansion F	oad, Elm	Andre Number, City or Ton Thurst, Wi	lmingt			
20b. PLACE AND DATE OF OISPOSITION (Name of cemetary, crematory or other place)  21. SIGNATURE OF FUHERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY HICKS HOme for Funerals, P.A.  Bow and Stockton Streets  Elkton, MD 21921									
iMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentistly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bOUE TO (OF		OF): OF):	NSHOT WO	UND OF HEA	AD		nterval Betwee	
PART II. Other significant conditi	ons contributing to de	ath but not resulting	in the underlyin	g ceuse given in		N AUTOPSY PRMED? 2 NO	AWAILA COMPI OF DE	AUTOPSY FINDING IBLE PRIOR TO LETION OF CAUSE ATH? YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: W	NII	26. P	LACE OF DEATH (C	heck only one)				
XX YES 2									
(Gridon Griny	YSICIAN: To the best of my							nanner as stated.	
29b. SIGNAFURE AND TITLE OF CERTIF	elbrele	in)	an Order	O.C.M.E		≥ 03	signed (Month	1991	
31. PATE FILED (Month, Day, Year)	MHO COMPLETED CAUSE  10 1 - CO  32. REGISTRAR'S	PALLI PENN	111	BALTIMOR	E, MARYLANI	2120	1		
MAR 2 2 1991	Jaka Savid	- Dunda na							



**DRE, MARYLAND 21203-3146** 

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RECORDS, P.O. E	requires that the death certif
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hood	IOTHE HOSE	tache	be filed within 77 removed with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.	IMPORTANT II The 24 if marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	REGISTRAR CERTIFICATE OF DEATH REG. NO.												
	1. DECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DEATN MONTH DAY YEAR  3. TIME OF DEATN												
	WILLIAM GEORGE GRAULING 03 20 1991 10.104"												
	4. SOCIAL SECURITY NUMBER 6. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTYN 8. BIRTHPLACE (State or Formion												
	713-32-0614 1 XM 2 0 F 55 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) 4-29.35 USA												
	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOYOL 9R LOCATION OF DEATN  9c. COUNTY OF DEATN												
œ	801 WAN DUKE LANE BELRIE HARFORD												
임	RESIDENCE OF DECEDENT												
DIRECTOR	10e. STATE 10b. COUNTY / 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY												
E	MO HARFOND BELA, 2 LES 2 NO												
	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?												
A	801 VANDYKE LANE ZIO14 USA												
FUNERAL													
	Nount Merded 2 Married FORCES? 1 XYES 2 NO If yes, specify Cyblin, Mexican, Puerto Rigan, stc.) Black, White, etc.												
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 12 NO Specify: White												
	15. DECEDENT'S EDUCATION 160. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY												
	(Specify only highest grade completed)  [Specify only highest grade completed)  [Given (Ind. of work done during most of working life. Do NOT use retired.)												
2	Elementery/Secondary (0-92) College (1-4 or 5+)  LULLARY  He/1copter/1/0+												
COMPLETED	1271 Lyenes PILITARY 1101 COPICAD 11104												
8	COPER TITION OPPALINGS TIFFEE PREPINSICI												
2	196. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
	MPS. Elizabeth Graming 801 NAN DYRE LANG BETATE 190												
	20c, MSTROD OF DISPOSITION  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State												
	4 Donation 6 Other (Specify) ARING for UNG. COMETING FOR U.F.												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  DOS ER N. ZARVING JR F. H.												
	1/ he to Ayman - 12/2/ - R + Line But But Milion												
	23. PART LEnter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiag or respiretory screet,  Approximats												
	shock of heart fullure. List only one ceuse on each line.												
	IMMEDIATE CAUSE (Finel disease or condition												
	resulting in death)  s. CACHEXIA  DUE TO (OR AS A CONSEQUENCE OF):												
Z	Sequentially list conditions,  Due TO (OR AS A CONSEQUENCE OF):												
E	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (Disease or												
5													
Ē	that initiated events resulting in death) LAST  LYMPH NODED.												
CERTIFICATION	d. ZIMP# 120DCs.												
	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuee given in Part f. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
2	Broncho Poue Monia Performed?  1 Yes 2 DNO COMPLETION OF CAUSE OF DEATH?												
ED													
Σ	1 YES 2/NO												
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one)												
2	EXAMINER? HOSPITAL: OTHER:												
YS	1 VES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)												
표	27. MANNER OF DEATN  28e. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  28c. INJURY AT WORK?												
BY	1 Netural 5 Pending 2 Accident Investigation NA NA 1 YES 2 NO NA												
	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)												
COMPLETED	4 □ Nomicide determined ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~												
Ž	29s. CERTIFIER (Check only CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.												
ME	One)  2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(e) and manner as stated.												
	29b. SIGNATURE AND TITLE OP-CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day, Visar)												
BE													
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)												
	MARKET STATE OF THE STATE OF TH												
	MAR 2 2 1991 Juna Day doon-Randell												
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29b. SIGNATURE AND TITLE OF CERTIFIER

30. NAME AND ADDRESS OF

31. DATE FILEO (Month, Day, Year)

MAR 22

filled in by the fi medical

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	A THE THE PERIOD REPORT OF THE LAW requires that the death certificate be executed within	ERD CONTINUE After this certificate has been signed by the attending physician and complete	in 72 Ingins after death with the State Dept. of Health and Mental Hygiene prior to burial, crem	IT II tem 28 is marked, or item 23 shows any injury, or other traumatic event,
	SNI S	After	leath	E
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07461 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH 3. TIME OF DEATH C. Reen Wood 3 5. SEX 6. AGE (In yrs. lest birthday a. RIRTHPLACE (State or Foreign A. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH June 26, 701684 DAY\$ HOURS 1 0 M 2-0 F 70 XXXX Maryland 1920 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH Sh. CITY TOWN OR LOCATION OF DEATH DIRECTOR Good Samaritan Hospital Baltimore City RESIDENCE OF DECEDENT 10d. INSIDE CITY LIMITS? 10c. CITY, TOWN OR LOCATION Parkville Maryland Baltimore 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 21234 3 Mopec Circle Apt D. USA 11. MARITAL STATUS 14. RACE — American Indien, Black, White, atc. 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-FORCES? 1 YES 2 If yea, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 2 NO 1 Never Married 2 X Married BY 3 Widowed 4 Divorced White COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. OECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done life. Do NOT use retired.) Elamentary/Secondary (0-12) College (1-4 or 5+) 8 Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Henry Brodt Marie Rausch BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ACCRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 9 Mr. Ellsworth C. Greenwood 3 Mopec Circle Apt D. Baltimore, Maryland 21234 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State 1 Suriel 2 Cremation 3 Red 4 Donation 5 Other (Specify) More land Cemetery 3/25/91 Baltimore Maryland 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE Leonard J. Ruck, Inc. 5305 Harford Road 21214 23. PART I. Enter the diseases or complicatione that caused the death. Do not anter the mode of dying, such as cardiec or respiratory srrest, Approximata shock, or heart failure. List only one cause on each line. **Onset and Death** IMMEDIATE CAUSE (Finel diseese or condition MMedinte resulting in death) DUE TO (OR AS A CO NSEQUENCE OF: CERTIFICATION Sequentielly list conditions, if any, leading to immediate DUÉ TO (OR AS A CONSEQUÊNCE OF) cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 THE Prior TO DESTE PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 YES 2 NO 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Netural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be determined COMPLETED 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated

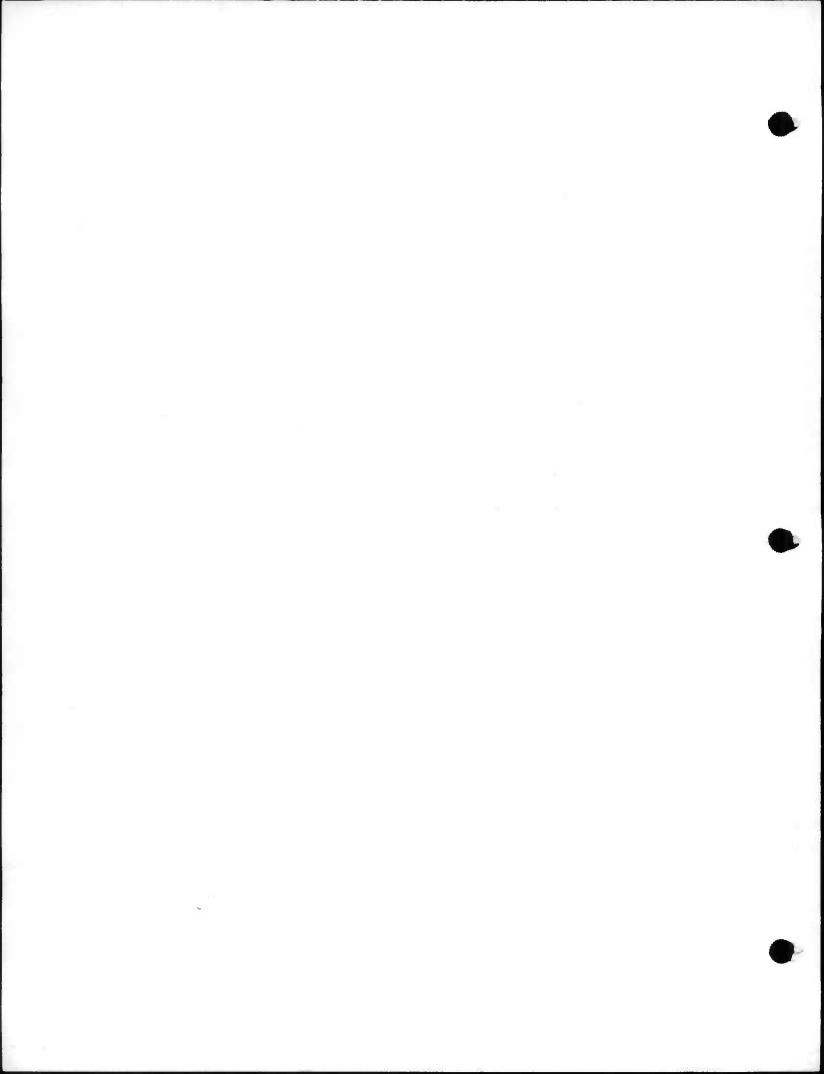
RESIDENT

32 REGISTRAR'S SIGNATURE who Davids

29d. DATE SIGNED (Month, Day, Year)

DHMH-16 Rev 1/89

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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN REG. NO		7 1 1 6 00
	1. DECEDENT'S NAME (First, Middle, Last)  Charles	iainer Cha	rles Lewis	Gainer	2. DATE OF DEATH MONTH D.	9-91	3. TIME OF DEATH  4: 25 PM
	213-05-5182	1⊠ M 2 □ F 7	7 YRS. MONT		7. DATE OF BIRTH (Morith, Day, Year) 08 24 13		BIRTHPLACE (State or Foreign Country)  Md.
TOR	9a. FACILITY NAME (II not institution, give stre Francis Scott Key RESIDENCE OF DECEDENT			Baltimore (i		9c. COUNTY	OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY			NN OR LOCATION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 3824 Hudson Stra	net		10f. ZIP CODE 21224			of what country?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	U.S. ARMED 2 NO TES	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 YNO Specify	an, Puerto Rican, etc.)	n or No 14.	RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)		16a. DECEDENT'S USUA (Give kind of work d life. Do NOT use retir	one during most of working ed.)	16b. KIND OF BU		cturing
BE COM	17. FATHER'S NAME (First, Middle, Last)  (harles L. Gaire	er		16. MOTHER'S N	AME (First, Middle, Maldon McNellie	Surname)	
10 B	18a. INFORMANT'S NAME (Type/Print) Margaret N. Gain	er		RESS (Street and Number or Rural			de)
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State of c	PLACE AND DATE OF Commetary, crematory or other	her place)	3-23-91 Fas	twood,	Md.
	21. SIGNATURE OF FUNERAL SERVICE LICE		,	22. NAME AND ADDRESS OF F. Charles S. Zei	Ler & Son	Inc. 6	01 S. onkling St.
	23. PART I. Enter the disesses, or co shock, or heert fellure. Li iMMEDIATE CAUSE (Finel disesse or condition resulting in death)	st only one cause on ee		entrules	ch se cardiac or reep	iratory screst	, Approximats Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF):	CAD			
	d. PART li. Other significant conditione	contributing to death be	at not resulting in th	e underlying ceuse given is	Part i. 24a, WAS AI	NAUTOPSY	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL					PERFO	RMED? 2 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	On	26. PLACE OF DEATH (C	heck only one)		
PHYSI	1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)		Nursing Home 5 - Rasidence 28c. INJURY AT WORK?	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED
B	2 Accident Investigation 3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, street	M 1 YES 2 NO	281. LOCATION (Street City or Town, State		Rural Route Number,
COMPLETED	anal Crity	_		the time, data and piece, and du my opinion, death occured at th			ause(a) and manner as stated.
8	29b. SIGNATURE AND TITLE OF CERTIFIER	L. CHAN	DRA	29c. LICENSE NI	JMBER 2396	29d. DATE S  ▶ 3/	IGNED (Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OE	ATH (ITEM 27) (Type, Print	2	alt, ml	2121	4
	31. DATE FILED (Month, Day, Year)	1991 Funa	Davidson-Rang	delle			

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BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

sicial: sicial: sicial: permit. Pages 1, 2, 3 should TO BE COMPLETED BY FUNERAL DIRECTOR TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or after TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First,	Middle, Last)							2. DATE	OF DEATH	,	YEAR	3. TIME OF DEATH	
Samue	1136	entry						0	3 2	1	911	60	М
4. SOCIAL SECURITY NUMB	AT / A	5, SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH		6. BIRTHI Country	LACE (State or Foreign	n
215074	0164	1 XM 2 - F	90	YRS.				0	0141	20		A	
9a. FACILITY NAME (If not in	stitution, give stre	eet and number)			9b. CITY, 1		R LOCATION OF DE	EATH		9c. COU	NTY OF DE	ATH	
MANOR U	AREK	DESVILL	٤		RU	UTI	NORE,	MI		B	AUT	MORE	_
10e. STATE	10b. COUNTY	. 1		10c. CITY	, TOWN OF	LOCAT	ION					10d. INSIDE CITY LIMITS?	
MATI	190	altuna	R		Pur	04	LK					1 YES 2M NO	
100. STREET AND NUMBER	000	CREE				101	ZIP CODE	771		10g, CIT	IZEN OF W	HAT COUNTRY?	
	IMPER	***				$\perp$	01.0	- 1			0.	211.	
11. MARITAL STATUS  1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	YES 21	NG.			ENDENT OF HISPAN ecity Cuban, Maxica			or No	14. RACE Black	- American Indian, White, etc.	
3 Widowed 4 Divo	5.4377	IF YES, GIVE W	AR OR DATES		1	YES	2 NO Specify	y:			D	Jute	
15. DEC	EDENT'S EDUC	ATION	16a, DE	CEDENT'S	USUAL OC	CUPATIC	N st of working	16	b. KIND OF BUS				
Elementary/Secondary (0		College (1-4 or 5	- Ilde	Do NOT us	e retired.)			,	Mans	bro	1 St	te.	
8+4			P	JUS	レル	704	r.						$\dashv$
17. FATHER'S NAME (First, M	liddle, Last)	CL	7				16. MOTHER'S NA	-		Sumama)  ORU	11		
0044	<u> </u>	مستوسر ۱۱۱	[	h 8440 m/*	ADODGO:	Chus - A	nd Number or Rural I		,,,				-
19a. INFORMANT'S NAME (	So ho	_	-19	S. MAILING	ADOMESS	SUBBL A	1.1	House Nun	nuer, citry or lown	r, commit, Zi	J (JUG8)		
208, METHOD OF DISPOSIT	ION		20b, PLACE	OF DISPOS	SITION (Nam	e of cen	netery, crematory or	7/ 1	20c. LO	CATION	City or Ton	vn, Stata	$\dashv$
1 Surial 2 Crematic 4 Donation 5 Other	on 3 🖫 Remo	val from State	otherp	my Fo	sm, L	16	me to a	1	Sch	yche	R. U	125unia	
21. SIGNATURE OF FUNERA	L SERVICE LICE	INSER			22. N	AME AN	ID ADDRESS OF FA	CILITY	1211 0	JECA	^ ^	VENUE	
1/1/16	9	10			C	VAC	H/ROSEDA	LE F	ÜNERAL	HOM	E A	VENUE	
23. PART / Enter the d					not enter t	he mo	de of dying, suc	h as car	rdiec or reapi	ratory ar	reat,	Approximata	
immediate cause (Fir		let only one cau	use On each line	ð.								Onset and D	
diseese or condition	<b>→</b> .		WA	•									
resulting in death)	•	DUE TO	(OR AS A CONSE	OUENCE O	F):								
Convention has condit	, b												
Sequentially list condit if any, leading to imme	diete	DUE TO	(OR AS A CONSE	QUENCE OF	F):								
cause. Enter UNDERLY CAUSE (Disease or Inju			(OD 46 4 CONE	OUENOE O	B.							-	
that initiated events resulting in death) LAS	т	00E 10	(OR AS A CONSE	OUENCE O	r).							į	
								_				<u> </u>	
PART II. Other aignifice	ent conditions	contributing to	death but not	reauiting	in the und	ierlyin	g cause given in	Part I.	24a. WAS AN PERFOR		246.	WERE AUTOPSY FINDS	INGS
									1 TYES 2			COMPLETION OF CAU-	SE
			_									1 TYES 2 NO	
25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER		ACE OF GEATH (CA	heck only o	one)				_
1 TYES 2 NO		1 Inpatient 2			4 🗆 Nurs	ing Hor	ne 5 🗆 Residence			M II I I I I I	CHIPER		
27. MANNER OF OEATH  1 Natural 5	Pending	26a. DATE Of (Month, L		26b. TIM	URY M	WC	PURY AT ORK? YES 2 1 NO	26d. DI	EŞCRIBE HOW I	MJUHY O	CUMED		ļ
2 Accident	Investigation	28a DI ACE (	OF INJURY At h	ome ferm		_		281 10	CATION (Street	and Numbe	er or Rumil F	loute Number	$\dashv$
3 Suicide 6 4 Homicide	Could not be detarmined	building	etc. (Specify)	enres territis		. y, wind	•		y or Town, State)		UNITED T		
29a. CERTIFIER	TIEVING BUVO	HAN: To the boot -	I mu knowledge d	anth accord	and as the of	no det	and place and div	n to the -	nunalet and mo	ner so so	nted		$\dashv$
(Check only	t	<del>                                     </del>					and place, and dur leath occured at the					) and manner as state	od.
29b. SIGNATURE AND TITLE	4	00 -			, ,		29c. LICENSE NU		,,			(Month, Day, Year)	
290, SIGNATURE AND TITLE	L OF CENTRAL	Denis					D 220			290. DA	3/8	2/91	
30. NAME AND ADDRESS O	OF PERSON WHO	COMPLETED CAL	ISE-OF DEATH (IT	EM 2/7) /Type	, Print)_	ne				a a	-1-	1/1	1
5601 1	OCHR	AVEN	12MD	106	ILTII	0)01	ee M	1)	XIZS	1 . (	-Br-	SRINIVA	5)
31. DATE FILED (Month, Day, MAR 2	2 1991	32/REGISTA	AR'S SIGNATURE	indell								<u> </u>	

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DIVISION OF VITAL	NG
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires
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29b. SIGNATURE AND TITLE OF CERTIFIER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Julia Jundon Angle

NOSON BENJERS MD.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3 TIME OF DEATH YEAR Elbert 05. Gilbreath Leroy Mar. 1991 9:55 A 4. SOCIAL SECURITY NUMBER 5. SEX 6. BIRTHPLACE (State or Foreign 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 12-25-11 Tennessee DAYS 79 1 5 M 2 - F 233-30-9521 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Southern Maryland Hospital Center Clinton Prince George's DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10a. STATE 10d. INSIDE CITY WV Gerrardstown Berkelev 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Route 1, Box 187E 25420 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yea, specify Cuban, Maxican, Puarto Rican, atc.)

1 YES 2 M NO Specify: 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married IF YES, GIVE WAR OR DATES Specify: White BY 3 Widowed 4 Divorced ED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Spe COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) unavailable Machine operator Bakery 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) Clarence Gilbreath Mary I. Burdette notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 16601 Bald Eagle School Rd., Brandywine, MD 20613 Benny G. Gilbreath must be 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20a. METHOD OF DISPOSITION
1 □ Burial 2 ☒ Cremation 3 □ Removal from State 20c. LOCATION - City or Town, State Seaver Crematorium 4 Donation 5 Other (Specify) Princeton, WV 21. SIGNATURE OF PURPLIAL SERVICE LICENSEE examiner 22 NAME AND ADDRESS OF FACILITY Lee Funeral Home, 6633 Old Alexander Ferry Clinton, MD 20735 medical 23. PART I. Enter the diseases, or compilerions that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Batween IMMEDIATE CAUSE (Final Onset and Death the disease or condition INTRACRANIAL HEMORPHAGE resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF): THROMBOLYTIC THERAPY traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 shows any Injury. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24a, WAS AN AUTOPSY MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? MYOCARDIAL INFARCTION ACUTE 1 | YES 2 | 10 1 YES 2 NO certificate has been the State Dept. of PHYSICIAN: item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 TES 2 NO petient 2 ER/Outpetient 3 DOA 4 ☐ Nursing Home 5 ☐ Raeldenca 6 ☐ Other (Specify) 28 is marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c 5 Pending м 1 YES 2 NO After 1 BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Flural Floute Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED DIRECTOR: 4 🔲 Homicide Item 29a, CERTIFIER 1\ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. TO THE FUNERAL D
be filed within 72 h
IMPORTANT: If It

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

9015 WOODYMPD

29c. LICENSE NUMBER

8281

29d, DATE SIGNED (Month, Day, Year)

RD, CLINTON, MD 20731



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 2 22

MAR 2

31. DATE FILED (Month, Day,

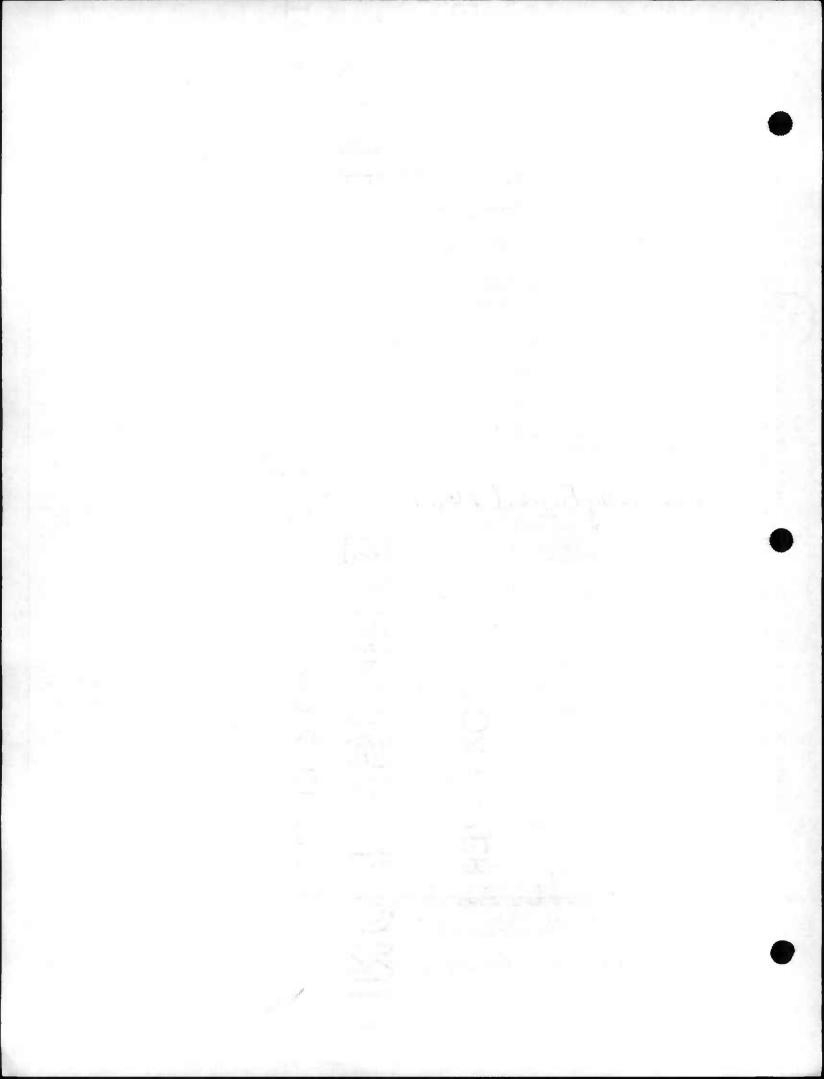
1 - STATE REGISTRAR		MARYLAND /				EALTH ANI DEATH		REG. NO			465
1. DECEDENT'S NAME (First, Middle, L Alma	nst)	G	riff	ith			2. DAT	rch 2	1,199	3. T	5:07a
4. SOCIAL SECURITY NUMBER 219-26-5127	5. SEX	6. AGE (In yrs. Iss 52	yns.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS	7. DAT	E OF BIRTH	4	BIRTHPLA	CE (State or Foreign
9a. FACILITY NAME (If not institution, g Fallston Ger	eral Hos	spital		9b. CITY		allsto			9c. COUNTY	of deati	
RESIDENCE OF DECEDENTION 10a. STATE 10b. CO		:d	10c, CIT	Y, TOWN	R LOCAT	Edgew	ood			1000	1. INSIDE CITY LIMITS? YES 2 Kio
10e. STREET AND NUMBER					101	ZIP CODE			10g. CITIZEN	OF WHAT	COUNTRY?
	more Lar					210				ISA_	
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AF 1 YES 2 WAR OR DATES X			ll yes, sp	ENDENT OF HIS ecify Cuben, Mar 2 NO Sp	xicen, Puert		s or No 14.	Black, WI	American Indian, hite, atc. Thite
15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)		(G	. Do NOT us	work done	during mo	ON at of working	11	b. KIND OF BU	SINESS/INDUS	TRY	
17. FATHER'S NAME (First, Middle, Less Walter Tho								, Middle, Melder Schu			
19a. INFORMANT'S NAME (Type/Print) Lester Grif	fith Sr.					nd Number or Ru AMOLE					21040
20a. METHOD OF DISPOSITION  1 X Buriel 2 Cremetion 3  4 Donation 5 Other (Specify)	Removal from State	Care	ano oat len's	of oise	osition Plett	(Name Cemet	ery3	/23/9	CATION - CHY	or Town,	le Md.
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE LINELAS	Hon	11)			ellyF		alHom	e300M2	AceA	Ve.2122
23. PART I. Enter the disease, shock, or help t fell IMMEDIATE CAUSE (Finel disease or condition resulting in dasth)	or complications the street only one complications the street only one complete one complete one complet	est caused the desuse on each line	San	not ante	the mo	de of dying,	such as ca	irdiac or reap	elretory arrest	9	Approximate Interval Between Onset and Deatl
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	O (OR AS A CONSE		hea Fi	1	dis	euge				
PART II. Other eignificant cond	o Cendu	do deeth but not	resulting	in the u	nderlyln	g cause given	in Part I.	24a. WAS AI PERFO 1 YES	RMED?	AM CO OF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDIC. EXAMINER?  1 YES 2 NO	HOSPITAL:	☐ ER/Outpetient :	2	OTHE	R:	ACE OF DEATH					
27. MANNER OF DEATH  1 Naturel 5 Pending	28a. DATE ( (Month,		28b. TIN		28c. IN.	URY AT DRK? YES 2 NO	28d. 0	., ,,	INJURY OCCUP	NED	
2 Accident Investigat 3 Suicide 8 Could no 4 Homicide determin	28e. PLACE buildin	OF INJURY — At h- g, atc. (Specify)	ome, farm,	atreet, lac	tory, offic	0		OCATION (Street by or Town, State	and Number or	Rural Rout	e Number,
one!	HYSICIAN: To the best MINER: On the bests of										nd manner as stated.
29b. SIGNATURE AND TITLE OF CER	TIFIER N. 1. CA.	la				29c. LICENSE	NUMBER	/ .	29d. DATE S	IGNED (M	orith, Day, Year)

Pre

63

DEATH (ITEM 27) (Type, Print)

DHMH-16 Rev 1/89



3. TIME OF DEATH

> Approximets Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO

8. BIRTHPLACE (State or Foreign BALTIMORE, MD

10:35 A

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

WILLIAM

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0,	within	
IVISION OF VITAL RECORDS, P.O. BOX 68760,	IR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deat	
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. B	tificate	
Ö	Se	
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õ	the	
2	that	
REC	requires	
	AR.	
A	The	
<u>-</u>	SICIAN:	
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ON	SNDING	
5	A	
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	4. SOCIAL SECURITY NUMBER 2/6-/6-//20	5. SEX 6.	AGE (In yrs. last birthday) 67 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B	18TH (1907) 24	Country)	E (State or Foreign	
	9a. FACILITY NAME (If not institution, give: ST. JOSEPH'S 1-	street and number)	- 67	-	ON, Md		9c. COL	ALTIM		
BY FUNERAL DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT		100	ry, town on loc				10d	. INSIDE CITY LIMITS?  YES 2 X NO	
	100. STREET AND NUMBER 556 Valley View	Rd.			of. ZIP CODE 21204			TIZEN OF WHAT		
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 X IF YES, GIVE WAS	YES 2 NO	If yes,	ECENDENT OF HISPA specify Cuban, Maxic ES 2 XNO Speci	an, Puerto Rican	pecify Yes or No i, etc.)	14. RACE — A Black, Wh Specify; White	American Indian, nita, atc.	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of life. Do NOT i	s usual occupa work done during i see retired.) turing	rion most of working Represent	X-11.34	of Business/in		ıc.	
ш	17. FATHER'S NAME (First, Middle, Last) William John Ha	acke					ra Bruni	ng		
10 B	196. INFORMANT'S NAME (Type/Print) Page B. Haacke				t and Number or Rural Timoniu			tip Code)		
	20a. METHOD OF DISPOSITION 1	novel from State	206. PLACE AND DAT of cemetary, cremator Green M	y or other place)	3-20-		Baltim	- City or Town, Ore, Mc		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	16	Ruc	and address of F ck Towson 50 York R	Funera				
CERTIFICATION	Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  Pancrease a  DUE TO (OR AS A CONSEQUENCE OF):  ON PRINCIPLE OF AS A CONSEQUENCE OF):  ON PRINCIPLE OF AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other significent condition	ns contributing to de	ath but not resulting	in the underly	ing ceuse given i		PERFORMED?  YES 2 NO	OP OP	RE AUTOPSY FINDI ILLABLE PRIOR TO MPLETION OF CAUS DEATH? YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	A	28.	PLACE OF DEATH (C	check only one)				
	27. MANNER OF DEATH  1 A Natural 5 Pending	28s. DATE OF IN. (Month, Day,		ME OF 28c.	NJURY AT WORK?  YES 2 NO		BE HOW INJURY O	CCURED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a PLACE OF II	NJURY — At home, farm: (Specify)	street, factory, of	fice		N (Street and Numb wn, State)	per or Rural Route	Number,	
COMPLETED	Tonion only (	SICIAN: To the best of my							d manner as state	
TO BE (	296. SIGNATURE AND TITLE OF CENTIFIC	14. By	7 7 7	Ro Logist	DO623		29d. D/	3/19	791	
		M.D.,ST. J			TOWSON, 1	D 2120	4			
	31. DATE FILED (Month, Day, Year)		SIGNATURE		•					

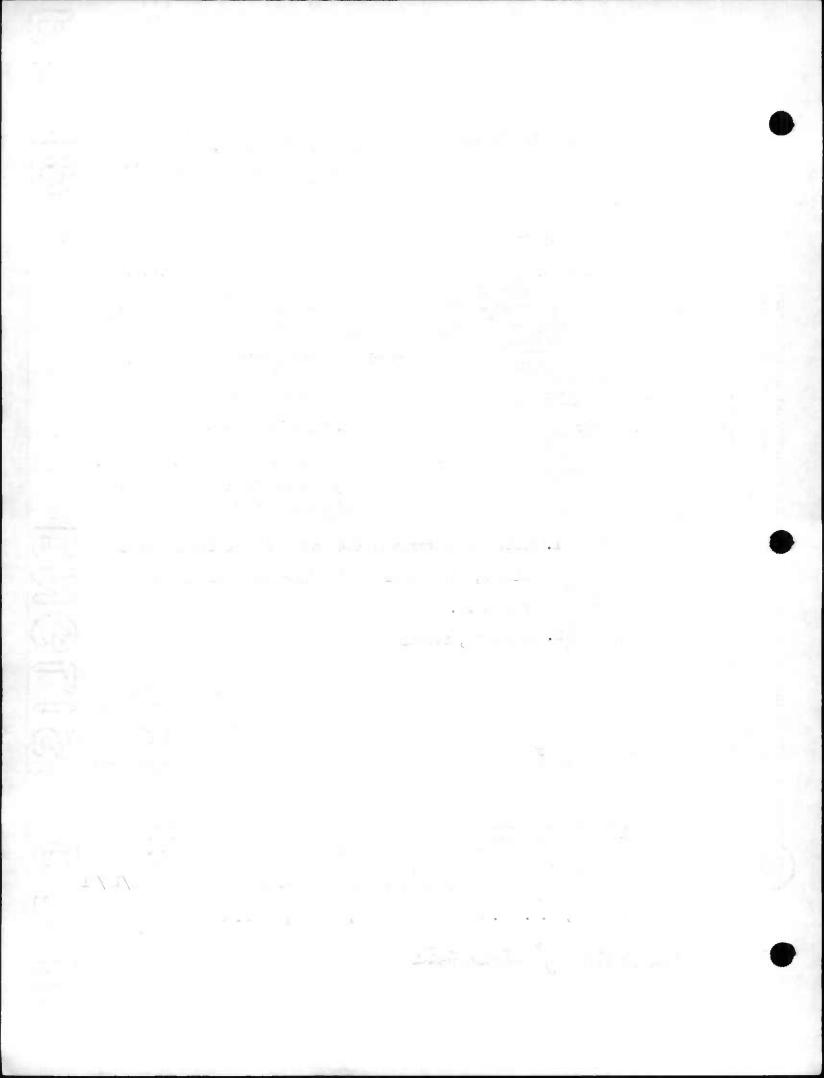
WILLIAM JOHN HAACKE J. HAACKE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2. DATE OF DEATH MONTH

03

DHMH-16 Rev 1/89



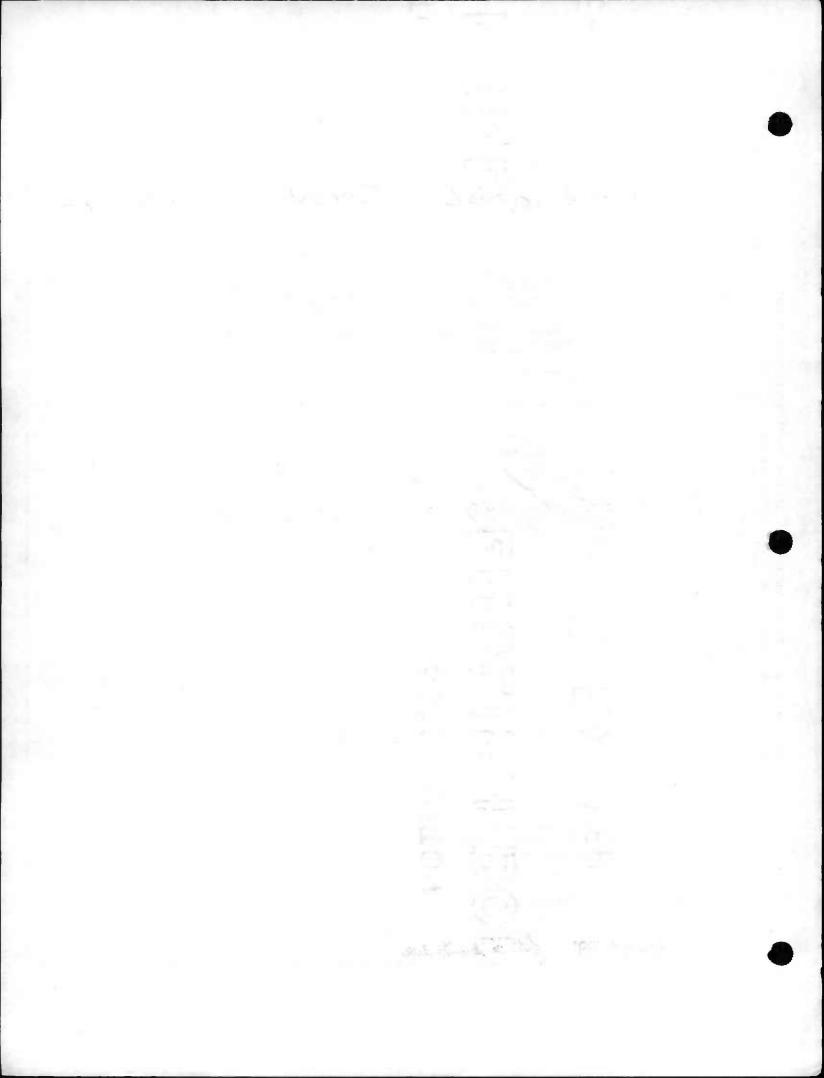
TO THE FUNETAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the item for the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed-within 22 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR		STATE OF N	MARYLAN	D / DEPAR CERTIF					MENTA	L HYGIEN REG. NO	-		, , , ,		
BY FUNERAL DIRECTOR	1. DECEDENT'S NAME (First, Middle, Last) GER			ERTRUDE E. HALBERSTADT					2. OATE OF OEAT MONTH					THE OF DEATH		
	4. SOCIAL SECURITY NUMBER 214-14-3707		5. SEX 1 M 2 X F			IF UNDE	DAYS HOURS		24 HRS. MIN.	8. 7. DATE OF BIRTH		8. BIRTHPLACE (		ce (State or Foreign		
	ST. JUSEPH HOSPITAL					96. CITY-TOWN OR LOCATION OF DEATH 9c. COL						9c. COUNT	ALTIMORE			
	10a. STATE 1	10c. Cf1	ry, town	OR LOCAT	TION					_	I. INSIDE CITY					
	Maryland Baltimore				Towson						LIMITS?					
	10e. STREET AND NUMBER	10f. ZIP CODE						10g. CITIZEN OF WHAT COUNTY								
	1604 Twin Ma	21204							U.S	.A.						
	11. MARITAL STATUS  1 Never Married 2 Married  3 X Widowed 4 Divorced  12. WAS OECEOENT EVER FORCES? 1X VE IF YES, GIVE WAR OR  WW II			X YES 2	2 NO If yes, spe				ECENDENT OF HISPANIC ORIGIN? (Specify specify Cuben, Maxican, Puarto Rican, etc. ES 2 NO Specify:			Yea or No— 14. RACE — American in Bleck, White, atc.  Specify: White				
ED	15. OECED (Specify only h	ENT'S EDU	CATION completed)	16	Is. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working						16b. KIND OF BUSINESS/INDUSTRY					
TO BE COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)				ille. Do NOT use retired.) Homemaker					Own Home						
	17. FATHER'S NAME (First, Midd John F. Hor:						S NAME (First, Middle, Maiden Surname)									
		nick									uerwald					
	John T. Halberstadt  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  1610 E. Cold Spring La., Balto., Md.									218						
	20a. METHOD OF DISPOSITION 1 Duriel 2 Cremation	N 3 🗆 Rem	oval from State	20b. Pl	LACE AND DAT	E OF DISI	POSITION	(Name		DA	TE 20c. LO	CATION — CI	ly or Town,	State		
	4 Donetton 6 Other (Specify) Dulaney Valley Mem. Gdns. 3/25/91 Timonium, Md.															
- 3	21. SIGNATURE OF FUNERAL BERVICE DOENSEE  22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc.															
	23. PART I. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or reaplratory errest,  Approximate															
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Onset and Death  Onset and Death  Onset and Death  Onset and Death  Onset and Death  Onset and Death  Onset and Death  Onset and Death															
F	that initiated events resulting in death) LAST															
	d.  PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS															
PHYSICIAN: MEDICAL	PANT II. Other significant	or resulting in the underlying couse given in Part					Part I.	24a. WAS AN AUTOPSY PERFORMED?		CO OF	RE AUTOPSY FINDINGS ULABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO					
	25. WAS CASE REFERRED TO ( EXAMINER?	MEDICAL	HOSPITAL:			OTHE		LACE OF I	DEATH (C	heck only o	one)	_				
YSI	1 TYES 2 NO		inpetient 2			4 🗆 Nu	reing Hon		esidence	¥	er (Specify)					
COMPLETED BY PH	27. MANNER OF DEATH  1 Netural 5 Pe 2 Accident	inding vestigation	26a. DATE OF (Month, E			INJURY W			JRY AT 28d. DEŞCRIE RK? ES 2 NO			BE HOW INJURY OCCURED				
	3 Suicide 6 Cc	At home, farm,	rrm, street, factory, office 28f. Li					LOCATION (Street and Number or Rural Route Number, City or Town, State)								
	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, dasth occurred at the time, data and place, and due to the cause(s) and manner as stated.															
ECC	29b. SIGNATURE AND TITLE O				29c. LICENSE NUMBER			29d, DATE SIGNED			onth, Day, Year)					
m	Frams Deln Choo 3				TAFF	D 30263				1 3-21-91						
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  FRANCIS KHOO, ST. JOSEPH HOSPITAL  Osler Dr., Towson, Md. 21204															
	31. DATE FILED (Month, Day, Your) MAR 2 2 1991 Suna Davidson-Randelle															

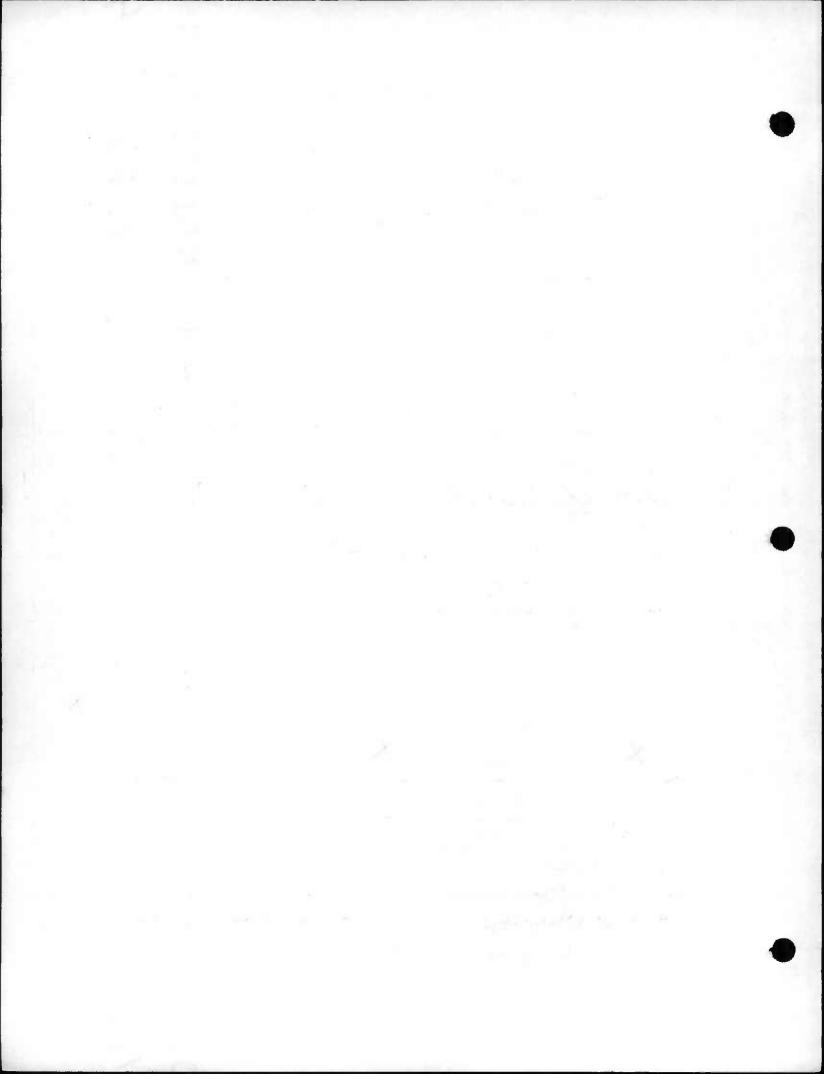
DHMH-16 Rev 1/89





		unsit permit. Pages 1, 2, 3 shor	
BALTIMORE, MARYLAND 21203-3146	the hoppital or attending physiciar	detacting to use as the burial-tra	
E, MARYL	ay be retained by	page 5 should be	the mattered and
BALTIMORI	rurs after death. Page 8 m	In by the funeral director, ir removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mo	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacted to use as the burial-transit permit. Pages 1, 2, 3 should be detacted to use after death with the State Deer of Health and Mental Horiene prior to burial, cremation, or removal.	OUT THOU WITH THE PARTY OF THE

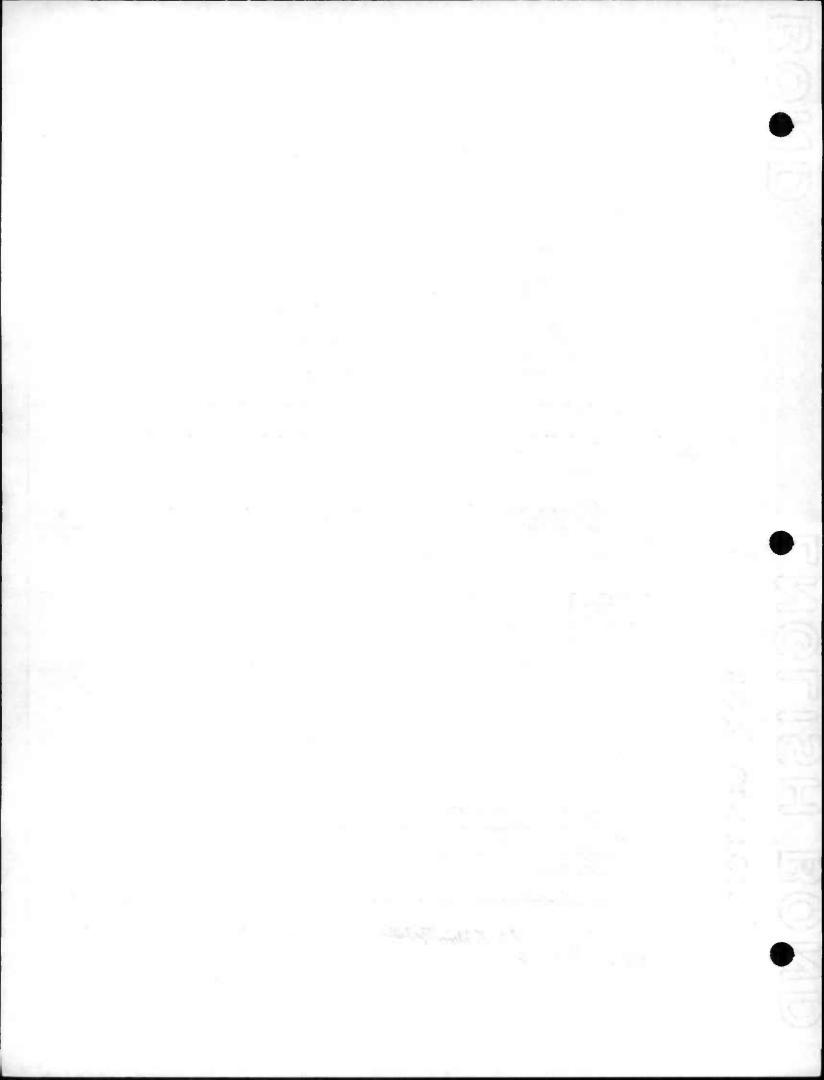
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF GEATH 3. TIME OF GEATH				
	Pauline Estelle Hughes								3-20-1991 YEAR			2:00 AM	
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGI			(In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.					7. DATE OF BIRTH 8. BI			PLACE (State or Foreign	
	215-14-5485 1 M 2XXF		72	72 YRS. MONTHS		DAYS	YS HOURS MIN.		7-8-191	8	B Marylan		
	The second secon	Se. FACILITY NAME (If not institution, give street and number)						ON OF DE		9c. COUNTY OF DEATH			
8	Lorien Frankford Nursing & Rehab. Center Baltimore City												
<u>ַ</u>	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT	Landania											
Ë	Maryland		town or l			37				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
	10s. STREET AND NUMBER	1 24	I C IIII	_				T 40= 00	TITEN OF V	VHAT COUNTRY?			
FUNERAL DIRECTOR	100. STREET AND NUMBER 2113 Dobler Avenue 21218									States			
	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISP								NIC OBIGIN2 (Specify Ve	- American Indian,			
<b>E</b>	1 Never Married 2 Married FORCES? 1 YES 2 MO If yes, spec						pecify Cuben, Mexican, Puerto Rican, etc.) Black, White, e					c, White, etc.	
BY	3 ¼ Widowed 4 ☐ Divorced IF YES, GIVE WAR OR DATES 1 ☐ YES 2 ¼ NO Spe								offy: Specify: White				
ED	15. DECEDENT'S EDI (Specify only highest grad	CEDENT'S U	ISUAL OCCUPATION ork done during most of working				16b. KINO OF BUSINESS/INOUSTRY						
COMPLETED	Elementary/Secondary (0-12)	. Mi	Ma. Do NOT use retred.) Housewife					House stri fo					
M	9			nouse	wite				Housewife				
ខ្ល	01 1 2 2							B. MOTHER'S NAME (First, Middle, Melden Surname)					
BE	Charles Penniwel	T						rtie					
2	19a. INFORMANT'S NAME (Type/Print)		19						Route Number, City or Tov			201	
	Eileen Heisey			3401 Mueller Street					Baltimor				
	29p.METHOD OF DISPOSITION 1. A Burlal 2 Cremation 3 Ref	noval from State	other p	ACE OF DISPOSITION (Name of cometery, cremetory of place)					20c. LOCATION — City or Town, State				
	4 Donation 5 Other (Specify)	ICENSEE #	_   Gard	dens of Faith Cemeter									
	21. NAME AND ADDRESS OF FACILITY Lilly & Zeiler, Inc. Funeral Home												
	23. PART I. Enjoy the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest,   Approximate												
CERTIFICATION	Interval Between Onset and Death disease or condition resulting in death)  Due TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions,  Due TO (OR AS A CONSEQUENCE OF):												
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST												
	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part								NAUTOPSY	246	WERE AUTOPSY FINDINGS		
MEDICAL							1 U YES 2 NO			COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
ž													
PHYSICIAN: 1	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)												
S	EXAMINER?  1 YES 2 NO  HOSPITAL: 1   Inpetient 2   ER/Outpetient 3   DOA   4 A Nursing Home 5   Residence 6   Other (Specify)												
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending Investigation  2 Accident Pending Investigation  2 Natural 5 Pending Investigation  2 Natural 5 Pending Investigation												
	2 Suicide 5 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)												
COMPLETED	29a. CERTIFIER (Check and one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated.  2 In IDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end manner as stated.												
TO BE	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 3 20 9												
	30. NIME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  1. Extern Canthe Completed Cause of Death (ITEM 27) (Type, Print)  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE												
	MAR 2 2 199	A	Davidson	Randell	3-								



TO BE COM	TO BE COMPLETED BY DHYSICIAN: MEDICAL CEPTIFICATION
examiner must be notified at once.	IMPORTART: It isem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	be men within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
e funeral director, page 5 should be detache	TO THE THE RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache
death. Page 6 may be retained by the hosp	TO THE HISTORY OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the host

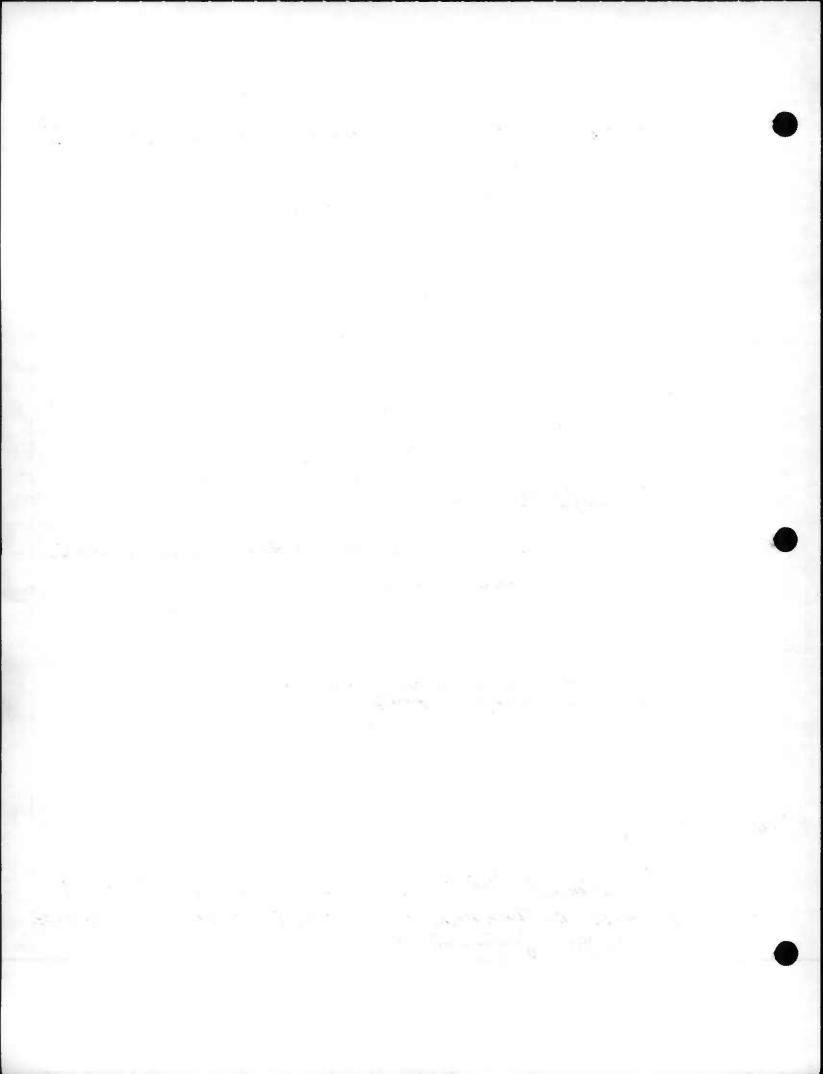
Timothy F. Soi 31. DATE FILED (Month, Day, Year) MAR 2 2 1991

29a. CERTIFIE (Check or one)	CERTIFYING PHYS					to the cause(a) and manner time, date end place, and du		and manner as stated.			
1 Netu 2 Accid	27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be determined 4 Homicide 1 Homicide 1 Suicide 1 Place						28d. DESCRIBE HOW INJURY OCCURED  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
EXAMINE 1 YES	2 PMD	HOSPITAL: 1   Inputient 2   ER/O		8 -Other (Specify)	) on ( C	lean Car					
	Pelico.	certension certes	-	b. 1.+	>	PERFORMED  1 YES 2	7	AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO			
PART II. Ot	PART II. Other algrificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS										
if any, lead cause. Ente CAUSE (Die that initiate		c	A CONSEQUENCE OF):								
	DUE TO (OR AS A CONSEQUENCE OF):										
IMMEDIATE disease or	ahock, or heart failure.  CAUSE (Final condition	List pnly one cause on					,	Interval Batween Onset and Deati			
PY	Villiam	lave I	ed the death. Do no	Henry 4905	W. Je York B	enkins & So Rd. Balto	Md.				
1 🖾 Burial 4 🗆 Donatio	20s. METHOD OF DISPOSITION  1 St Burlel 2 Cremetton 3 Removal from State  4 Donestion 8 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  20b. PLACE AND OATE DF DISPOSITION (Name of cemetary, crematory or other place)  Name of Cemetary, crematory or other place)  12. NAME AND ADDRESS OF FACILITY										
Mrs.	Norma P.		2331	Old Cou	irt Rd.		1d. 2				
Aı	NAME (First, Middle, Last)  1815 Remm	ers		E	Elizabe	eth Cschen	\$				
12	y/Secondary (0-12)	College (1-4 or 5+)	Hosp	ital		Reception					
3 Widowe	15. DECEDENT'S EDU (Specify only highest grade	ICATION	16a. DECEDENT'S U	-		16b. KIND OF BUSINES		White			
11. MARITAL S	N. Seminar BTATUS erried 2 ☐ Merried	12. WAS DECEDENT EVER FORCES? 1   YE IF YES, GIVE WAR DR	2 NO	13. WAS DECENI	DENT OF HISPANI	C ORIGIN? (Specify Yea or No.)		— American Indian, White, etc.			
12	AND NUMBER	ltimore			IP CODE 21093		CITIZEN OF WI	LIMITS?  1   YES 2   NO  HAT COUNTRY?			
COT. RESIDENCE 10e. STATE	FGE Manor	· Nursing I	T .	TOWN OR LOCATION	aryland	1	Balti	10d. INSIDE CITY			
	NAME (If not institution, give :		5 YRS.	DAYS H	LOCATION OF DEA	(Month, Day, Year) 8-20-1905 ATH 9c.	Country) Ma	ryland			
MAR'	Y E.	HARTLOVE 6. AGE			F UNDER 24 HRS.	3 - 19 - 7. DATE OF BIRTH	8. BIRTHP	10 - 15A			
	'S NAME (First, Middle, Last)				18 10 1	2. DATE OF DEATH		3. TIME OF DEATH			



BALLIMORE, MARYLAND	TO THE HOSPITAL CONTROL OF THE SICIAN: The law requires that the death certificate be executed within wours after death. Page 6 may be retained by the hos	TO THE FUNERAL UNFORTER AND THE certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach by sind within 75 and the funeral director, page 5 should be detach by sind within 75.	IMPORTANT: If item 28 is marred, or item 23 shows any injury, or other traumetic event, the medical examiner must be notified at once.
	27 HOURS	filled in light. Or re-	the med
13146,	pecuted within	and completely burial, cremat	natic event,
O. BOX	certificate be e	fing physician voiene prior to	other traum
ADS, P.	hat the death	by the attend	ny injury, or
. RECO	law requires the	is been signed ent, of Health	23 shows a
VITAL V	CIAN: The	ertificate ha	or item
TO N	WE PHYSIC	The state of	marked,
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TOL ANTENNO	TO THE FUNERAL INTEGERS And this certificate has been signed by the attending physician and completely filled in by the fire sixty within 72.	if item 28 is i
	TO THE HOSP!	TO THE FUNE!	IMPORTANT

	CECALLE M. HOPEWELL 2. DATE OF DEATH MOSTER DAY YEAR 3 -21 -91											
			s. last birthday) IF UNI	DER 1 YEAR IF UNDER 24 HRS.	7. OATE OF BIRTH (Month, Day, Year)	6. B	IRTHPLACE (State or Formarion ountry)					
	213-18-0254 1 M 2X F 83 YRS. 5-22-07 M4											
TOR	9a. FACILITY NAME (If not institution, give street and number)  Balto Co General Hospital Randalls town  RESIDENCE OF DECEDENT  9c. COUNTY OF DEATH  P. C. COUNTY OF DEATH											
DIRECTOR	10a. STATE 10b. COUNTY	10d. INSIDE CITY LIMITS?  1 YES 2 \( \subseteq \text{NO} \)										
FUNERAL	100. STREET AND NUMBER  39/6 & Coldsoring Lane  101. ZIP CODE  109. CITIZEN OF WHAT COUNTRY?  2/2/5											
COMPLETED BY FUN	11. MARITAL STATUS  1   12. WAS DECEMENT EVER IN U.S., ARMED  1   Never Married   2   Married   3   Wildowed   4   Divorced   1   Yes, GIVE WAR OR OATES   1   Yes   2   NO   1   Yes   2   NO   5   No   5   Specify:											
	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)		DECEDENT'S USUAL (Give kind of work do life. Do NOT use retired	ne during most of working	16b. KIND OF BU	JSINESS/INDUST	RY					
BE COM	17. FATHER'S NAME (First, Middle, Lest) Walter (=	nnels		18. MOTHER'S N.	AME (First, Middle, Maide)	n Surname)						
10 8	John S. Clau	Hon	7816 6	Unasburd L	Dr. Ft U	tashing	ton, til					
	20a. METHOD OF DISPOSITION  1 Sourial 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	I from State 20b. Pt	ACE OF, DISPOSITION	(Name of cometery cremetory of	Woters &	OCATION - City	or Town, State					
	21. SIGNATURE OF FUNDAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  MARCH F. H. West  And Address of Facility  March F. H. West  And Address of Facility  March F. H. West  And Address of Facility  March F. H. West  And Address of Facility  March F. H. West  And Address of Facility  March F. H. West  And Address of Facility  March F. H. West  Ma											
	23. PART I. Enter the diseases, or con shock, or heart failure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in death)		e Clare	Acine us			Approximate interval Between Onset and Death					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events.  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
ERT	that initiated events resulting in death) LAST											
MEDICAL	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  Control of Cause Prior to Completion of Cause Of Death?  Line of Death of Cause Of Death?  Line of Death of Cause Of Death?  Line of Death of Cause Of Death?  Line of Death of Cause Of Death?											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (C	heck only one)							
YSIC	1   YES 2   NO   1	OSPITAL: Inpatient 2 ER/Outpation		Nursing Home 5 - Residence	6 🗆 Other (Specify)							
	27. MANNER OF OEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c, INJURY AT WORK?	28d. DESCRIBE HOW	DESCRIBE HOW INJURY OCCURED						
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)											
COMPLETED	29a. CERTIFIER (Check only one)  29a. CERTIFIER  (Check only one)  2   MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.											
TO BE C	29c. LICENSE NUMBER  29c. LICENSE NUMBER  29d. DATE SIGNED  3											
-	ORIANDO BO	CONTUNE	N his	BC6H	PAUDA	Uston	W 118 2113					
	MAR 2 2 1991	32. REGISTRAPS SIGNATI	- Pandall		•							



3. TIME OF DEATN

8:40

PM

2. DATE OF DEATH

March 19,

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

Ruby Matilda Hamilton

5. SEX

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DIVISION	

7. DATE OF BIRTN (Morith, Day, Year) Oct. 24,1904 8. BIRTHPLACE (State or Foreign DAYS 220-30-7598 86 Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR 18119 Schoolhouse Road White Hall Baltimore RESIDENCE OF DECEDENT 10h, COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d, INSIDE CITY Baltimore White Hall 1 YES 2 NO permit. 10e, STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 18119 Schoolhouse Road retained by the hospital or attending physician. 5 should be detached for use as the burlal-transit 21161 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: BY 3 🕅 Widowed 4 🔲 Divorced White COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gr Elementary/Secondary (0-12) College (1-4 or 8+) Housewife . Own Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Malden Surname) James Ellsworth Hessong Ħ Sadie Brandenburg BE notified page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Lillian J. Hamilton 16329 Yeoho Rd., Sparks, MD 21152 3 20a-METHOD OF DISPOSITION
1 A Burlel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or other place)

Dulaney Valley

Memorial Gardens

22. NAME AND ADDRESS OF FACILITY 28c. LOCATION — City or Town, State must director, p Timonium, MD 4 Donation 5 Other (Specify) examiner 21, SIGNATURE OF FUNERAL SERVICE J.J. Hartenstein Mortuary, Inc. 24 Second St., New Freedom, PA 17349 n by the removal. medical 23. PART I. Effet the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory street, shock, or help't fallure. List only one cause on each line. filled in by Interval Between 6 Onset and Death IMMEDIATE CAUSE (Final 57 and completely fille burial, cremation, disease or condition Arteriosclerotic heart disease event, resulting in death) 5 years traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to If any, leeding to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to other 1 CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 Injury, PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO MEDICAL signed by the Health and any COMPLETION OF CAUSE 1 TYES 2 NO Shows 1 YES 2 NO been : PHYSICIAN: Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) tem certificate h HOSPITAL: OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Nome 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED this c marked, 1 M Natural 5 Pendi М 1 YES 2 NO 8 death 2 Accident After 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) -8 Could not be determined DIRECTOR: / COMPLETED 4 Homicide 28 28a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL O
TO THE FUNERAL DI
be filed within 72 ho
IMPORTANT: If Its 2 MEDICAL EXAMINER: On the basis of axamination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF BERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 3/21 Ouder 1290 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED GAUSE OF DEATH (ITEM 27) (Type, Print) 4111 Lower Beckleysville Road Hampstead, MD 21074 Deogracias V. Faustion, M.D. 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE MAR 2 2 1991 Sidia Savidson Randace

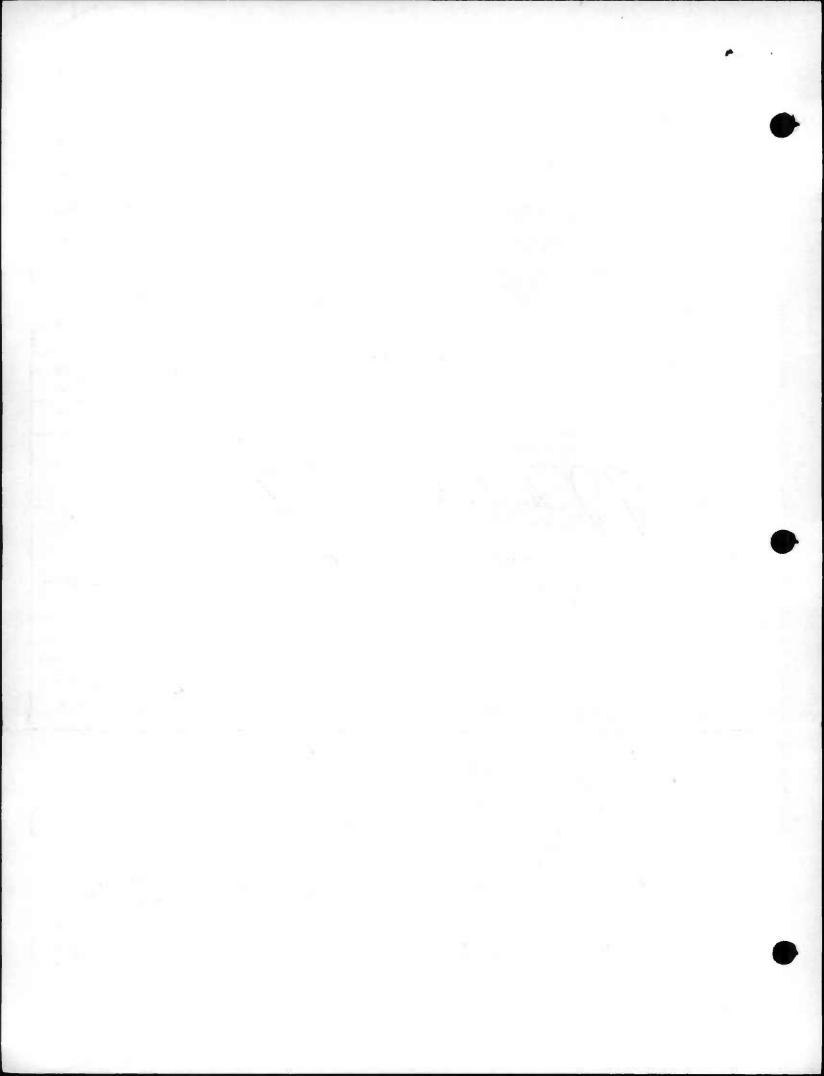
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR

IF UNDER 24 HRS.

6. AGE (In yrs. lest birthday)

12



	FOR STATE REGISTRAR	STATE OF MARYLAND / DEI CERT	PARTMENT OF H		MENTAL HYGIE REG. N		. 01916				
	1. DECEDENT'S NAME (First, Middle, Lest)	Hubbard			2. DATE OF DEATN MONTH	ão 4	3. TIME OF DEATH				
		SEX 6. AGE (In yrs. lest birth	RS. IF UNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year),	16 8.	BIRTHPLACE (State or Foreign Country)				
OR	So. FACILITY NAME (If not Institution, give street and number)  Loch Raven Veterans medical Center  Baltimore  So. COUNTY OF BEATTH  Baltimore										
DIRECTOR	RESIDENCE OF DECEDENT  10s. STATE  10s. COUNTY	100	CITY, TOWN OR LOCATI	9	5 50	D	10d. INSIDE CITY LIMITS? 1 YES 2 NO.				
FUNERAL (	3 200 Lock	Ruma Bl	0 101.	21 CODE 2 / 1	18	10g. CITIZEN	OF WHAT COUNTRY?				
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES		city Cuben, Mexicer	IC ORIGIN? (Specify ) n, Puerto Ricen, etc.)	'ee or No— 14.	RACE — Americen Indien, Black, White, atc. Specify:				
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementery/Secondary (0-12)	ON 16a. DECEDE (Give ldr. life. Do N	ENT'S USUAL OCCUPATIOn of work dene during most of use proved.)	N It of working	18b. KIND OF B	USINESS/INDUST	TRY				
	17. FATHER'S NAME (First, Middle, Last)	hos	-	18. MOTHER'S NAM	ME (Fire, Minte Many	ense	elf				
TO BE	190. INFORMANT'S NAME (POPPIPE)	melchus C	ILING ADDRESS (Street	lispa	Swy	was the	2116				
	20e. METHOD OF DISPOSITION 1 Remove 4 Denetion 5 Other (Specify)	1 from State 20b. PLACE OF D	ISPOSITION (Nemafol con	ofry frankazory or t	3729 200.1	13al	Topics, State				
	21, SIGNATURE OF PUNERAL SERVICE LICEN	In Ch	22, NAME AN	DADDRESS OF FAC	IN AM	Th.	Aue 212/2				
	23. PART I. Enter tha diseases, or conshock, or heart failure. Lis iMMEDIATE CAUSE (Final disease or condition resulting in death)	pplications that caused the death. t only one cause on each line.  Adenocarcin				piretory srrest	Approximate interval Between Onset and Death				
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury  CAUSE (Disease or injury										
CERTI	that initiated events resulting in death) LAST  d.										
AEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  Metartatic cancer to the brain  Lane Left Pleval Effusion  246. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  246. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION DE CAUSE OF DEATH?  1 YES 2 NO										
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL		00.00	AGE OF DEATH ON							
SICI	EXAMINER?	IOSPITAL:   Inpetient 2   ER/Outpetient 3   D	OTHER:	ACE OF DEATH (Ch	6 Other (Specify)						
	27. MANUER OF DEATH  1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)		PIK?	28d. DEŞCRIBE HOV	W INJURY OCCUP	REO				
ED BY	1 ½ Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide datermined datermined										
COMPLETED	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end menner ee stated.										
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER	. 4		29c. LICENSE NUM			IGNEO (Month, Day, Year)				
TO B	30. NAME AND ADDRESS OF PERSONWHO O	COMPLETED CAUSE OF DEATH (ITEM 27)	Tntern (Type, Print)				1120191				
	Andrew A. Zwick	OMPLETED CAUSE OF DEATH (ITEM 27)  M.O. 6805 Bom.	e Ridge Dr.	4202 B	uttrore ~	10 9190	۹.				
	31. DATE FILED (Month, Day, Year) MAR 2. 2 1991	32. REGISTRAR SIGNATURE	ndell								

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COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) 2 DAY IRENE HANORA HERMAN 1991 Q M 4. SOCIAL SECURITY NUMBER 5 SEY 7. DATE OF BIRTH (Month, Day, Year 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYE HOURS MIN. 215-09-6088 1 M 2 F YRS 1917 MARYLAND SEPT. 15 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH UNION MEMORIAL HOSPITAL BALTIMORE CITY DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY LIMITS? MARYLAND BALTIMORE XIX YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21213 U. S. A. 4005 ELMORA AVENUE 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puerto Rice

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: WHITE BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple College (1-4 or 5+) Elementary/Secondary (0-12) OWN HOME HOMEMAKER NA NA 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) FREDERICK ROETTIGER ANASTASIA MINITOR BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1015 KINGSTON ROAD, PIKESVILLE, MD. 21208 LAURA HUGHES (DAUGHTER) 20g, METHOD OF DISPOSITION
1 X Burlel 2 Cremation 3 Rem 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State DATE PARKWOOD CEMETERY BALTIMORE, MD. 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY SCHIMUNEK FUNERAL HOMES, INC. 6 3331 BREHMS LANE, BALTIMORE, MD. 23. PART I. Enter the diseases, of complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line interval Betwe Onset and Death IMMEDIATE CAUSE (Finsi allusion Pulmanedona Plantal Aridasis disesse or condition 101.

resulting in deeth)	DUE TO (OR AS A CONSE	1	1 comesachi	CIOAN	a g Hades	3	10 augs		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	but TO FOR AS A CONSER Renal fa	black DUENCE OF):	ing, M	I			10 days		
that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):  Neart failure, Ams arca								
PART II. Other significant condition	s contributing to death but not	resulting in the u	nderlying cause given in	n Part i.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	CO OF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	Check only or	ne)	-			
EXAMINER?	HOSPITAL:	OTHE	R: rsing Home 5 - Residence	6 🗆 Othe	r (Specify)				
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO	28d. DES	SCRIBE HOW INJURY OCCU	RED	0		
3 Suicide 6 Could not be detarmined	28s PLACE OF INJURY — At home form street factory office 28t LOCATION (Street and Number of						Number,		
29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my knowledge, d	eath occurred at the	time, data and place, and du	ue to the ca	use(a) and manner as atated	1.			

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year)

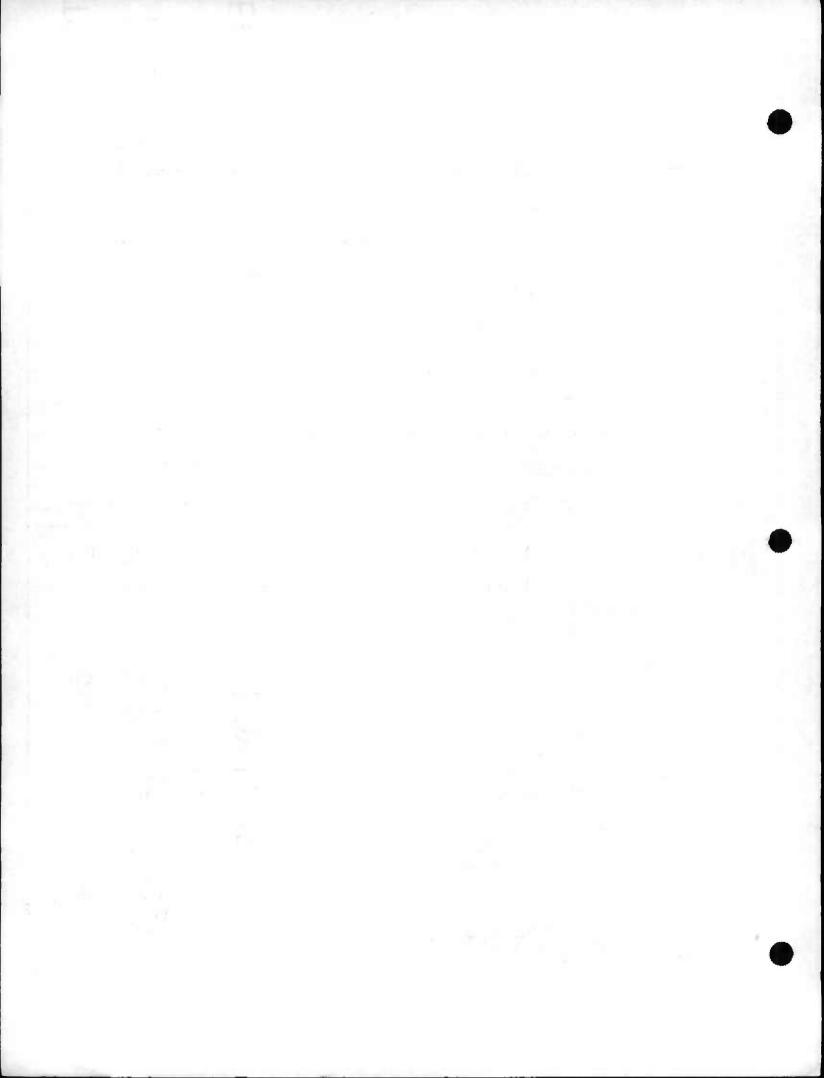
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Vision Menorial Hospital 201E. Univ PKmy M.D.

32 MEGISTRAR'S CHENATURE DATE FILED (Month, Day, 2 1991 2

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funeral director, page 5 should be detached for use as the

Pages 1, 2, 3 should

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signed by the attending physician and completely filled in by the Health and Mental Hygiene prior to burist, cremation, or removal.

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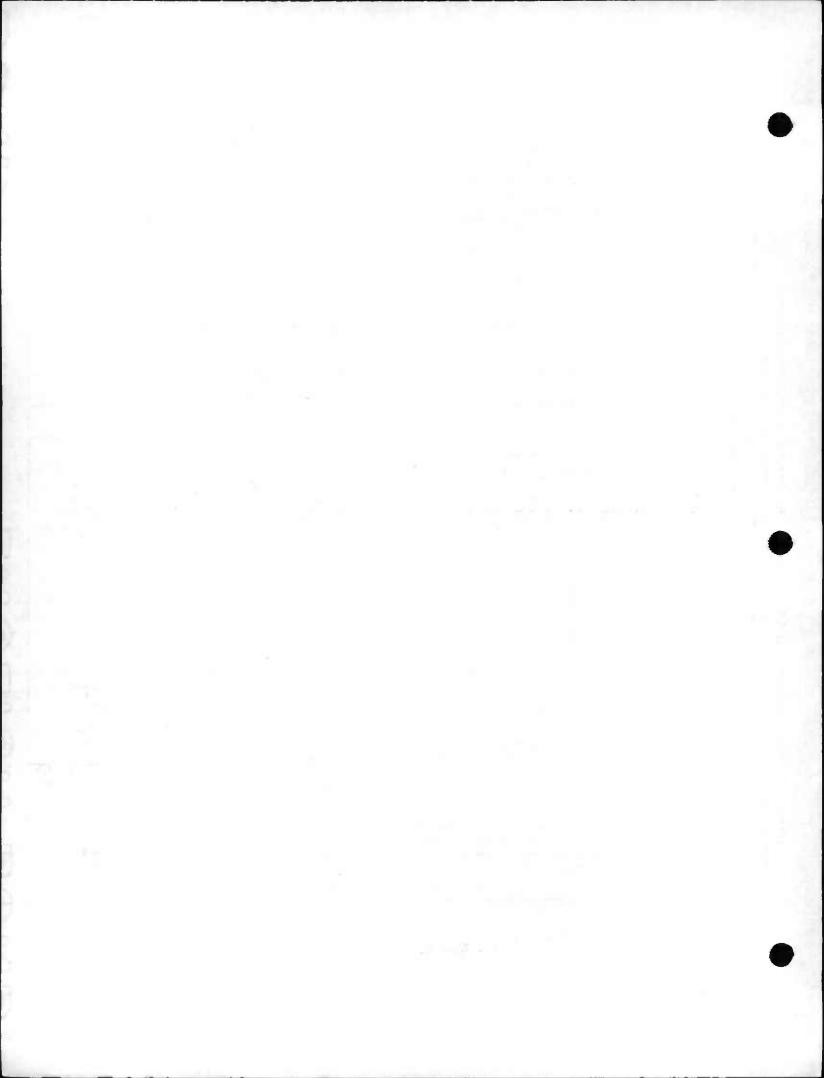
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DIVISION	L OR ATTENDING PHYSICIAN
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FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH VEAR WARNTON JOHNSON March 1991 4, SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. 1 ( ) M 2 [ F YRS. Pa 4/13/08 Se. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 2029 Paulette Road Baltimore Baltimore RESIDENCE OF DECEDENT 10c CITY TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY MD. Baltimore 1 YES 2 NO FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10e STREET AND NUMBER 10f. ZIP CODE 2029 Paulette Road 21222 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married IF YES, GIVE WAR OR DATES 1 TES 2 NO Specify Specify: 3 Widowed 4 Divorced BY Caucasian COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION secify only highest grade complet Elementary/Secondary (0-12) College (1-4 or 5+) Coal Miner 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surneme) Ħ UNKNOWN UNKNOWN BE notified 18s. DEFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Robert Johnson S. Fagley ST. Baltimore, Md. 2 20a. METHOD OF DISPOSITION 1. Durint 2 Cremation 3 C R 20b. PLACE AND DATE OF DISPOSITION (Nama 20c. LOCATION — City or Town, State DATE must 4 C Donation 5 C Other (Specify) Cemetery 3-21-91 Lawn Baltimore Co. md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY KACZOROWSKI FUNERAL HOME Massinister 2525 FLEET STREET BALTO. MD. 21224 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Onset and Death IMMEDIATE CAUSE (Final # event, M traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury or other that initiated events resulting in death) LAST Injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL REBRO USSCULKR AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: Item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) ng Home 5 Residence 8 🗆 Other (Specify) OTHER: 1 ☐ YES 2 ☐ NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 🗆 Nursi 8 ZZ. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF is marked, 1 Natural 2 Accident 5 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Burat Boute Number, City or Town, State) 3 Suicide 8 Could not be DIRECTOR / hours after of them 28 ts COMPLETED 4 Hamicide THE CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. TO THE FLAMERAL OF DE RING WITH 72 TO THE FLAMERAL DE MAPORTANT. IF THE 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner as stated. 29h. SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER 22488 m.0 2 30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) TUR 220 31, DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE a Davidson Randelle MAR 2 2 1991



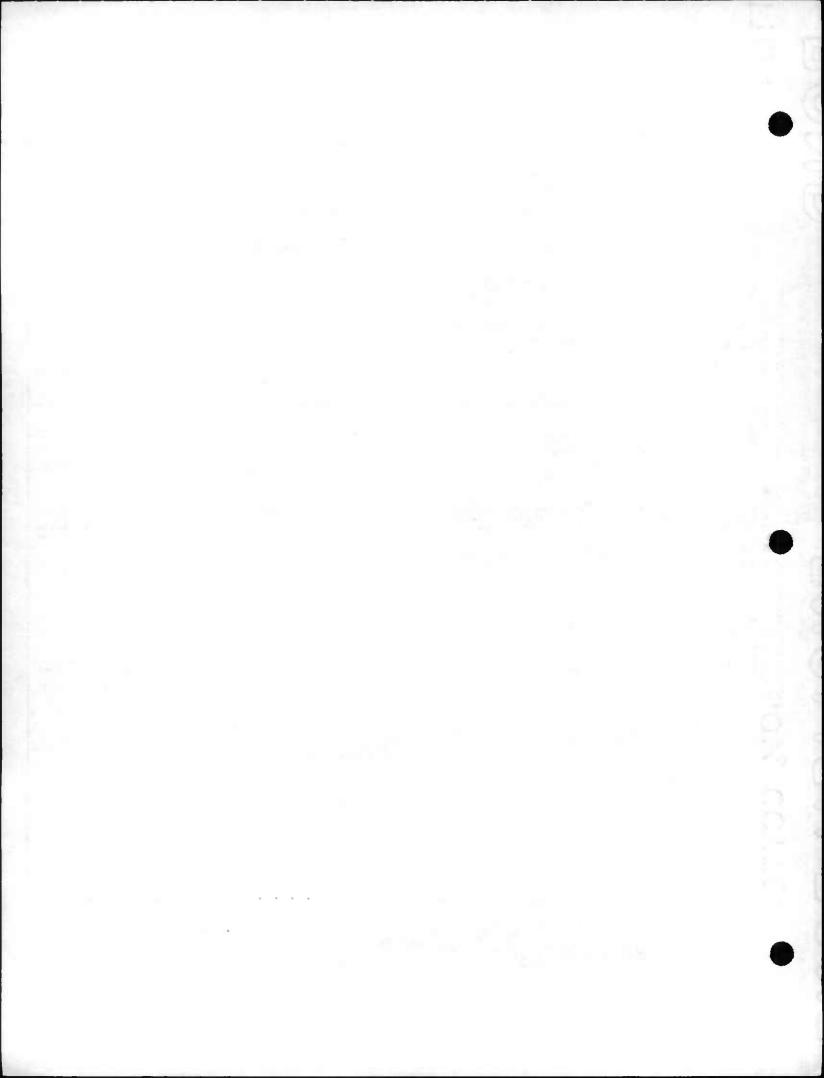


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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental ryglene phot to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	STATE REGISTRAR	STATE OF N		CERTIF					MENIAL	REG. NO	_		
	1. DECEDENT'S NAME (First, Middle, Last) Ancinia				J	ohns	son		2. DATE O MONTH	D.	<del>^</del> 7	YEAR 91	3. TIME OF DEATH 2:19 P N
- 4	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. les		last birthday)			IF UNDER			DATE OF BIRTH			PLACE (State or Foreign
	228-54-8533	1 🗌 M 2 🗶F	48	YRS.	MONTHS	DAYS	HOURS	MIN.	9/1	6/42		Viro	, Jinia
	Sa. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN C	R LOCATIO	N OF DE			_	NTY OF D	7
8	Church Hospital				Ва	ltin	nore						
5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNT	v		40- 07	Y. TOWN O	- 1 0 0 1	.0						
Ë		•		loc, Cit				0:1					10d. INSIDE CITY LIMITS?
FUNERAL DIRECTOR	Maryland				вал		ore		c y		YES 2 ☐ NO		
¥	5211 Bosworth	Avonuo			21207						USA		
ž	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13, 1	MAS DEC				(Specify Ye	s or No—		- American Indian.
	1 Never Married 2 Married 3 Vidowed 4 Divorced		YES 2		- 1	f yes, sp		n, Mexica	n, Puerto Ri				, White, atc.
COMPLETED BY	15. DECEDENT'S EDU (Specify only highest gradi Elementary/Secondary (0-12)			DECEDENT'S (Give kind of life. Do NOT u	USUAL OG work done o se retired.)	CCUPATIO	ON at of workin	g	16b,	KIND OF BU	SINESS/IN	DUSTRY	
S 0	17. FATHER'S NAME (First, Middle, Last)						16. MOTI	IER'S NA	ME (First, M	iddle, Maiden	Sumame)		
	Anthony Johns	on							John				
BE	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street a		_			vn, State, Zi	p Code)	
2	Nathaniel John	nson		5211	Bos	wor	th i	Aver	nue	Balt	to.	MD	21207
	20a. METHOD OF DISPOSITION  1 September 2 Cremation 3 Ren	noval from State	of cemel	ACE ANO OAT	E OF OISP	OSITION lace)	(Name		DATE	20c. LC	CATION -	City or To	
	4 Donation 5 Other (Specify) Mt. Zion Cemetery 3/25 Baltimore, Maryland 21. SHOMATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
	LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE 21207												
	23. PARTI. Enter the diseases, or ahock, or heart fallure.  IMMEDIATE CAUSE (Final	List only one cau	n eech	deeth. Do	not enter	the mo	de of dy	ng, suc	h as cardi	ac or reep	elratory a	rrest,	Approximate interval Between Onset and Deatl
	disease or condition resulting in deeth)  a. Due to (or as a consequence of):												
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter LINDERING LYING.												
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  d												
CAL CI	PART II. Other significant/condition		death but n	ot resulting	In the un	derlyin	g ceuse	given in	Part I.		RMED?	24b	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
PHYSICIAN: MEDIC	Tavis	lives .							_	1 X YES	2   NO		OF DEATH?  1 YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL					26. P	ACE OF D	EATH (Ch	eck only one	)			
Sic	EXAMINER?	HOSPITAL:	☐ ER/Outpatien	R 3 □ DOA	OTHE!		n 5 □ B	esidence	8 🗆 Other	(Specify)			
¥	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TII	AE OF	28c. IN.	URY AT			CRIBE HOW	INJURY O	CCURED	
	1 Natural 5 Pending	IN	JURY M		YES 2 [	NO							
ED BY	Accident   Investigation										Route Number,		
COMPLETED	CONDUCTORY	SICIAN: To the best of ER: On the basis of a											a) and manner as stated.
	POL SIGNATURE AND TITLE OF CENTIFIE	m1 00 f	1	1			29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNED	(Month, Day, Year)
8	Yun F.	Dall	A	10			0.0	.M.F	,		▶ ,	3-18-	1001
임	30. NAME AND ADDRESS OF JERSON W	HO COMPLETED CALL	1.7	(ITEM 27) (Typ	e, Print)					73 7			
- 1	MAR 2 2 199	32. REDISTR	ARIS SIGNATUR	E Danda	002			Per	in Sf	. Ral	i i moi	re 7.	<b>/U</b> 1

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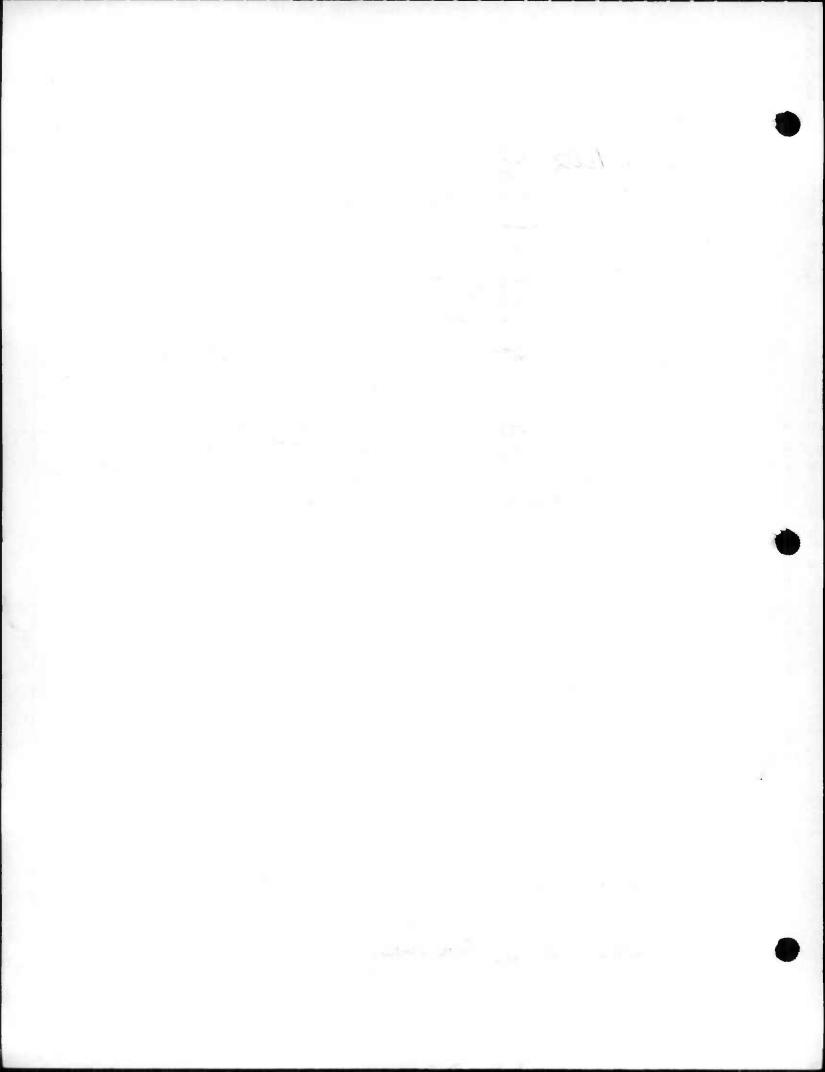


			1 - STATE STATE CERTIFICATE OF DEATH REG. NO.
		- 1	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  3. TIME OF DEATH
			Thelma Johnson 03 17 1991 925 AN
			4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday)    F UNDER 1 YEAR
	₽ 4		\$15-18-3414 1 M2 LYF 80 YRS. 5-13-10 MD,
	should	· ~	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH
/	-	5	MNC Homewood 6000 Bellona Ave. Baltimore
-	1	DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?
1	8	ā	1110. Salto. 1 Dies 2 No
	sit perm	FUNERAL	10. STREET AND NUMBER  10. ZIP CODE  10. CITIZEN OF WHAT COUNTRY?  2/202  10. CITIZEN OF WHAT COUNTRY?
10	prysician. burial-transit	NO.	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE — American Indian, Black, White, etc.)  14. RACE — American Indian, Black, White, etc.
21203-3146	the da	BY	1 Never Married 2 Married 3 Middwed 4 Divorced  Never Married 2 Married 1 Yes, give WAR OR DATES  1 Yes 2 Mo Specify: Specify: Specify:
203	use as	TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Sigk kind of work done during most of working life, Do NOT use retired.) (Sigk plan of work done during most of working life, Do NOT use retired.)
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AND	detached once.	NO	17_SAYHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)
7	8 & 6	BE C	I homas Johnson Katie Washington
MAR	arist reads. Tage to may be retained by the funeral director, page 5 should moval.  It is a saminer must be notified.	TO B	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  2/2/3
щ	page :		20a. METHOD OF DISPOSITION  20b. PLACE OF DISPOSITION (Name of cemetery, depretary) or 20c. LOCATION — City or Town, State
BALTIMORE,	the funeral director, is examiner must		1   Burlel 2   Cremation 3   Ramoval from Stata other place)   Cremation 5   Other (Specify)   Other (Specify)   Consistent of the state of the place)   Consistent of the state of the place of the pla
MIT.	tuneral di examiner		21. SIGNATURE OF FUNERAL SERVICE UCENSEE 22. NAME AND ADDRESS OF FACILITY 1639 M.
BAL	he fun af.		Destination Sext Miller H Broad way
	2 2 2 3		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.
			IMMEDIATE CAUSE (Final Onset and Death
	· ~ = =		resulting in deeth)  a. ASMMa
3146,	B 2 - 8	_	Sequentisity list conditions,  Due to (or as a consequence of):  Chronic plus tructure pullummy dis
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00	ding physione pri	CERTIFICATION	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):
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RECO	sign Sign Heal	MED	Serzine disorde 1 yes 2 NO OF DEATH?
8	3 D 5 m		0
VITAL	certificate has the State Deg. , or item 2:	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:
>	ertification of It	IXSI	1 UPES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)
OF	this with		27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  1 YES 2 NO  28d. DESCRIBE HOW INJURY OCCURED
ON	After death	ЭВУ	2 Accident Investigation 3 Suicide 6 Could not be 26. PLACE OF INJURY — At home, farm, street, factory, office 26. LOCATION (Street and Number or Rural Route Number, building ste. (Specific)
DIVISION	OR ALTENDING DIRECTOR: After hours after death Item 28 Is ma	TED	4 Homicide detarmined building, atc. (Specify)
0	AL OR A	COMPLET	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated.
	OSPITA JINERA Ithin 7	Ö	One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(a) and manner as stated.
	TO THE HOSPITAL OF THE FUNERAL DE FIECH WITHIN 72 ho	BE (	29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Morith, Day, Year)
	E 6 8	2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
			BRIAN WALLACE, MD, 302 E. 33 ST., BACTIMORE, MD 21218
			31. DATE FILED (Month, Day, Year) REGISTRAR'S SIGNATURE
		Į.	MAR 2 2 1991 Julia Savidson-Ashdalla
			DHMH-18 Rev 6

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de commentante de la commentante de executed whimin 24 nouts after deam. Fage 6 may be retained by the hospital	and the superior as peen signed by the schooling physician and completely filled in by the funeral director, page 5 should be detached fi		market or hem 23 shows any linux, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE (	OF MARYLAND / DEPARTMEN CERTIFICAT	IT OF HEALTH AND ME	NTAL HYGIENE REG. NO.	1 0/4//						
	1. DECEDENT'S NAME (First, Middle, Last)	Kerner	2.	DATE OF DEATH MONTH DAY - YE	3. TIME OF DEATH						
	4. SOCIAL SECURITY NUMBER 5. SEX	MONTHS			BIRTHPLACE (State or Foreign Country)						
5	9a. FACILITY NAME (If not institution, give street and numb	cott Key	Baltware	m D 9c. COUNTY							
DIRECTOR	10a, STATE 10b. COUNTY		10c. CITY, TOWH OR LOCATION Balton one								
UNEHAL	10e. STREET AND NUMBER	atm Aug	101. ZIP CODE		1 Ø VES 2 □ NO I OF WHAT COUNTRY?						
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced  12. WAS DEC FORCES IF YES, 0	CEDENT EVER IN U.S. ARMED 7 1 YES 2 NO GIVE WAR OR DATES	3. WAS DECENDENT OF HISPANIC If yes, specify Cuban, Maxican, P  1 YES 2 NO Specify:		RACE — American Indian, Black, White, atc. Specify:						
COMPLEIED	1s, DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-	(Give kind of work don life. Do NOT use retired	Se. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relined.)  The Letelacian Company  (Give kind of work done during most of working life. Do NOT use relined.)  (Company)								
BE COM	17. FATHER'S, ME (First, Middle, Last)	Kerny		(First, Middle, Melden Surname)  WALLNOWN	,						
2		LM 7982		NC, PASAL	00) 21/27 DENA Hd.						
	20s. METHOG OF DISPOSITION  1 Disurial 2 Cremation 3 Removal from Str  4 Donation 5 Other (Specify)  21. SIGNATURE OF DISPOSITION	SACRED A	Name of comotory, cremetory or Harry F Jesu  2. NAME AND ADDRESS OF FACILITY	20c. LOCATION — CH	or Town, State						
	1/ le Bann	ino	2635. Co	Kling St	21224						
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	na that caused the deeth. Do not ent na cause on each lina.  Prevnon id.	er the mode of dying, auch a	a cardiac arreadapiratory arread	t, Approximate interval Between Onset and Danth						
NO	Sequentially list conditions, If any, leeding to immediate										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	UE TO (OR AS A CONSEQUENCE OF):									
AL	PART II. Other algorificant conditions contributed Severe Cl	ronie obstruc		PERFORMED?  1 Tes 2 No	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO						
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	AL: OTH	26. PLACE OF DEATH (Check	only one)							
BY PHYSICIAN: MEDIC	1 ☐ YES 2.☐ NO 1 ☐ Inpetie 27. MANNER OF DEATH. 28a. D.		tursing Home 8 Residence 8 28c. INJURY AT WORK?	Bd. DESCRIBE HOW INJURY OCCUP	ab Facility						
	2 Accident Investigation 28e. Pt	LACE OF INJURY — At home, farm, street, fullding, atc. (Specify)	M 1 VES 2 NO    NO   NO   NO   NO   NO   NO   NO								
COMPLETED	and and	best of my knowledge, death occurred at the									
O BE	296. SIGNATURE AND TITLE OF CERTIFIER  Steffen Ag	tat mo	29c. LICENSE NUMBI	ER 29d. DATE 9  → 3	IGNED (Month, Day, Year)						
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETE	ED CAUSE OF DEATH (ITEM 27) (Type, Print)  KAFTZ . 474 9)	FSK me	on contact							
		GISTRAR'S SIGNATURE LIVIA DAVIDSON RENOVALE									



## VISION OF VITAL RECORDS, P.O. BOX 13146,

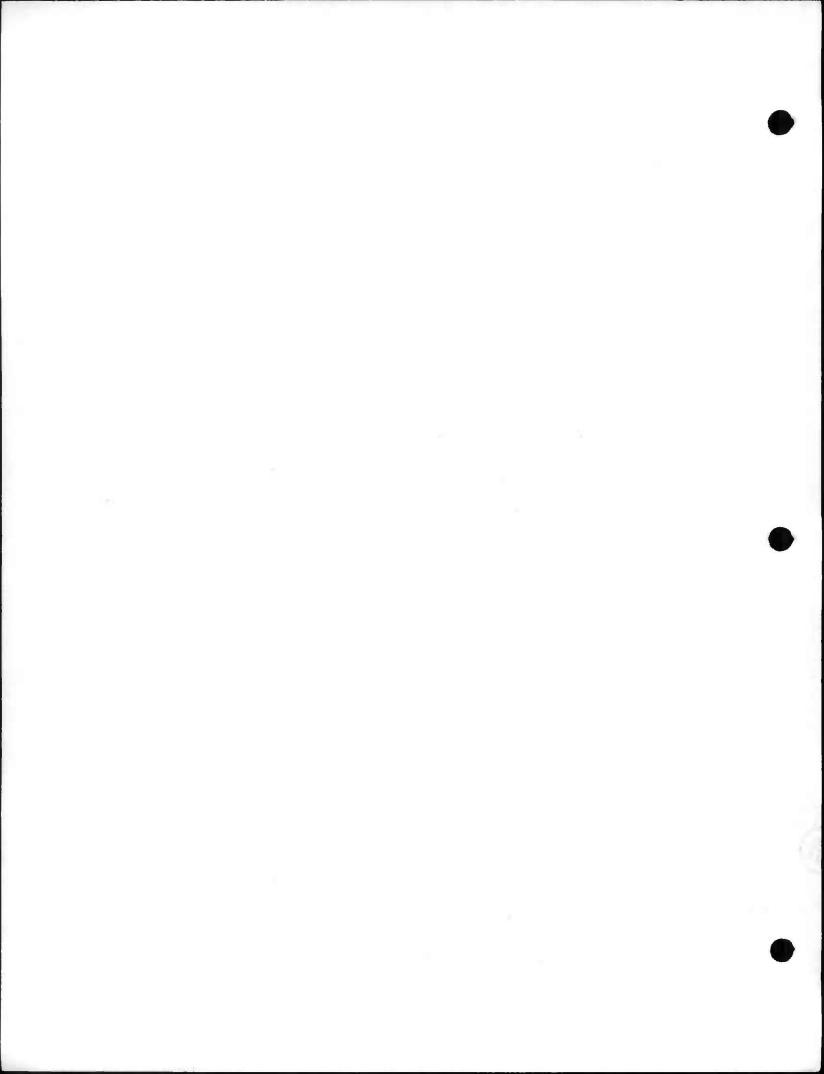
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-curs after death. Page 6 may be retained by the intending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	-	FOR STATE REGISTRAR	
	1. D	ECEOENT'S NAME (First,	

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

_	TIEGISTITATI				IOAIL	. 01			111	EG. 190.			***
	1. DECEOENT'S NAME (First, Middle, Last)								2. DATE OF D	DA		YEAR	3. TIME OF DEATH
	LILLI	AN		KLEIN	I				MARCH			1	4:15 pm
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AOE (In yrs. In	est birthday)	IF UNDER		IF UNDER		7. DATE OF BI (Month, Day			8. BIRTHE	PLACE (State or Foreign
	217-12-9688	1 🗌 M 2 🕁 F	82	YRS.	MONTHS	DAYS	HOURS	MIN.	MAY 3		na		TIMORE
	9e. FACILITY NAME (If not institution, give str	reet and number)			96. CITY,	CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							
۳ ا	MARYLAND GENERA	I. HOSPTT	'AT.		BT.	ATT	MORE	CITY			RΔ	LTIM	ORF
5	RESIDENCE OF DECEDENT							0211			274.	1111111	ORE
DIRECTOR	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN O								10d. INSIGE CITY LIMITS?
	MARYLAND				BALT	CML	RE						YES 2 NO
BY FUNERAL	10e. STREET AND NUMBER					101	. ZIP COD						HAT COUNTRY?
ᇤ	301 McMECHEN STRE	ET						21	217		U.	.S.A	
5	11. MARITAL STATUS	12. WAS DECEDEN	NT EVER IN U.S. A		13. \	WAS DEC	ENDENT C	OF HISPANI	C ORIOIN? (Sp , Puerto Rican	ecify Yes	or No-		- American Indien, White, atc.
7	1 Never Merried 2 Merried		WAR OR DATES	Meo	1	YES	2 NO	Specify:	, Puerto Mican	, etc.)		Specifi	
	3 X Widowed 4 Divorced						**						MUTIE
	15. DECEDENT'S EDUC (Specify only highest grade		- 1	Give kind of v	work done o	during mo	ON ast of worlds	ng	16b. KINI	OF BUS	INESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	+)	lle. Do NOT us	se retired.)	-			,,,,,,,,,,	27 WD.	ישר ב	ייי א דו וויי	CTODE
MP	5thGRADE		SAI	LESPE	RSUN							PAKII.	IENT STORE
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						11122		AE (First, Middle				
BE	HENRY FARRELL							MMIE	(UNKI				
2	19e. INFORMANT'S NAME (Type/Print)	_							oute Number, C	-			
-	GLORIA M. SCHWART	ĽZ		5528 (	CHANN	IING	ROA	D, BA	LTIMO	RE,	MD.	21229	
	20e. METHOD OF DISPOSITION 1 M Burlat 2 □ Cremation 3 □ Remo	oval from State	20b. PLAC other	E OF DISPOS	SITION (Na	me of cer	metery, crer	matory or				City or Tov	vn, State
	4 Donetion 8 Other (Specify)		NEW	CATHEI	DERAI	CE	METE	RY		BA	LTIM	ORE	
	21. SIGNATURE OF FUNERAL SERVICE LIC		/	-	22. Ht	NAME A	RD F	SS OF FACTURE RA	L HOMI	E IN	С.		
	epicke N	. All	anne	9~								RE. M	D. 21229
	23. PART / Enter the diseases, or c	omplications the	at caused tha	daath. Do						•		-	Approximate
	shock, or haart fallure. I	List only one car	use on each li	ne.									Interval Between Onset and Death
	disease or condition Recent Mirocondict in Fame												
- 1	resulting in death)  a. Recent Myocardial intarct  Due to (or as a consequence of):												
_	Coronary artery atherosclerosis												
6	Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF)												
Ä	If any, leading to immediate cause. Enter UNDERLYING												
CERTIFICATION	CAUSE (Disease or Injury thet Initieted events	DUE TO	OR AS A CONS	EOUENCE O	F):			_					
E	resulting in deeth) LAST												
EDICAL	PART II. Other eignificent condition	_		t resulting	In the ur	nderiyin	g ceuse	given in i	Part I. 24a	PERFOR	AUTOPSY IMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
음	Chronic active po	eptic ul	<del>cer</del>						50	XYES 2	□ NO		COMPLETION OF CAUSE DF DEATH?
ME									_				12 YES 2 □ NO
ä													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					LACE OF	DEATH (Che	ock only one)				
Sic	1 TYES 2 X NO	1 Tinpetient 2	☐ ER/Outpatient	3 🗆 DOA	4 Nur		ne 5 🗆 R	lesidence	8 Other (Sp	ectfy)			
£	27. MANNER OF DEATH	28e. DATE Of	F INJURY Day, Year)	28b. TIN	ME OF JURY		JURY AT ORK?		28d. DESCRI	BE HOW I	NJURY OC	CURED	
ВУБ	1 Natural 5 Pending 2 Accident Investigation	1,000,00	,,	711	М		YES 2 [	_ NO					
	3 Suicide 8 Could not be	28e. PLACE (	OF INJURY — At	home, farm,	street, faci	tory, offic	ce		28f. LOCATIO	N (Street i	and Numbe	or or Rural F	loute Number,
里	4 Homicide determined		,,,						J., J.	,,			
COMPLETED	290. CERTIFIER 1 K CERTIFYINO PHYSI	CIAN: To the best of	of my knowledge.	death occur	red at the t	time, date	end plec	e, end due	to the causele	) end mai	ner ee str	nted.	
M	(Check only one) 2 MEDICAL EXAMINE												) and manner ee stated.
8	206. SIGNATURE AND TITLE OF CERTIFIER												
BE			MARILE	11/12	Va		29C, LIC	ense num n/a			290. DA		(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	PEN COMPLETED CAL	MACHK		Ordera)			11/6	1			3/	21/91
Ė	Hazem Machkhas		JSE OF CEATH (I	TEM 27) (1ype		/o M	arv1	and C	Genera.	l Ho	oni+	o 1	
	31. DATE FILEO (Month, Day, Year)		AP'S SIGNATURE			0 11	aryr	and c	ellera.	L no.	Shire	aı_	
- 1	MAR 2 2 1991	Julia.	AN'S SIGNATURE	2.1.00									

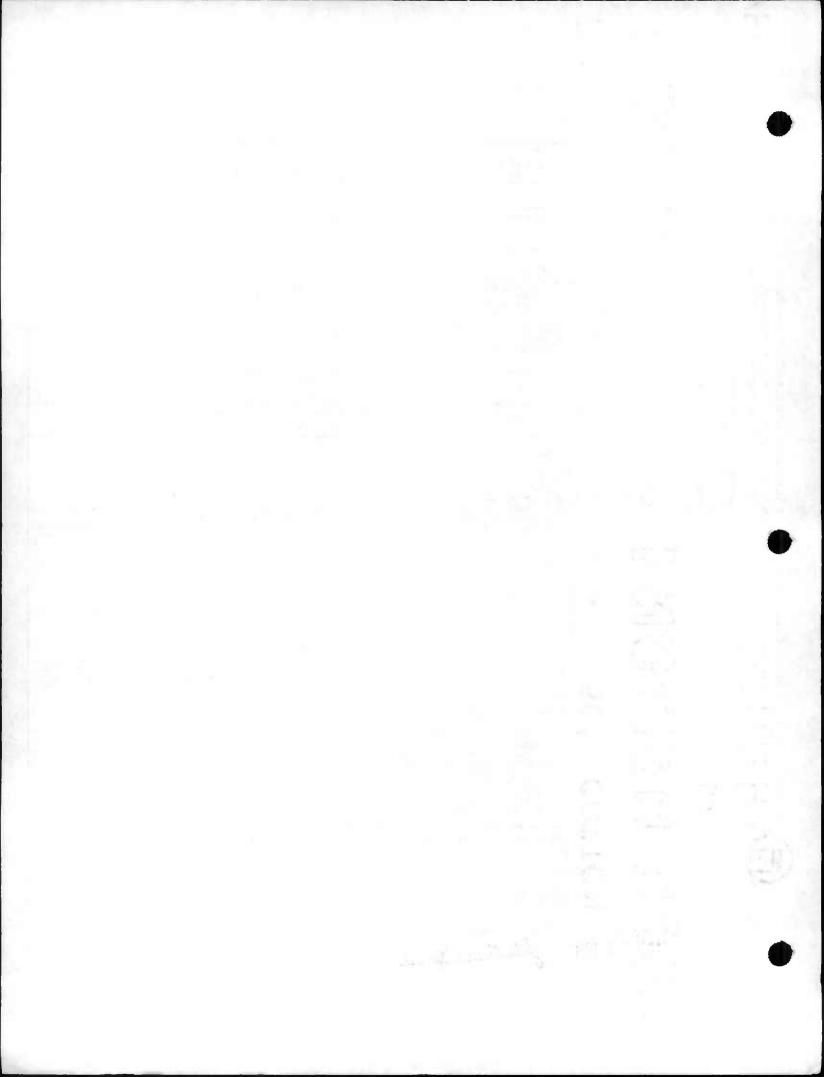


IMPORTANT II Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

2 E E E

1	FOR STATE REGISTRA	
,	1. DECEDENT'S N	ı
•	ELLA	

	REGISTRAR		CE	:KIII	ICAL	: UF	DEA	I H	RE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) ELLA M. KLEIN	y. 7							2. DATE OF D MONTH	DA	v 20 1	YEAR 991	3. TIME OF DEATH  10:00 A M
3	4. SOCIAL SECURITY NUMBER 218-32-3088	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BI (Month, Day)	IRTH ; Ybar)		8. BIRTHE Country	PLACE (State or Foreign
- 1	9e. FACILITY NAME (If not institution, give s		AL 0177				NOV. 1	3 19			YLAND		
OR	228 D STONECROFT						EMORE		AIH		9c. COU	NTY OF DE	AIH
5	RESIDENCE OF DECEDENT												
DIRECTOR	MARYLAND 106, COUNT	BALTIMORE									10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 228 D STONECROFT	ROAD		101. ZIP CODE 21229							10g. CITI		HAT COUNTRY?
ξļ	11. MARITAL STATUS	12. WAS DECEDER	NT EVER IN U.S. AR	MED	13.	WAS DEC			IC ORIGIN? (Sp	ecify Yes	or No-	14. RACE	- American Indian,
B	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES?	YES 2 (X)	10		If yes, sp	2 ANO	n, Mexico	n, Puerto Rican	, etc.)		Specify	, White, atc.
	15, DECEDENT'S EDU (Specify only highest grade	CATION	16e. DE	CEDENTS	USUAL O	CCUPATIO	ON .		16b. KiNi	D OF BUS	BINESS/INC	USTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 2 YRS	+) ///e.	. Do NOT u	se retired.)		ist or worki	ny	r	CAVE	RN		
<b>∑</b>	17. FATHER'S NAME (First, Middle, Last)						16, MOT	HER'S NA	ME (First, Middle	. Maiden	Sumame)		
BE C	MITCHELL E. CYFO	RD					CLA	ARA I	E. HUMN	1EL			
5	190, INFORMANT'S NAME (Type/Print) ALBERT H. CYFORD		19						ALTIMOF				
	20s. METHOD OF DISPOSITION 1 A Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	20b. PLACE of cometany LOUDO						3/20		cation — LTIM(	City or Tow ORE	vn, State
	21. SIGNATURE OF FUNERAL SERVICE L		22, NAME AND ADDRESS OF FACILITY										
	· M. Theat	lden	e						AL HOM			ORE.	MD. 21229
	shock, or heart feture. List only one cause on sech lina.									Approximate interval Between Onset and Death			
NO											1		
CATI	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	OUENCE OP:								4.			
CERTIFICATION	thet initiated events resulting in death) LAST	d	OUENCE C	)F):									
	PART ii. Other significant conditio	ns contributing to	death but not	resulting	in the u	nderlyin	o causa	given in	Part I. 24a	. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
EDICAL					9 00000	3		PERFOR		1	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
ă									10	YES 2	□ NO		OF DEATH?
Σ													1 TYES 2 NO
IA	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF I	DEATH (Ch	eck only one)				
Sic	EXAMINER?	HOSPITAL:	☐ ER/Outpatient :	B DOA	OTHE	R: Irsing Hor	ne 5.DR	lasidence	6 Other (Sp	eclfv)			
PHYSICIAN:	27. MANNER OF DEATH  1  Netural 5  Pending	28e. DATE O		28b. Til	_	28c. IN	JURY AT ORK? YES 2		28d. DESCRI		NJURY OC	CURED	
ED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined		OF INJURY — At he	ome, farm,	street, fac				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	TOTAL OTHER	SICIAN: To the best of	of my knowledge, d	eath occur	red at the	time, det	e and plac	e, end due	to the cause(e	) end me	nner as ste	rted.	
O	one) 2 MEDICAL EXAMIN	ER: On the basis of	examination end/or	investigat	lon, in my	opinion,	death occu	ured at the	time, date and	place, ar	nd due to t	he cause(s	) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	ER MINI	)					STS			29d. DA	S 20	(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON W					RICK				00.F	ALTT	MORE	, MD.21228
	31. DATE FILED (Month, Day, Year)	32 REGISTE	AR'S SIGNATURE				. 1.021	, 0	I	J J J L			, + 2.12.20
	MAR 2 2 1991	gratia De	widson B.	des									



TO THE HOSPITAL DR ATTENDING PHYSIC TO THE FUNERAL DIRECTOR: After this cel be flied within 72 hours after death with the IMPORTANT: If I liem 28 is marked, (
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	1 - STATE REGISTRAR	STATE OF MARYL			HEALTH AND I		GIENE 3. NO.	91	07480	
	DECEDENT'S NAME (First, Middle, Last)     NELSC	ON M.		EFA	UVER	2. DATE OF DE MONTH	18 199	YEAR	OS/O M	
	4. SOCIAL SECURITY NUMBER  217-12-4470  90. FACILITY NAME (If not institution, give	1 × M 2 □ F 69	YRS.	IF UNDER 1 YEAR		7. DATE OF BIR (Month, Day, 09/23/	1921	B. BIRTHPL Country) DELA		
стов	PENINSULA GENER	AL HOSPITAL		SALIS	BURY	OMICO				
DIRECTOR		JSSEX		IDGEV	LLE			10d. INSIDE CITY LIMITS? 1 - YES 2 NO		
FUNERAL	R.D. 1, BOX 205	12, WAS DECEDENT EVER I	IN U.S. ARMED	13. WAS (	19933 DECENDENT OF HISPAN	NIC ORIGIN? (Spe		U.S.A	AT COUNTRY?  American Indien,	
BY	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR C	2 NO	If yes,	Black, Specify:	WHITE				
COMPLETED	15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12) 8th	College (1-4 or 5+)	16a, DECEDENT'S U (Give kind of wo life. Do NOT use MILLWRIG	ork done during retired.)	ATION most of working		OF BUSINESS/ING		URING	
BE CON	17. FATHER'S NAME (First, Middle, Last) HARRY M. KEFAUV	ÆR, SR.				IY V. RO	SE			
10	190. INFORMANT'S NAME (Type/Print) ROSALIE KEFAUT  20g, METHOD OF DISPOSITION			1, BO	ot end Number or Rural I	RIDGEVI		199		
	1 Buriel 2 Cremation 3 Red 4 Donation 5 Other (mach)	moval from State	RIDGEVILL	E CEME	DELAWARE					
	22 BATT From the diseases of	Hade	dy	202	RDESTY FUN LAWS ST.	- BRID	GEVILLE		19933	
	ahock, or heart fallure. List only one cause on each line.									
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  CAUSE (Disease or injury that initiated events resulting in death) LAST  ONE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.  End-5tale Rend Disease 20 Mapping 1 yes 2 NO  - Charic JOBstrutt Lung Disease 1 yes 2 NO  1 yes 2 NO									
YSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL: 1   Inpetient 2   ER/Out		OTHER: 4 - Nursing I	N. PLACE OF DEATH (Ch	6 Other (Spec				
ВУ	1 Neturel 5 Pending 2 Accident Investigation 3 Suicide 6 Could not b	28e. PLACE OF INJUR	INJL	M 1	INJURY AT WORK?  YES 2 NO	281. LOCATION	(Street and Number		ute Number,	
COMPLETED	4 Homicide determined	building, etc. (Sp.		d at the lime,	date and place, end due	City or Town		nted.		
E COM	and.	NER: On the basis of examinati	ion end/or investigation	n, in my opinio	n, death occured at the				and manner as stated,  Month, Quif, Year)	
TO BE	30. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CAUSE OF C	DEATH (ITEM 27) (Typo,	HD Print)	0-2	0050	· ·	3/18	191	
	31. DATE FILED (Month, Day, Year) MAR 2 2 1991	32. REGISTRAR'S SIG		47-	1) Rev.	er sile	oh.	Salish	402180	
	MAR 2 2 1991	Julia Navidson	Mandall						DHMH-16 Rev 1/89	



11:45

10d. INSIDE CITY
LIMITS?
1 YES 2 NO

8. BIRTHPLACE (State or Foreign Country) MARYLAND

DAY 20

7. DATE OF BIRTH (Month, Dav. Year) 5-16

20,991

9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY?

10a. STATE MARYLAND

4. SOCIAL SECURITY NUMBER

213-09-7058

RESIDENCE OF DECEDENT

10e. STREET AND NUMBER

FRANK W KAIL

9a. FACILITY NAME (If not institution, give street and number)

5. SEX

LOCH RAVEN V.A. HOSPETAL

10b. COUNTY

1 M 2 F

8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

10c. CITY, TOWN OR LOCATION

BALTIMORE

SR.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

101. ZIP CODE

BALTIMONE

DAYS

KAIL

76 76 YRS.

FRANK

BALTIMORE, MARYLAND 21203-3146

DIRECTOR

)	3	ij
ŗ	death	44644
2	the	40.
É	that	3
DIVISION OF VITAL RECORDS, P.O.	TAL DR ATTENDING PHYSICIAN: The law requires that the death ce	the second secon
,	ME	4
1	The	4
>	SICIAN:	314
5	PHY	- 44
S	DING	
7	ATTEN	-
5	DR	-
	A	

FUNERA	710 S. GLOVER	STREET				21224		U:	SA					
B	11. MARITAL STATUS 1  Never Married 2  Married 3  Widowed 4  Divorced	12. WAS DECEDENT E FORCES? 1 A IF YES, GIVE WAR	YES 2	! ∐NO S	If yes,	ECENDENT OF HISPAN specify Cuban, Maxica ES 2 X NO Specify	n, Puarto Rican, atc	)	4. RACE — Black, Wi Specify: WHIT					
	15. DECEDENT'S EDU (Specify only highest grad		16	a. DECEDENT'S USI	BUSINESS/INDU	STRY								
COMPLETED	Elementary/Secondary (0-12) 8 YEARS	College (1-4 or 5+)	BALTO. CITY.											
ш	17. FATHER'S NAME (First, Middle, Lest)  FRANK KAIL  18. MOTHER'S NAME (First, Middle, Melden Surname)  ANNA KILKOWSKI													
TO B	198. INFORMANT'S NAME (Type/Print)  MRS. HELEN POPIK  195. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  6534 BELLE VISTA ROAD BALTO. MD. 21													
	20g. METHOD OF DISPOSITION 1 [X Burial 2   Cremation 3   Ren 4   Departion 5   Other (Specify)	noval from State	20ь. РІ Н О	ACE OF DISPOSITION PROPERTY ROSA	ON (Name of	cometery, crematory or EMETERY		ALTO.						
-	21. BISMATURE OF FUNERAL SERVICE U	· Noes	UR	wlei	22. NAME KACZ 2525	AND ADDRESS OF FA OROWSKI FLEET S	FUNERA STREET	BALTO.						
	Approximate shock, or heart feliure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition													
	resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):													
N	Sequentially list conditions	Sequentially list conditions,  Due to (or as a consequence of):												
ATIC	If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.													
CERTIFICATION														
MEDICAL C	PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PVD, DIABERS MERCENT ANALOMETRIC OME OF DIABERS OF DEATH OF DEA													
				_		1 TYES 2 NO								
SICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1													
РНУ	27. MANNER OF DEATH  1 Natural 5 Pending	26a. DATE OF IN. (Month, Day,	JURY	26b. TIME O	OF 28c.	INJURY AT WORK?  YES 2 NO	28d. DESCRIBE H		JRED					
red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	26a. PLACE OF I	26a. PLACE OF INJURY — At home, farm, street, factory, office 26f. L.						81. LOCATION (Street and Number or Rural Route Number, City or Yown, State)					
OMPLE	Check only	SICIAN: To the best of m								nd manner as atated.				
TO BE C		un.d. sn	_		- //	29c. LICENSE NUI	WBER	29d. DATE	1 1	onth, Day, Year)				
_	30. NAME AND ADDRESS OF PERSON W				rint)		,							
	MAR 2 2 1991	guna Davidson	- Jan	dell										
	7									DHMH-16 Rev 1				

BALTIMORE, MARYLAND 21203-3

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

permit. Pages 1, 2, 3 should

	FOR 1 - STATE REGISTRAR	STATE OF MA			TMENT				MENTAL	HYGIEN		1	07482
	1. DECEDENT'S NAME (First, Middle, Lest)  Joseph M.	Kowalsk				0.			MONTH	OF DEATH	1991	YEAR	3. TIME OF DEATH 1:46 A.
	4. SOCIAL SECURITY NUMBER 216-14-0809	5. SEX 6 1	AGE (In yrs. lest	83 YRS. MONTHS DAYS HOURS MIN. MAX						Dey, Year)	908	6. BIRTH	PLACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give str Francis Scott Ke RESIDENCE OF DECEDENT		tr.		9ь. ст Ва	EATH							
DIRECTOR	Maryland Balt			y, TOWN								10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	6704 Roberts Av	enue				101	, ZIP COD	2122	22			ZEN OF V	WHAT COUNTRY?
COMPLETED BY FUR	11. MARITAL STATUS 1 Never Married 2 🔀 Merried 3 Nidowed 4 Divorced	12. WAS DECEDENT I FDRCES? 1 [ IF YES, GIVE WAR	YES 2 NO			If yes, sp		n, Mexica	n, Puerto F	? (Specify Yea lican, etc.)	or No—	-	E — Americen Indian, k, White, stc.
	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		(Giv	o kind of Do NOT u	work done se retired.)	CCUPATIO during mo	N at of worki	ng	18b.	Stee!			ry
BE CON	17. FATNER'S NAME (First, Middle, Lest)  Stephen Kowalski  Amelia												
10	Joan M. Buedel				Cha.					oer, City or Tow , Md.		code) 1221	
	20a. METHOD OF DISPOSITION 1 Method 2 Cremation 3 Remo 4 Donation 5 Other (Specify)		Holy	Ros	sary	Cem	eter	У		Ba.	cation – lto.(	co.	
	21. SIGNATURE & TUNERAL STRICE LICENSEE CO. C. S. Ann St. Balto. Md. 2123											31	
	ahock, or haart fallure. List only one cause on each line.											Approximate Interval Between Onset and Death	
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING												
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (C	R AS A CONSEQ	UENCE (	OF):								
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions	contributing to d	eath but not re	sulting	In the u	nderfyln	g ceuse	given in	Part I.	24a. WAS AN PERFO	RMEO?	248	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE 4 DAN	FC:			eck only or				
	27. MANNEB OF DEATN  1 Netural 5 Pending Investigation	28a. DATE OF II (Month, Day		28b. Ti		28c. IN.	URY AT ORK? YES 2			SCRIBE NOW	INJURY OC	CURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28s. PLACE OF building, of	INJURY — At hor tc. (Specify)	ne, ferm,	street, fac	ctory, offic	:0		28f. LOC City	ATION (Street or Town, State	(Street end Number or Rural Route Number, n, State)		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSIC	CIAN: To the best of m											s) end manner as stated.

296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

Willarda V.

31. DATE FILED (MONTH, Day, Year)

MAR 22 1576 Merritt Blvd. Suite 17, Balto. Co. Md.21222 M.D. Edwards

BE 2

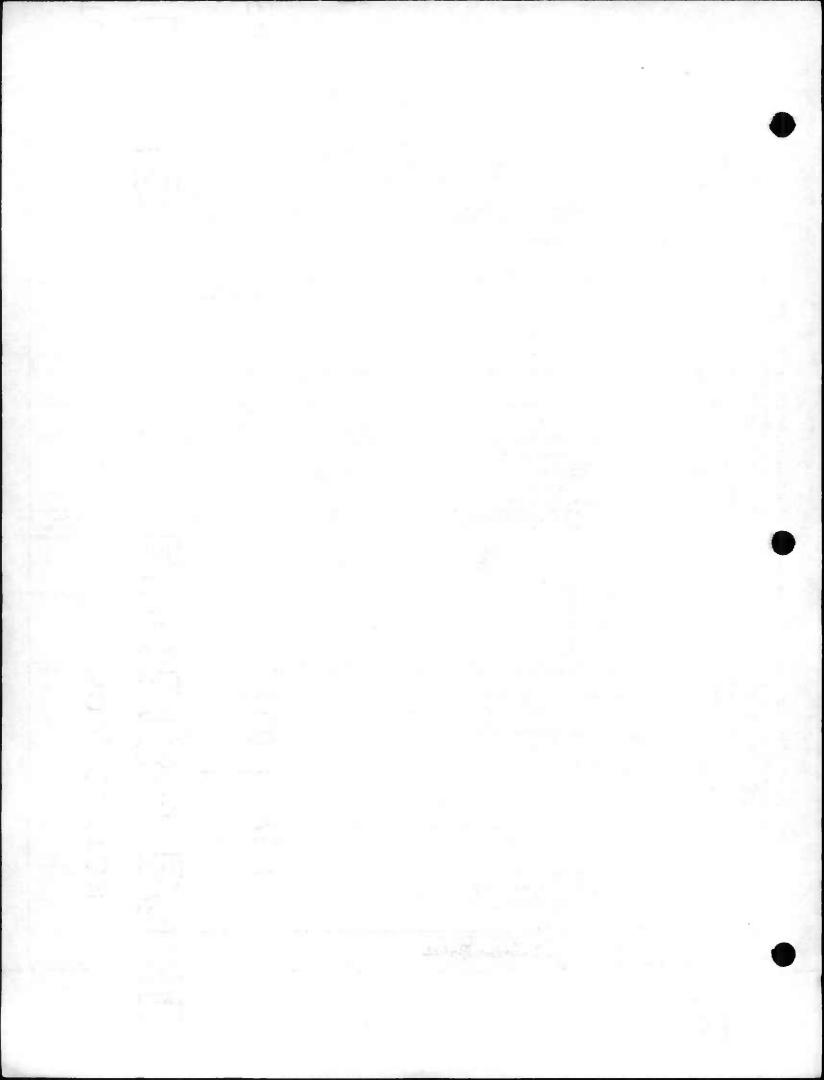
32. REGISTRAR'S SIGNATURE

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	1 - STATE REGISTRAR	STATE OF	MARYLAND /	DEPAR ERTIF						IYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)								2, DATE OF	DEATH			. TIME OF DEATH	
	Oriole Elizabet	h L	.ANAHAN						Marc	h 23	19	91	8:00 a M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)		R 1 YEAR	IF UNDER		7. DATE OF (Month, De	BIRTH by Wart	8. BIRTHPL. Country)		.ACE (State or Foreign	
	219-30-5858	1 M 2 F	90	YRS.	MONTHS	DAYS	HOURS	MIN.	OCT.				D.	
	9a. FACILITY NAME (If not institution, give s	9a. FACILITY NAME (If not institution, give street end number)			9b. CIT	Y, TOWN C	R LOCATIO	ON OF DE	ATH		9c. COUNTY OF DEATH			
5	FRANKLIN SQU	ARE HOSE	ITAL			BALT	IMOR	E			Bal	timor	`e	
E C	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION					1	od. INSIDE CITY	
FUNERAL DIRECTOR	MD			В	ALT1	MORE						,	LIMITS?	
	10e. STREET AND NUMBER					101	. ZIP CODI	E			10g. CITI		AT COUNTRY?	
	2857 CHESTERFI	ELD AVEN	WE				212	13				USA		
	11. MARITAL STATUS		NT EVER IN U.S. AI		13.	WAS DEC	ENDENT C	F HISPAN	IIC ORIGIN? (S	pecify Yes	or No-	14. RACE - Black.	- American Indian, White, atc.	
87	1 Never Married 2 Merried 3 X Widowed 4 Divorced		WAR OR DATES				2 X NO			11, 4105/		Specify:		
	15. DECEDENT'S EDU	CATION	18a D	ECEDENT'S	LIGHAL	ACCUIDATIO	N.		16h Kil	ND OF BUS	INESS /IN	NICTOV	WHITE	
	(Specify only highest grade	completed)	(0	Give kind of in. Do NOT u	work done	during mo		ng	FOIL AN	NU UF BUS	HAC22/IN	JUSTHY		
PLE	Elementary/Secondary (0-12) N/A	N/A	+)	HOME	EMAKE	ER			(	H NWC	IOME			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	ME (First, Midd	le, Maiden	Surname)			
BE C	AUGUST METZGER							UN	KNOWN					
TO B	19a. INFORMANT'S NAME (Type/Print)			96. MAILING	ADDRES	S (Street e	nd Number	or Rural I	Route Number,	City or Town	n, State, Zip	Code)		
F	JOSEPH DOUGHERTY		))		2857	7 CHE	ESTER	FIEI	D AVE	NUE,	BALT	O. MI	21213	
	20e. METHOD OF DISPOSITION 12 Buriel 2 Cremation 3 Rem	ovat from State		E AND DAT					DATE			City or Town		
	4 Donation 8 Other (Specify)		-)	HOLY								ORE M	D.	
ı i	21. SIGNATURE OF PUNCHAL SERVICE LIC	1			22	SCI	ILMUN	IEK I	CILITY UNERA	L HOM	E IN	IC.		
	1 Blown	fress											id. 21213	
	23 PART I. Enter the diseases, of shock, or heart failure.	complications the	et coused the d	eth. Do	not snte	r the mo	de of dy	ing, suc	h es cardiec	or respi	ratory sr	rest,	Approximats Interval Between	
	IMMEDIATE CAUSE (Final												Onset and Death	
	disease or condition resulting in death)	. Pneumo												
		Sepsis	O (OR AS A CONSE	EOUENCE C	IF):									
CERTIFICATION	Sequentially list conditions,	b	O (OR AS A CONSE	EQUENCE O	PFI:					<u> </u>			1	
AT	if sny, lesding to immediate cause. Enter UNDERLYING			ISEQUENCE OF):										
E	CAUSE (Disesse or injury that initiated events	CDUE TO (OR AS A CONSEQUENCE OF):												
FRI	resulting in deeth) LAST	d												
	PART II. Other significant condition	ns contributing t	o deeth but not	resulting	In the u	nderlyin	a cause	alven in	Part I. 24	a. WAS AN	AUTOPSY	245. 1	WERE AUTOPSY FINDINGS	
CAL	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i.								MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
ED	- Dementia									1 TYES 2 TYNO			OF DEATH?	
2								_					- les I - les	
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL						LACE OF D	DEATH (Ch	neck only one)		20.7			
SIC	1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 DOA	4 No		10 5 🗆 FI	esidence	8 Other (S	(pecify)	TU)			
H	27. MANNER OF DEATH	28a. DATE C	F INJURY Day, Year)	28b. Til			URY AT		28d. DESCR	BE HOW I	NJURY OC	CURED		
BY	1 Natural 5 Pending 2 Accident Investigation		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	INJURY WORK?  M 1 YES 2 NO										
	3 Suicide 6 Could not be 28a, PLACE OF INJURY At he building, etc. (Specify)				street, fo	ctory, offic			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
ETE	4 Homicide detarmined													
COMPLETED	(Orrobit oray	ICIAN: To the best	of my knowledge, o	death occur	red at the	time, date	and place	, and due	to the cause	(e) end mar	nner ee sta	ited.		
Š	0/10) 2 MEDICAL EXAMINI	R: On the basic of	examination end/or	r investigati	lon, in my	opinion, o	feath occu	red at the	tima, date en	d place, en	d due to t	the cause(e)	end manner as stated.	
	2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated.  29b. SIGNATURIF-AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)													
			7-1	. ~	CASTIEL GOUSTET MD									
BE	Chriel	5000	/ "	1)				ENGE NO			<b>▶</b> 3	121	191	
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CA	USE OF OEATH (IT			H					► 3	121	191	
BE	30. NAME AND ADDRESS OF PERSON WIT Gabriel Soudry	M.D.	USE OF OEATH (IT			quar				more	► 3	121	191	
BE	30. NAME AND ADDRESS OF PERSON WH	M.D.	USE OF OEATH (IT	rankl		quar				more	► 3	121	191	

DHMH-18 Rev 1/89



00 HOTRY

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TO THE HOSPITAL FO TO THE FUNERAL De filed within 72 IMPORTANT: If Imm

13	FOR STATE REGISTRAR	STATE OF MARY	(LAND / DEPA CERTII	RTMENT	OF HEALTH	AND ME	NTAL HYGIEN REG. NO			
,	1. DECEDENT'S NAME (First, Middle, Last)						DATE OF DEATH	AY YEAR	3. TIME OF DEATH	
	DOROTHY E.	MUMFO	RD				03 21	1991	2:30 P M	
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday				DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign	
	212-22-7341	1 🗆 M 2 📈 F	80 YRS.	MONTHS	DAYS HOURS		ov. 7, 19		ryland	
ľ	9a. FACILITY NAME (If not institution, give a	treet and number)		9b. CITY, 1	OWN OR LOCATI			9c. COUNTY OF		
OR	THE JOHNS HOPKI		BAL	TIMORE	CITY	Y	RALTIM	ORE CITY		
5	RESIDENCE OF DECEDENT			ITY, TOWN OR					10d. INSIDE CITY	
E	10a. STATE 10b. COUNTY			,					LIMITS?	
0	Maryland Baltimore			RO	sedale			L so- OITITEN OF	1 YES 2 X NO	
HA	115				1000	21237		TOG. CITIZEN OF	USA	
FUNERAL DIRECTOR	6503 Langdale Road	12. WAS DECEDENT EVE	DINII C ADMED	12 44			DRIGIN? (Specify Ye	14 DA	CE — American Indian,	
	1 Never Married 2 Married	FORCES? 1 TY	ES 2 NO	H.	yes, specify Cubi	en, Maxican, P	uarto Rican, atc.)	Ble	ck, White, etc.	
BY	3 X Widowed 4 Olvorced	IF YES, GIVE WAR OF	R.DAI ES	1	YES 2 X NO	Specify:		W	iite	
0	15. DECEDENT'S EDU		16a. DECEDENT	'S USUAL OCC	CUPATION		16b. KIND OF BU	SINESS/INDUSTRY		
Ē	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT	use retired.)	ring most of work	ing				
AP.	8		Tip	per			Umbrella	Manufacti	ring	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOT	HER'S NAME	(First, Middle, Malden			
BE (	Walter L. Myer	^S			/	Antoniet	tte C	ouchon		
70	19a. INFORMANT'S NAME (Type/Print)						te Number, City or Tow			
-	Mrs. Sula V. Evry						imore, Mary			
	20a. METHOD OF DISPOSITION 1 X Burlei 2 Cremetion 3 Rem	oval from Stata	20b. PLACE OF DISP other place)	OSITION (Nam	e of cemetery, cre	metory or	20c. LC Bal	CATION - City or	Town, State	
	4 Donation 5 Other (Specify)	anner I	Gardens of		AME AND ADDRE			cinore Mai	yıaıu	
	XI. SIGNATURE OF PORPHILE SERVICE OF	7/ //			431.00	45.5	nc. 5305 Ha	wford Dog	1 2121/	
	Muchall	Muck		Lec	riaru o. i	wck, II	IC. 5505 Ho	il Toru Noak	3 21214	
	23. PART i. Enter the diseases of ahock, or heart failure.			not enter t	he mode of dy	ying, auch a	a cardiac or resp	iratory arrest,	Approximata Interval Between	
	IMMEDIATE CAUSE (Final								Onset and Death	
	disease or condition reaulting in death)	· CAC	AS A CONSEQUENCE	mus					Ih	
									10	
O	Sequentially list conditions,	b. DUE TO (OR /	S A CONSEQUENCE	/\Y ( ) \/\/.	4				12	
F	if any, leading to immediate cause. Enter UNDERLYING								111	
프	CAUSE (Disease or Injury that initiated events	DUE TO (OR	S A CONSEQUENCE	OF):	7.0				11 year	
CERTIFICATION	reauiting in death) LAST	d							/	
	PART II. Other significant condition	ns contributing to deal	h but not requitin	a la the una	larluina causa	civen in De	rt I. 24e, WAS AF	ALITORRY	4b. WERE AUTOPSY FINDINGS	
S		ANTEMAN L				given in rai	PERFO		AMAILABLE PRIOR TO COMPLETION OF CAUSE	
	3/2/01 607	THE TAME OF	AGIPI.	(124)	/		_ 1 _ YES	2 NO	OF DEATH?	
Ξ		<u> </u>					-		1 WES 2 NO	
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL				28. PLACE OF	OFATH /Check	only one)			
S	EXAMINER? 1   YES 2   NO	HOSPITAL:	Outpatient 3 □ DOA	OTHER						
H	27. MANNER OF DEATH	20s. OATE OF INJU	RY 28b. T	IME OF	28c. INJURY AT	-	Bd. DESCRIBE HOW	INJURY OCCURED		
ВУ Р	Natural 5 Pending	(Month, Day, Ye	ar)	M M	WORK?					
	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJ building, atc. (	URY — At home, fern	n, street, facto	ry, office	. 20	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	4 Homicide determined					,	ony or rown, chare	"		
PE	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my k	nowledge, death occ	urred at the tir	na, data and plac	e, and due to	the cause(a) and ma	inner as stated.		
MO	000)	ER: On the beels of examin	ation and/or investige	ation, in my op	olnion, death occ	ured at the tim	ne, data and place, a	nd due to the caus	e(a) and manner sa stated.	
ПС	296. SIGNATURE AND PITLE OF GERTUIE	9 4	0		29c. LK	CENSE NUMBE	EA .	29d. DATE SIGN	ED (Month, Deg. War)	
00	Adul tolo	myh			3.00	DO	1429	D 3/2	1/51	
٩	30. NAME AND ADDRESS OF PERSON WI		DEATH (ITEM 27) (7)	rpe, Print)					/	
	EDWARD GOLDS	1000	550 M	BRUA	Ohar 1	30411.	TURF MI	24205		
	31. DATE FILED (Month, Day, 1990)	grander de la company	NON SHOUSE		1		,			
	MAR 2 2 1991	U								

TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
il examiner must be notified at once.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
wal.	be filed within 72 hours, after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR Alter his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
er death. Page 6 may be retained by the hosp	TO THE HOSPITAL OF ASSETUTION PHYSICIAN: The law requires that the death certificate be executed within 24 neurs after death. Page 6 may be retained by the hosp

I. DECEDENT'S NAME (First, Middle, Last	-							2. DATE (	OF DEATH	DAY	YEAR	3. TIME OF DEATH	
LUEELA) LUELLA N. MILLER							03	15		91	10:46 A		
2 1 7 - 3 4 - 7 0 5 3	5. SEX 1 M 2 X F	6. AGE (In yrs	s. last birthday) YRS.	IF UNDER 1	DAYS	IF UNDER 24	MIN.	7. DATE OF BIRTH (Month, Day Year) 2 2				B. BIRTHPLACE (State or Foreign Country)  S.C.	
9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF								UNTY OF D	DEATH				
LIBERTY MEDICAL CENTER BALTIMORE CITY									1				
10a. STATE 10b. COUNTY 10c. CIT					MORE, CITY							10d. INSIDE CITY LIMITS?  1VXYES 2 \( \text{NO}\) NO	
100. STREET AND NUMBER 2414 LIBER	TY HIGH	TS			101	2121	5				USA	OF WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2	NO	H	yes, sp	ENDENT OF ecify Cuben, 2  NO	Maxican,			es or No—	14. RACI Blac Spec	E — American Indian, k, Whita, etc.	
15. DECEDENT'S EC (Specify only highest gra		164	. DECEDENT'S	work done di	CUPATIO	ON st of working		16b.	KIND OF B	USINESS/II	NDUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)		UNEMP		D								
TOM HUFF						L	AUR	A	SIGE	RS			
194. INFORMANT'S NAME (Typo/Print) ELLA L. HUGH	IES SMITH			LIB	ERT	YHG			E./B	ALTI	MORI	E, MD. 212	
20g, METHOD OF DISPOSITION 1 🖄 Burlel 2 🗆 Cremation 3 🗆 Re 4 🗆 Donation 5 🗆 Other (Specify)			ACE AND DAT					DATE	BALTIMORE, MD				
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE												
23. PART I. Enter the diseases, ahock, pr heart failure immediate CAUSE (Final disease or condition	or complications that	e on each	line.	not anter	M.C	. MA	RCH g, auch	F.	liac Dr res	piratory a	arrest,	Approximate interval Betw	
23. PART I. Enter the diseases, ahock, or heart failure IMMEDIATE CAUSE (Final	a. DUE TO (c.	OSC COR AS A CO	line.	W not anter to C C C C C C C C C C C C C C C C C C	M.C	. MA	RCH g, auch	F.	liac Dr res	piratory a	arrest,	Approximate interval Betw	
23. PART I. Enter the diseases, ahock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (c. Due To (d.	OR AS A CO	INSEQUENCE O	W not anter the control of the contr	M.C	MA	RCH g, auch	F.	elec pr res	piratory a	arrest,	Approximate interval Betwoonset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De	
23. PART I. Enter the diseases, ahock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. DUE TO (c. Due To (d.	OR AS A CO	INSEQUENCE O	W not anter the control of the contr	M.C	MA	RCH g, auch	F.	elec pr res	NA AUTOPS ORMED?	arrest,	Approximate Interval Betwoonset and Do	
23. PART I. Enter the diseases, ahock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions of the condition of the conditi	a. DUE TO ((	OR AS A CO	INSECUENCE OF THE PROPERTY OF	W not anter (	M. C the ma	g cause gl	R C H g, auch ) S CC  ven in F	F. as card	24a. WAS PERF 1 UYES	NA AUTOPS ORMED?	arrest,	Approximate interval Betwood Onset and De On	
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23. PART I. Enter the diseases, ahock, pr heart failure immediate Cause (Final disease or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions, if any, leading in death) LAST  PART II. Other aignificant conditions, if any, leading in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 2 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investigation	DUE TO (1)  DUE TO	e Dn aech  OSC COR AS A CO  OR AS A CO  OR AS A CO  ER/Outpatle  NJURY (*) 'ber')	INSECUENCE O	W NDT anter (	M . C the ma	g cause glu	R C H g, auch ) S CC  ven In F	Part I.	24a. WAS 24a. PERF 1 VES	AN AUTOPS ORMED? 2 NO	Y 24I	Approximate Interval Betwood Onset and Done of the Conset and Done of the Conset and Done of the Completion of Council of Death?	
23. PART I. Enter the diseases, ahock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions are considered in the conditions of the	DUE TO (1)  DUE TO	e Dn aech  OSC COR AS A CO  OR AS A CO  OR AS A CO  ER/Outpatle  NJURY (*) 'ber')	INSEQUENCE OF THE PROPERTY OF	W NDT anter (	M . C the ma	g cause glu	R C H g, auch ) S CC  ven In F	Part I.	24a. WAS 24a. PERF 1 VES	AN AUTOPS ORMED? 2 NO	Y 24I	Approximate interval Betwood Onset and De On	
23. PART I. Enter the diseases, ahock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II, Other algnificant conditions of the condition of the conditi	DUE TO (1)  DUE TO	e Dn aech  OS C C  OR AS A CO  OR AS A CO  OR AS A CO  ER/Outpatle  INJURY  () 'ber')  INJURY —  ric. (Specify)  my knowledg	INSECUENCE O	OFF:  OFF:  OFF:  OTHER 4   Nurred at the tilt	M. C. the mo	g cause glucker of DEA	R C H g, auch ) S CC  ven In F  ATH (Check NO	Part I.	24a. WAS PERF 1 VES	NA AUTOPS ORMED? 2 NO	Y 241  DOCCURED  Der or Aural	Approximate interval Betwood Onset and Done of Delivery and Delivery a	
23. PART I. Enter the diseases, ahock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II, Other algnificant conditions of the condition of the conditi	DUE TO (1)  a. DUE TO (1)  b. DUE TO (1)  c. DUE TO (1)  d. DUE TO (1)  HOSPITAL: 1   Inpatient 2 & 10  28a. DATE OF Information (Month, Department)  28b. PLACE OF building, and published to the second of the sec	e Dn aech  OS C C  OR AS A CO  OR AS A CO  OR AS A CO  ER/Outpatle  INJURY  () 'ber')  INJURY —  ric. (Specify)  my knowledg	Ine.  INSECUENCE OF THE PROPERTY OF THE PROPER	OF):  OF):  OF):  OTHER 4 Nurs  ME OF JURY M  atreet, factor  red at the till  lon, in my of	M. C. the mo	g cause glucker of DEA	R C H g, auch ) S CC  ven In F  ATH (Checklidence It  NO  and due to	Part I.  Cok only on  B Other  28d. DES  28t. LOC  City  to the case  time, dete	24a. WAS PERF 1 VES	AN AUTOPS ORMED? 2 NO V INJURY C	Y 241  DOCCURED  Der or Flural  stated.	Approximate interval Betwood Onset and Done of Delivery and Delivery a	
23. PART I. Enter the diseases, ahock, pr heart failure immediate Cause (Final disease or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO  27. MANNER OF DEATH 1  Natural  Pending Investigation Suicide  Could not in determined  29a. CERTIFIER (Check only one)  MEDICAL EXAMINER?	DUE TO (I)  B. DUE TO (I)  C. DUE TO (I)  DUE TO (I)  DUE TO (II)  DUE TO (II)  DUE TO (II)  DUE TO (III)  DUE TO	e Dn aech  SC C  OR AS A CO  OR AS A CO  OR AS A CO  OR AS A CO  ER/Outpatle  NJURY (x 'ber')  Finjury —  ric. (Specify)  my knowledge  amination an	INSECUENCE O	W M not anter (	M. C. the mo	g cause given by the second of	R C H g, auch ) S CC  ven In F  ATH (Checklidence It  NO  and due to	Part I.  Cok only on  B Other  284. LOC  City  to the case  lime, dete	24a. WAS PERF 1 VES	NAJITOPS ORMED? 2 NO VINJURY Content and Numbers and due to 29d. D	ATTENT,  TY 24II  DOCCURED  Dor or Aural  stated.  of the cause	Approximate interval Betw Onset and De Onset	

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1215-0020	er attending physician.	er use as the burial-transit permit. Pages 1, 2, 3 should	
BALTIMORE, MARYLAND 11215-0020	nours after death. Page 6 may be retained by the mospital	ed in by the funeral director, page 5 should director, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retaining the immedian or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should the case as the burial-transit permit. Pages 1, 2, 3 should have after death with the State Dect, of Health and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

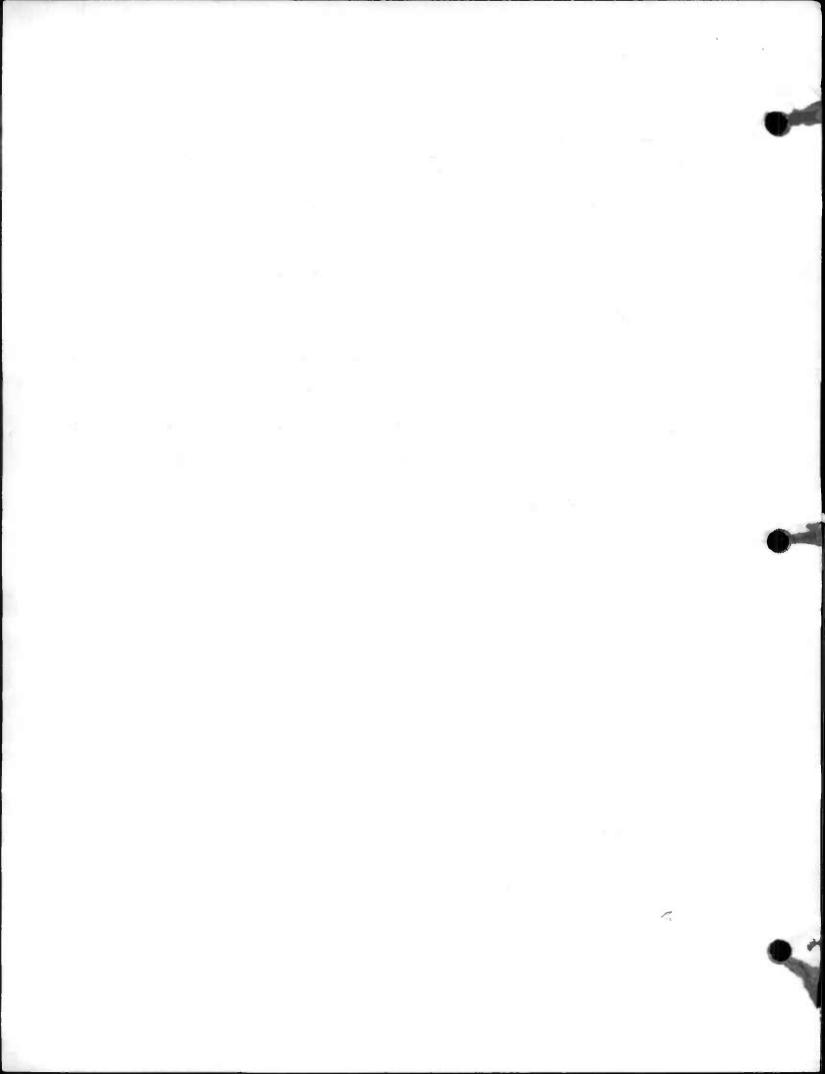
	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
į,	1. DECEDENT'S NAME (First, Middle, Last)	MARY EVA MO	DESER	SPC		2. DATE OF DE	EATH	EAR	1:10A M	
	4. SOCIAL SECURITY NUMBER 212 16 8349 A	1 □ M 2 💢 F 90	TS. last birthday) IF UNI YRS. MONTH	-	UNDER 24 HRS.	7. DATE OF BII (Month, Day, 12-24	RTTH (8. 1–1901	CE (State or Foreign		
TOR	9a. FACILITY NAME (If not institution, give st Fallston Genera		9b. C	Falls	ocation of dea ton	ATH	sc. COUNTY OF DEATH  Harford County			
FUNERAL DIRECTOR		1177							d. INSIDE CITY LIMITS?  YES 2 NO	
	10e. STREET AND NUMBER  242 D Crocker			1.5	1014			JSA	T COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	□ NO	If yes, specif	DENT OF HISPANI y Cuban, Maxican NO Specify:	, Puerto Rican,		RACE — Black, W Specify:	American Indian, hila, etc. White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		a. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire	ne durina most a	f working	16b. KIND	OF BUSINESS/INDUS	TRY	WIILCE	
COMP	17. FATHER'S NAME (First, Middle, Last)			10	B. MOTHER'S NAM	AE (First, Middle,	Maiden Surname)			
TO BE	PRESLEY NEVILLE  19a. INFORMANT'S NAME (Type/Print)					oute Number, Ch	ty or Town, State, Zip Co	de)		
			LACE AND DATE OF D	ISPOSITION (N		DATE DATE	21014 20c. LOCATION — City	or Town,	Stata	
	1   Burlal 2   Cremation 3   Removal from Stata of cemetary, crematory or other place) 4   Consider   Specify   Consider   Specify   Consider   State   Consider   Co									
	23. PART   Enter the disease, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause on each						t,	Approximats Interval Between Onset and Death	
ATION	DUE TO (OR AS A CONSEQUENCE OF):  b. DUE TO (OR AS A CONSEQUENCE OF):  b. DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST  d.									
MEDICAL	PART II. Other significent condition	not resulting in the	underlying o	ause given in i		WAS AN AUTOPSY PERFORMED YES 2 NO	AM CO OF	ERE AUTOPSY FINDINGS RILABLE PRIOR TO MAPLETION OF CAUSE F DEATH?  YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТІ		E OF DEATH (Che	nck only one)				
PHYSICIAN:	1 YES 2  27. MANNED OF DEATH  1 Netural 5 Pending	THER:  1								
TED BY	Accident Investigation  3 Suicide SCOuld not be detarmined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28l. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	(or som only	ICIAN: To the best of my knowleds							nd manner as stated.	
B	296. SIGNATURE AND TITLE OF CENTRE	ingu	8	2	9c. LICENSE NUM	IBER	29d. DATE S	IIONED IM	ofen, sey, year)	
10	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAUSE OF DEATH	4	3112	SEZI	FIR W	100 /	04	-7	
	MAR 2 2 1991	32. ARGISTRAR'S SIGNATU	L-Pandell	٧,						

permit. Pages 1, 2, 3 should

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2us after death. Page 6 may be retained by the ho	TO THE PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely (Med in by the funeral director, page 5 should be detacted to the companion of removal.	med writing to involve also dearn with the Case copy, or steen injury, or other traumatic event, the medical examiner must be notified at once
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07487 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

•	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 7 7 4 8 7  CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR  3. TIME OF DEATH
	Lda L. Morales 03 19 1991 12:03 PM
ľ	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birthday) If UNDER 1 YEAR IF UNDER 24 HRS.  7. DATE DF BIRTH (Month, Day, Year)  Country)  Country)
	213-38-5901 10 M 2 DF 75 YRS. MONTHS DAYS HOURS MIN. 1018/5 Weyada
œ	98. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH
DIRECTOR	Good Samaritan Hospital Baltimore Baltimore
E C	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?
	MD Baltimore 1 □ YES 2 √ NO
FUNERAL	10e. STREET AND NUMBER  10f. ZIP CODE  10g. CITIZEN OF WHAT COUNTRY?
Ä	841 E. Belvedere Ave.
	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO  13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-Black, White, stc.)  14. RACE — American Indian, Black, White, stc.
B	IF YES, GIVE WAR OR DATES 1 ☐ YES 2 ☐ ND Specify: Specify: White
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)
MP	12 6 SChool Hoministrator. I school Hoministrator.
	17. FATHER'S NAME (First, Middle, Melden Surmame)  16. MOTHER'S NAME (First, Middle, Melden Surmame)  ASSUNTA
BE	196. INFORMANT'S NAME (Type/Prigt)  196. MAILING ADDRESS (Street and Number of Rural Route Number, City or Town, State, Zip Code)
2	Diane Elaye Morales 841 E. Belveder Ave Ballo, Md 21212
	20s. METHOD OF DISPOSITION  1 Grant Disposition   1 Grant Disposition   1 Grant Disposition   20s. LOCATION City or Town, State   20s. LOC
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
	Cvach/Rosedale Funeral Home 1211 Chesaco Ave., Baltimore, MD 21237
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on sech lins.
	IMMEDIATE CAUSE (Finel
	disease or condition resulting in death)  a. Concern of the Assect to pulsory nutrition  DUE TO (DR AS A CONSEDUENCE DF):
	DUE TO (DR AS A CÓNSEDUENCE DF):
ON	Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF):
ZAT	If any, leading to immediate cause. Enter UNDERLYING
Ĕ	CAUSE (Disease or injury that initiated events DUE TO (DR AS A CONSEQUENCE OF):
CERTIFICATION	reaulting in death) LAST
	PART II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
CAL	PERFORMED?   AVAILABLE PRIOR TO   COMPLETION DF CAUSE
MEDIC	
2	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:
SIC	EXAMINER?  1 YES 2 NO 1 Input lant 2 ER/Output lant 3 DOA 4 Nursing Home 5 Note of Definition 6
E	27. MANNER DE BEATH  26s. DATE DF INJURY (Month, Day, Year)  28b. TIME DF 26c. INJURY AT WORK?  26d. DESCRIBE HOW INJURY OCCURED
BY	1 Netural 5 Pending 2 Accident Investigation M 1 YES 2 ND
	3 Suicide 6 Could not be detarmined 25e. PLACE DF INJURY — At home, farm, street, factory, offics building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
	29s. CERTIFIER  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner se stated.
COMPLETED	(Check only one)  2 MEDICAL EXAMINER: On the basis of sxamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
BE C	29b. SIGNATURE AND TITLE DF CERTIFIER 29d. DATE SIGNED (Month, Dey, Year)
TO B	Un Jaguet D 10091 > 3/20/81
۲	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  A. Whan A Serpick up South Jule Towns up
	31. DATE FILED (Month, Day, Year) 32. REGISTBAR'S SIGNATURE
	MAR 2 2 1991 Julie Pavidson-Nandalle



1	- STATE
,	1. DECEDEN
	4. SOCIAL S
	57
I	9a. FACILITY
	14
I	RESIDEN
	10e. STATE
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H	11. MARITAL
I	1 Never

Nospital or attending physician. Inched for use as the burial-transit permit. Pages 1, 2, 3 should

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BALTIMORE, J

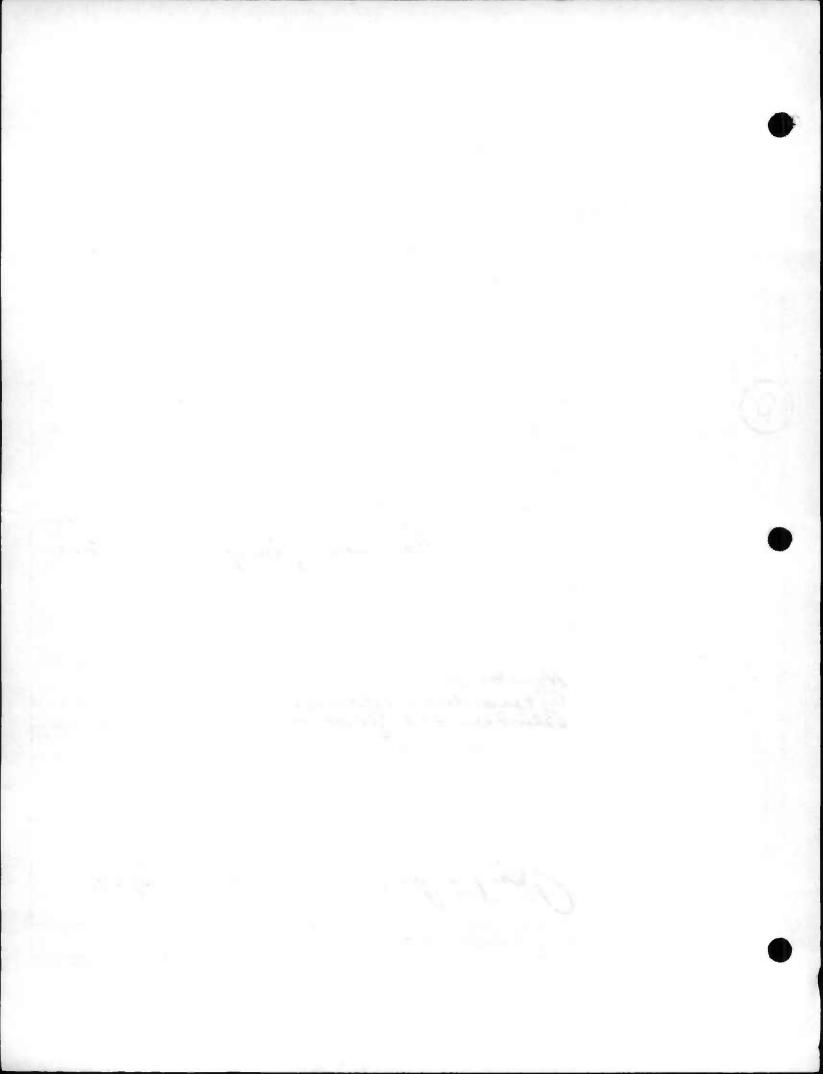
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-mours after death. Page 6 may 10 THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 6164 within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumetic event, the medical examiner must be

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REGISTRAR		CERTIFIC	ATE OF D	EATH	REG.	NO.		
1. DECEDERT'S NAME (First, Middle, Lest)	o [1	10101	41-		2. DATE OF OEAT	H DAY	YEAR 3. TIME OF I	DEATH 33
4, SOCIAL SECURITY NUMBER 6.	SEX 6. AGE (III	yrs. lest birthday) IF	UNDER 1 YEAR   IF	UNDER 24 HRS.	7. DATE OF BIRTI	13 9	BIRTHPLACE (State	PM
577-14-8891	□ M 2 □ F	76 YRS. MOR	YTHS DAYS HO	URS MIN.	(Month, Day, You)	3=44	Leesbur	854 UK
9a. FACILITY NAME (If not institution, give street	NURSI	- 1	FORE	PETUI	LLe MI	Sc. COUNT	OF DEATH	
10e. STATE 10b. COUNTY	?6	10c. CITY, TO	OWN OR LOCATION	11/66	P M	10	10d. INSIDE LIMITST 1 PES 2	?
10a. STREET AND NUMBER 7420 MAR	BORO	Pike	10f. ZIP	CODE 2074	17	10g. CITIZE	OF WHAT COUNTY	7
11. MARITAL STATUS 12 1 Never Married 2 Married 2 Divorced	P. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 / NO	if yes, specify		IIC ORIGIN? (Speci n, Puerto Rican, etc :	y Yes or No— 1.	4. RACE — American Black, White, etc. Specify:	Indian,
15. OECEOENT'S EDUCAT (Specify only highest grade cor	ION poleted	16a. DECEDENT'S USE		worklag	16b. KIND O	F BUSINESS/INDU	STRY	
	College (1-4 or 6+)	Me. Do NOT use re	done during most of tired.)	M				
17. FATHER'S NAME (First, Middle, Last)	FLV	1/11	18.	MOTHER'S NA	ME (First, Middle, M	alden Surname)	m	6
19e. INFORMANT'S NAME (Type/Print)	. /	19b. MAILING AD	DRESS (Street and A	lumber or Rural I	Poute Number, City of	r Town, State, Zlp C	code) 450	1.4
VIRGINIA 1	Kemp Lr	Vivian	Rahll ·	-family	3312 Cr.	nolocir	Pittsburg	41 ~ DA
20e. METHOD OF OISPOSITION  1	I from State 20b.	PLACE OF DISPOSITION Other place)	ON (Name of cometer	y, cremetory or	F MA 20	c. LOCATION — CI	ty or Town, State	2/20
21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE Ronald	Wade, Dir	22. NAME AND A	DDRESS OF FA	CILITY Chan	- 3mata	man Day	10
Janares	U her	3/20/91	655 W.	Baltimo			my Boárd ,MD 2120	
23. PART I. Enter the diseases, or con shock, or heart fallure. Lis	plications that caused	the death. Do not	enter the mode	of dying, suc	h aa cardlac or	reapiratory arre		oximata
IMMEDIATE CAUSE (Final disease or condition resulting in death)	t only one cause on ea	1	chomi	06	21105/			ral Between and Dea
Tooling in coaling	DUE TO (OR AS A	CONSEQUENCE OF):		1	Y			
Sequentially list conditions, b								
If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):						
CAUSE (Disease or Injury	DUE TO (OR AS A	CONSEQUENCE OF):	-					
that initiated events resulting in death) LAST	202 10 (011 10 1	onorderine or j.					İ	
d								
PART II. Other algnificant conditions	entributing to death be	at not resulting in t	he underlying ca	use given in	PE	AS AN AUTOPSY REFORMED?	24b. WERE AUTOR AVAILABLE P COMPLETION	PRIOR TO
R	xterià su	Permit a	6140.	2.4	_   '''	ES 2   NO	OF DEATH?	2 [] NO
1/4	2 0	-	Planer		_		1 1 123	ı 🗆 MO
25. WAS CASE REFERRED TO MEDICAL	senones	of a		OF DEATH (Ch	eck only one)			
	IOSPITAL:		THER:			A		
27. MANNER OF DEATH	28a, DATE OF INJURY	26b. TIME O	F 28c. INJURY			OW INJURY OCCU	JRED	
1 Netural 5 Pending	(Month, Day, Year)	INJUR		2 NO				
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stre-	et, factory, office		281. LOCATION (S City or Town,		r Rural Route Number,	
toneon only	N: To the best of my knowl							ر الراجع الراء
2 MEDICAL EXAMINEN:	Un the paste of examination	end/or investigation, i				ce, end due to the	cause(e) end menne	r as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	7. Sanfor	2 young	/ 21	Do?	#BER 9610	29d. DATE	3/16/91	West
30. NAME AND ADDRESS OF PERSON WHO	OMPLETED CAUSE OF DEA	ATH OTHER 273 (TISM. P.	int)				1 /	
31. DATE FILED (MONTH) Day Year 1991	30. REGISTBAR'S SIGN.	ATURE - Randell	0					



	ron.											1.0	07100
	1 - STATE REGISTRAR	STATE OF I	MAHYLAN	D / DEPAR CERTIF	ICATE	OF H	DEATI	AND MI H	ENTAL	REG. NO.		1	07489
	1. DECEDENT'S NAME (First, Middle, Las	ROSCOE	C. NEI	FF /	VE	CE	-	1	2. DATE (	F DEATH DAY	10/	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	T & SEX	e ACE /le un	s. lest birthday)	IF UNDER	1 7	IF UNDER 24	4 Upp 1	7. DATE O	2 E BIRTH	18	97	PLACE (State or Foreign
	Constitution Branch	1 € M 2 □ F			MONTHS	DAYS		MIN.	(Month,	Day, Year)	,	Country	y)
	228-40-9321  9e. FACILITY NAME (If not institution, give			76 YHS.	9b. CITY.	TOWN O	R LOCATION			31,19		HAM1	LTON, VA
۳	WILLIAMSPORT N		ME				MSPOI					HING	
DIRECTOR	RESIDENCE OF DECEDENT		)FIE					K1			WAS	DITING	
뿐	10e. STATE 10b. COUP	ITY		10c, CI1	Y, TOWN O	R LOCAT	ON						10d. INSIDE CITY LIMITS?
	WV BF	ERKELEY		FA	LLING	-	ERS				40. 0/7	750.05	1 YES 2XX NO
FUNERAL	Carried Company					101.	79, 7110				iog. Citi		
빌	1205 MEADOW	12. WAS DECEDER	IT EVER IN U.S	S. ARMED	13. 1	MAS DEC		419	C ORIGIN?	(Specify Yea	or No-		ISA — American Indian,
	1 Never Merried 2 Merried	FORCES?	YES 2	XXNO	1	f yes, spe	elfy Cuban,	, Mexican,				Black Speck	t, White, stc.
BY	3 Widowed 4 Divorced						7121	-,,-					WHITE
	15. DECEDENT'S El (Specify only highest gra	DUCATION de completed)	16	Give kind of	work done o	CCUPATIO	N at of working	,	16b.	KIND OF BUS	INESS/INC	DUSTRY	
٣	Elementary/Secondary (0-12)	College (1-4 or 5	+)	FARM						AGRIO	ות זווי	IDE	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			FARM	LK	_	16. MOTHE	ER'S NAMI	E (First, M	AGRIC liddle, Maiden		IKE	
	JOHN MICHAEL NE	TT						DAIS					_
BE	19e. INFORMANT'S NAME (Type/Print)	71.1		19b. MAILING	ADDRESS	(Street a				er, City or Town	n, State, Zip	Code)	
임	MRS. MYRTLE B.	NEFF		120	5 MEA	DOW	RD.,	FALI	LING	WATER	RS. W	IV 25	5419
	20g. METHOD OF DISPOSITION	emoval from State		ACE OF DISPO	SITION (Na	me of cen	netery, crema	story or		20c, LO	CATION -	City or To	wn, State
	4 Donetion 5 Other (Specify)		- PLE	ASANT '						M/	ARTIN	ISBUR	RG, WV
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE					D ADDRESS			227	T.7 T.	TNO	CIT
	Charles 1	1. Du	wx	)	BK	OWN POBC	FUNEI X 82	I, MA	ARTI	, 327 NSBURG	W. K	7 254	01
	23. PART I. Enter the diseases, of ahock, or haert feilur				not entar	the mo	ds of dyin	ng, such	es cerd	lec or respi	ratory er	rest,	Approximats interval Between
	IMMEDIATE CAUSE (Final	,		)									Onset and Daeth
	disease or condition resulting in death)	· Lun	9 (	ance	_								
		DUE R	HOR AS A CO	ONSEQUENCE (	DF}:								
ERTIFICATION	Sequentially list conditions,	b	OR AS A CO	NSEQUENCE (	OF):								
AT	if any, leading to immediate cause. Enter UNDERLYING												
IFIC	CAUSE (Disesse or injury that initiated events	DUE TO	OR AS A CO	ONSEQUENCE (	OF):								
E	resulting in death) LAST	d											
0	PART ii. Other significant condit	ions contributing to	death but	not resulting	in the ur	nderlyin	g cause gi	iven in P	Part I.	24a. WAS AN		240	. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL										PERFOR	11		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
											<b>\</b>		1 YES 2 NO
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF OE	EATH (Chec	ck only on	o)			
YSI	1 TYES 2 NO	1 Inputient 2				sing Hon	e 5 🗆 Rec						
	27. MANNER OF OEATH  1 Netural 5 Pending	28e. OATE O (Month,	F INJURY Day, Year)	28b. Ti	ME OF IJURY		RK?		28d. DE\$	CRIBE HOW I	NJURY OC	CUREO	
BY	2 Accident Investigation	28e, PLACE	OF INJURY —	At home, farm			YES 2 [	_	261, LOC	ATION (Street	end Numbe	r or Rumi	Route Number,
9	3 Suicide 6 Could not 4 Homicide determined	ba building	, etc. (Specify)			,				or Town, Stete)			
COMPLETED	290. CERTIFIER 1 CERTIFYING PH	YSICIAN: To the best	of my knowled	ge, death occu	red at the	time, date	and place	and due t	the cer	se(a) end me	nner ee ste	rted.	_
MP	one)												e) end menner ee stated.
	29b. SIGNATURE AND TITLE OF CERTS	FIER ON-		. ~			29c. LICE	NSE NUMI	BER		29d. DA	TE SIGNED	O (Month, Day, Year)
BE		JOHAU	H.	ML				3700				3-1	8-91
5	30. NAME AND AODRESS OF PERSON	WHO COMPLETED CA	USE OF DEATH	1 (ITEM 27) (%	e Print)								

Dr. Ted E. Howe, 18100 Marden Lane, Olney, MD 20832

31. DATE FILED (Mornin, Day, Your)

MAR 2 2 1991

Surva Javidson Brown

2	execut	and o
S, P.O. BOX	the death certificate be	the attending physician d Mental Hygiene prior to
DIVISION OF VITAL RECORDS, P.O. BOX 131	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and o within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buri
DIVISION	HOSPITAL OR ATTENDING	FUNERAL OIRECTOR: After within 72 hours after death

TO THE HOSPITAL OR ALLENDING PHYSICIAN: The law requires that the beath calificate be executed within the industry beath of relative by the HOSPITAL OR ALLENDING PHYSICIAN.	TO THE FUNERAL OIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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Ö	TO THE FUNERAL CIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	=	
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	FOR	OTATE OF MA	DVI AND /	DEDAD	THAPAIS	. 05 1	PALTI	AND	MENTAL	WOLFAL	-	1 0	7490
	1 - STATE REGISTRAR	STATE OF MA					DEAT			HYGIENI REG. NO.	Ė		
-	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH			TIME OF DEATH
	William Louis 0	STENDORF							MONTH	1 10		991	6:50 a M
			. AGE (in yrs. last	birthday)	IF UNDER		IF UNDER		7. DATE OF	BIRTH			ICE (State or Foreign
	213-14-8095	M 2 DF	68	YRS.	MONTHS	DAYS	HOURS	MIN.	6-11	-22	- 1	MARY	LAND
	Se. FACILITY NAME (If not institution, give street	end number)			9b. CITY	, TOWN	R LOCATI	ON OF DE	EATH		9c. COU	NTY OF DEAT	н
OR	FRANKLIN SQUARE	HOSPITA	AL								Ba	ltimor	e
ក្ន	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY			10c. CIT	Y. TOWN (	OR LOCAT	ION					10	d. INSIDE CITY
DIRECTOR	MARYLAND			BAI	LTIN	10RF						11	LIMITS?
	10e. STREET AND NUMBER						. ZIP COD	E			10g. CIT	IZEN OF WHA	7
FUNERAL	2306 HOLYOKE ROA	D					123	7			U	SA	
N N		. WAS DECEDENT	EYER IN U.S. ARI	MED	13.	WAS DEC	ENDENT C	F HISPAI	NIC ORIGIN?	Specify Yes		14. RACE -	American Indien,
	1 Never Merried 2 , Merried	FORCES? 1 []		0		If yes, sp 1 YES	2 NO	n, Mexica Specif	n, Puerto Ric ly:	en, etc.)		Black, W Specify:	
ВУ	3 Widowed 4 Divorced		WWII									WHIT	E
TE	15. DECEDENT'S EDUCATI (Specify only highest grade con	ON apleted)	(Gr	CEDENT'S	work done		ON at of working	ng	16b. K	IND OF BUS	INESS/INC	DUSTRY	
LE		college (1-4 or 5+)		Do NOT us		THO	000	_				.,	
COMPLETED	12 YEARS  17. FATHER'S NAME (First, Middle, Last)		LA	PIA	TIN	106	BOA		ME (First, Mic	RTIS		Υ	
ပ	WILLIAM LOUIS OS	TENDOR	=						A KEE		,		
BE	19e. INFORMANT'S NAME (Type/Print)	TENDON		. MAILING	ADDRES	S (Street a			Route Number			Code)	- ·
5	MRS. AGNES OSTEN	DORF										21237	
	20a. METHOD OF DISPOSITION 1 ABurlel 2 Cremetion 3 Remova		20b. PLACE	OF DISPO	SITION (N	ame of ce	metery, crer	natory or	3/	20c. LO	CATION —	City or Town,	State
	1 ABuriel 2 Cremetion 3 Remova 4 Donation 5 Other (Specify)	I from State	ST. S	TAN	ISLA	RUS	CEM	TER	Y 623	BAL	. TO.	, MD.	
	21. SIGNATURE OF FUNERAL SERVICE LICENT	SEE ,			22	NAME A	ND ADORE	SS OF FA		DAI	НОМ	_	
	Milmond &	Valana	1011	1.								. MD.	21224
	23. PART I. Enter the disesses, or com	plications that	aused the de	sth. Do									Approximate
	shock, or heart fellure. Lie	t only one cause	on each lina									11111	Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disesse or condition	ac.t.	muor	TALL	lia	1	il	4	-				minute
	resulting in daath) s	acute DUE TO (0	R AS A DONSE	DUENCE O	f):	0 ,0	7	-400					
z		Carda TO (0	in a	32.4	Lann	7							1 cm
5	Sequentially list conditions, if any, leading to immediate	JUE TO (O	R AS A CONSEC	DUENTE O	F):								
ERTIFICATION	CAUSE (Disease or Injury	Trype	rend	con	ن د								year.
H	that initiated events	DUE TO (0	R AS A CONSEC	DUENCE O	F):								/
	d												
L C	PART II. Other algolificant conditions of	ontributing to d	eath but not r	eaulting	In the u	nderlyln	g ceuse	given in	Part I. 2	4n. WAS AN			ERE AUTOPSY FINDINGS
2										PERFOR		CC	MILABLE PRIOR TO IMPLETION OF CAUSE F DEATH?
AEC													YES 2 NO
ÿ													
ZIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						LACE OF E	EATH (C	heck only one)				
PHYSICIAN: MEDICAL		OSPITAL:	ER/Outpatient 3	N DOA	OTHE		ne 5 🗆 B	esidence	S 🗆 Other	(Specify)			
H	27. MANNER OF DEATH	26a. DATE OF III (Month, Day)		28b. TIN	IE OF		JURY AT ORK?		28d. DESC	RIBE HOW I	NJURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation				М		YES 2 [	NO					
	3 Suicide 6 Could not be	28e. PLACE OF building, et	INJURY At ho	me, ferm,	street, fec	ctory, offic	00			ION (Street Town, State)		or Aural Aou	le Number,
ETE	4 Homicide determined									****			
PL	290. CERTIFIER CERTIFYING PHYSICIA	N: To the best of m	ny knowledge, de	ath occur	red at the	time, det	end place	e, end du	e to the caus	e(e) end ma	nner as st	rted.	
COMPLETED	one) 2 MEDICAL EXAMINER:	On the basis of exa	mination and/or	Investigati	on, In my	opinion,	death occu	red at the	e time, date a	nd place, er	nd due to t	the ceuse(e) e	nd manner as stated.
BE C	29b. SIGNATURE AND THE OF CERTIFIER	190					29c. LIC	ENSE NU	MBER				onth, Day, Year)
0 8	-XHarlah	HOPP	u, 1	MIC	),		D	-0	2191		13	3-20	-1991

RSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

BOLPIRA, M.D. 3029 Dundalk Ave.

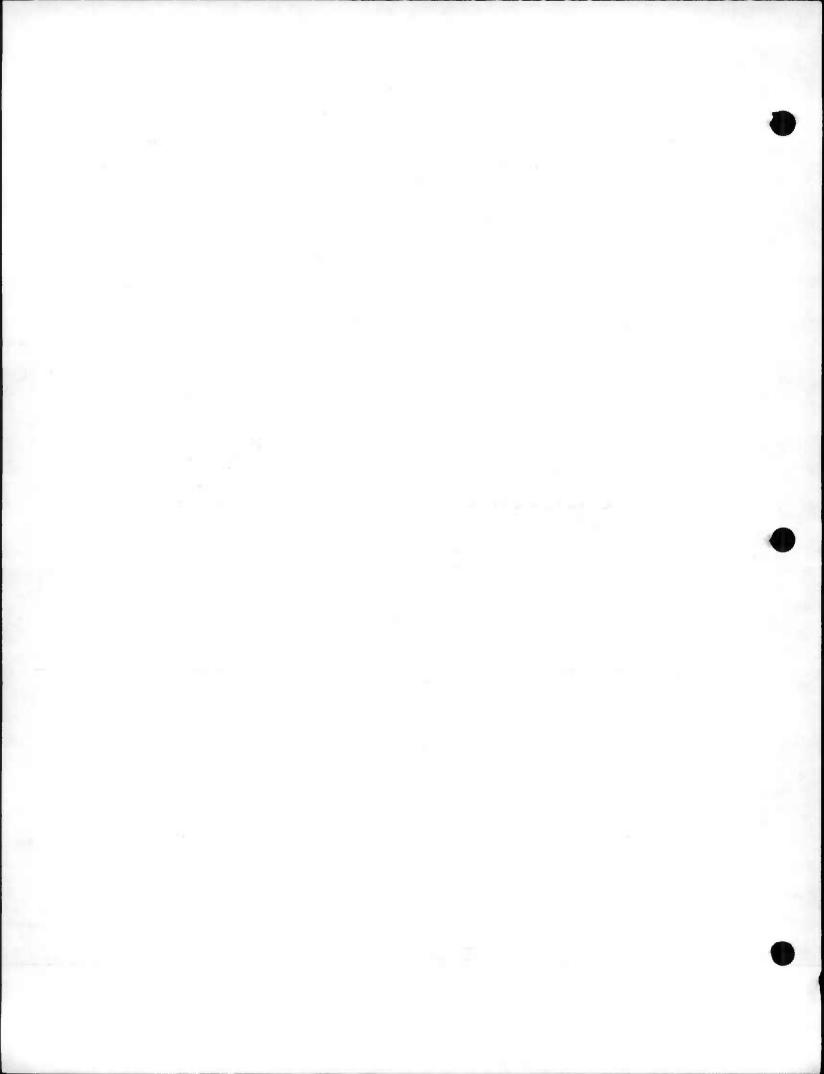
122. REGISTRAR'S SIGNATURE



30. NAME AND ADDRESS OF PERATA OLL AH

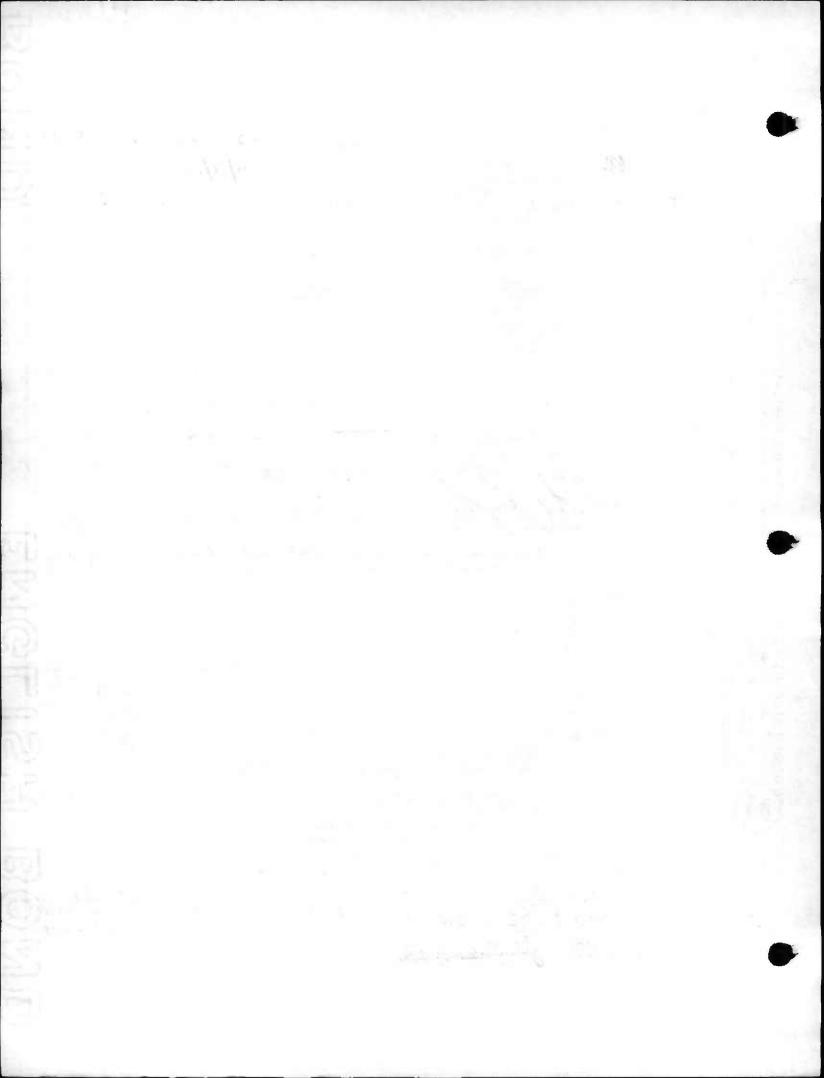
31. DATE FILED (MORRIN, Day, Year)
MAR 2 2 1991

Balto, Md. 21222



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	10 THE HOSPITAL DIRACTION The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRACTION Age in a certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours and the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If them 28 is married, or frem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	0,

	1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND NATE OF DEATH	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) ELIZABETH	PEACOC	ELIZABE	TH L. PEACOCK	2. DATE OF DEATH DAY	- 9 1	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220-09-6862	1 - M 2 XF	17 YRS. MON		7. DATE OF MINITED 13	Mary	land
TOR	RESIDENCE OF DECEDENT	pital 1205 4	orked, "	CITY, TOWN OR LOCATION OF DE	ATH	BAL	TIMORE
DIRECTOR	10a. STATE 10b. COUNT	Y		WN OR LOCATION			10d. INSIDE CITY LIMITS?
	Maryland		Balti	more		40- CITIZEN OF	1 ☑ YES 2 ☐ NO WHAT CDUNTRY?
ERA	5914 Yorkwood Rd.			21239		U.S.A	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12, WAS DECEOENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT DF HISPAN If yes, specify Cuban, Mexican 1 YES 2 NO Specify	n, Puerto Rican, etc.)	Spe	CE — American Indian, ck, White, stc. city:
TED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S USU (Give kind of work	done during most of working	16b. KIND OF BUSH	NESS/INDUSTRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 8+)	Homemak		Own Ho	am o	
COMPLET	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Maiden S		
BE C	John M. Rolston				E. Thiele		
0	19a. INFORMANT'S NAME (Type/Print) E. Lee Taylor		19b. MAILING	ambert Rd., Bal	Houte Number, City or Town,		
	20a. METHOD OF DISPOSITION	20	b. PLACE AND DATE OF	DISPDSITION (Name		ATION — City or	Town, State
	1 No Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		woodlawn Co		3/23/91 Wo	odlawn,	Md.
	21. SIGNATURE OF FAMERAL SERVICE LIS	TEMPER /		22. NAME AND ADDRESS OF FAR Ruck Towson Fu 1050 York Rd.,	ineral Home		
NO	IMMEDIATE CAUSE (Final disease or condition resulting in daeth)  Sequentially list conditions,	Elet only one cause on a	each line.	youndial,	,		Approximate Interval Between Onset and Death
CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST	c	A CONSEDUENCE OF):				- A
-	PART II. Other algnificant condition	na contributing to death	but not resulting in t	ne underlying ceuse given in	Part I, 24a. WAS AN A	WTOPSY 2	4b. WERE AUTOPSY FINDINGS
MEDICA					PERFORI		ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (Ch	eck only one)		
PHYSICIAN:	EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inputient 2   ER/Out	tpetient 3 DOA 4	FHER: ☐ Nursing Home 5 ☐ Residence			Z.
ву Рн	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	INJURY	M 1 YES 2 NO	28d. DESCRIBE HOW IN		
ETED	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Sp.	IY — At home, farm, stree	nt, factory, office	281. LOCATION (Street as City or Town, State)	nd Number or Ruri	il Route Number,
COMPL	construction only			t the time, data and place, and due n my opinion, death occured at the			e(a) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE  Matson dad D	de feon	m.o.	29c. LICENSE NUI	MBER 50 8	P 3	ED (Month, Day, Year)
				JIGST. JOSEPH	HOSPITAL	-1 Ton	150N, MD-
	MAR 2 2 1991	Julia Davidson	n-Randelle				DHMH-18 Rev 1/89

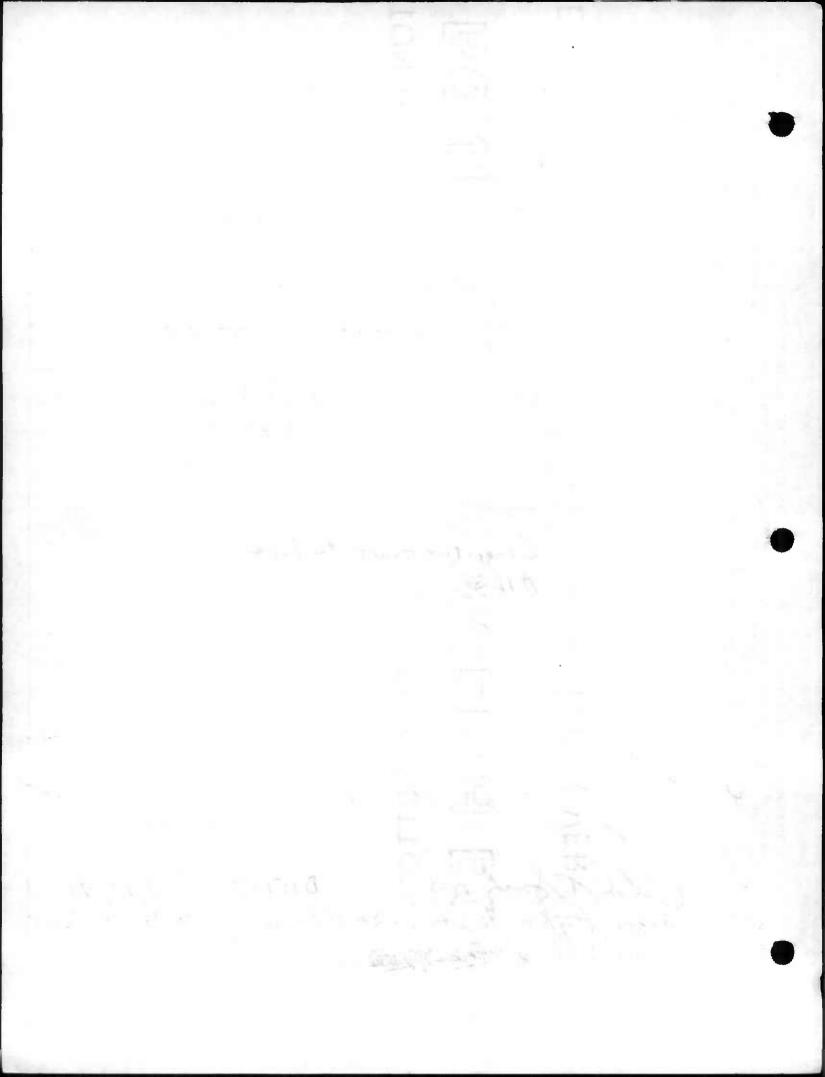


FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS, P.O. BOX 6876
F VITAL RECORDS, P.O.
F VITAL RECORDS, P.
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DIVISION
2

	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH	DAY YEAR	3. TIME OF OEATH
	DEMARD W	PETER 50		,	7	3 1	6 91	17.500 M
	4. SOCIAL SECURITY NUMBER 214-64-8683	1 M 2 D F	AGE (In yrs. lest birthday) 36 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Z /25/3	8. BIRT Coun	HPLACE (State or Foreign try)  Hd
стоя	9a. FACILITY NAME (If not institution, give	street and number)	느儿 .		OR LOCATION OF DI	EATH	Mary OF	OEATH .
DIREC	10a. STATE 10b. COUNT	a Homac	10c. CI	TY, TOWN OR LOCA	TION		ě.	10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 5011 CHALO		AVE.	10	or zip code 2/2/	5	10g. CITIZEN OF	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Nover Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 NO	If yes, s	CENDENT OF HISPAI pecify Cuben, Mexico S 2 NO Specif	NIC ORIGIN? (Specify Yesin, Puerto Rican, etc.)	na or No— 14, RAC Blac Spe	CE — American Indian, cik, White, atc.
PLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT s	B USUAL OCCUPAT work done during m ise retired.)	ION oost of working	16b. KIND OF BU	JSINESS/INDUSTRY	
E COMPL	17. FATHER'S NAME (First, Middle, Last)  awrence Pe	terson			18. MOTHER'S NA	ME (First, Middle, Maider Frant	n Sumame)	
TO B		Ran	501	1 Cha	Igrove	Route Number, City or Ton Bad	1 0	21215
	20a, METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Ren  4 Donation 5 Other (Specify)		of cemetaly, cremator	Sun Tors	st Vet	3259	WINGS	Hills rd
	21. SIGNATURE OF PUNITURAL SERVICE LI	CENSEE	92)	22. NAME / Mar 430	ch F/H Wes Wabash A	st		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	b. A I D S DUE TO (OI	R AS A CONSEQUENCE OF	DF):	Tailur	-e		
MEDICAL	PART II. Other significant condition	na contributing to de	eeth but not resulting	in the underlyle	ng cause given in		PRMED?	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	R/Outpetient 3 DOA	OTHER:	PLACE OF GEATH (C			
PHY	27. MANNER OF DEATH  1 Netural 5 Pending	28s. DATE OF IN (Month, Day,	JURY 28b. TI	ME OF 28c. If	JURY AT PORK?	8 Other (Specify)  28d. DESCRIBE HOW	INJURY OCCURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF I building, at	NJURY — Al home, farm			281. LOCATION (Street City or Town, State		I Route Number,
COMPLET	one) —	SICIAN: To the best of m						(a) and manner as stated.
()	296, SIGNATURE AND TITLE OF CENTIFIC	ER /			29c, LICENSE NU	MBER	29d. DATE SIGNE	
BE	1 Short X	South	mo		D15	637	▶ 3//	19/9/
ш	30 MAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	spital,	624 1	J Brown	637 Lway 5	re 763	Baltzize

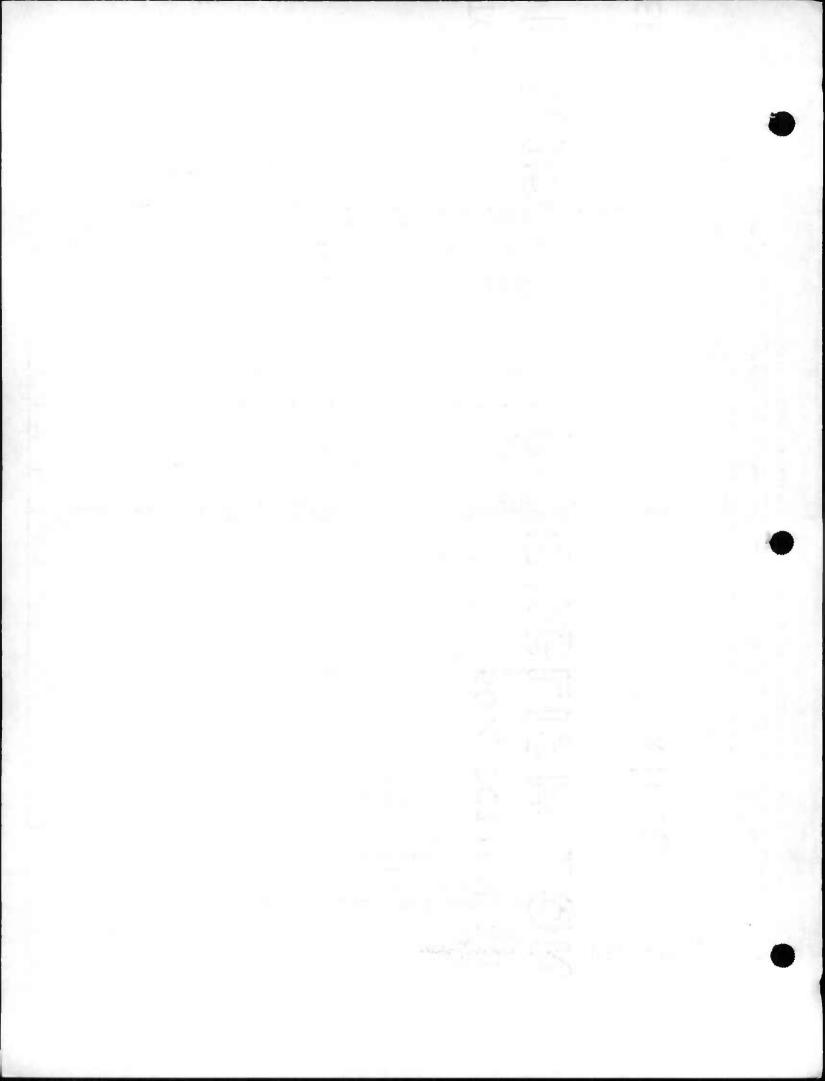
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

_	TIEGIOTITAT		Q E I I I I I	IONIE	<b>V</b> :			ned.	140.		
	1. DECEDENT'S NAME (First, Middle, Last)			1997				2. DATE OF CEATH		YEAR	3. TIME OF DEATH
	EDITH C.	QUARANTA						<b>монтн</b> 03	17	91	9:30 P M
	4. SOCIAL SECURITY NUMBER 216-24-9214	6. SEX 6. A	GE (In yrs. last birthday) 71 YRS.	MONTHS 0		IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Yea JULY 12	7)	6. BIRTH Country PENI	PLACE (State or Foreign
ĺ	9a. FACILITY NAME (If not institution, give	street and number)	/ 1	9b. CITY, T	OWN OF	R LOCATIO				UNTY OF D	
<u>۳</u>	3001 Fact Johns	Pond Ant T	19	Ba	alti	imor	e		l B	alti	nore
DIRECTOR	3901 East Joppa									744.611	HOTE
2	10a. STATE 10b. COUNT		10c. CIT	Y, TOWN OR							10d. INSIDE CITY LIMITS?
		LTIMORE		PERRY	Z HA	\LL					1 TES 2XNO
₹ I	10e. STREET AND NUMBER					ZIP CODI					HAT COUNTRY?
剪	3901 E. JOPPA RO	_				2123		,		. S.	Α.
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVI	ES 2XXNO	10 %		olfu Cuha	n Marienn	C ORIGIN? (Specify, Puerto Ricen, etc.		14. RACE Black	American Indian,     White, atc.
BY FUNERAL	3 💢 Widowed 4 🗆 Divorced	IF YES, GIVE WAR O	R DATES	1[	YES	NO NO	Specify:			Speci	WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	JCATION e completed)	18a. DECEDENT'S (Give kind of	work done dui	UPATION	N t of workir	ng	16b. KIND OF	BUSINESS/IN	IOUSTRY	
LE.	Elementary/Secondary (0-12)	College (1-4 or 5 +)	CASHI					FOOT	D STOR	T	
M	NA 17. FATHER'S NAME (First, Middle, Last)	NA	CASHI	LK		40.040					
8								E (First, Middle, Me ICNICHOL	iden Sumame)		
BE	THOMAS CHURCH  190. INFORMANT'S NAME (Type/Print)		Top MAII IN	ADDRESS	Otmost on	_		oute Number, City or	Tour Otate 7	tio Codel	
2	JOANN KIMMETT (F	PIEMD)						IMORE,			
	20a. METHOD OF DISPOSITION	KIEKD)	20b. PLACE AND DAT				DALL		LOCATION -		wn. State
	1 N Buriel 2 Cremation 3 Ren 4 Donation 6 Other (Specify)	noval from State	GARDENS	OF FA	TH	CEM	ETERY	В	ALTIMO	-	
- 1	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE					SS OF FACI		,		
	1 / Tolows	Freis.						RAL HOME AD PERF		г мр	21236
EDICAL CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	bDUE TO (OR	AS A CONSEQUENCE OF	OF):							Onset and Death  Byeon
E	that initiated events resulting in deeth) LAST	d.		,							
2	DATE III On a standard and standard							- 20			
¥	PART II. Other significent condition	ne contributing to dea	th but not resulting	in the und	erlying	ceuse	given in F		S AN AUTOPS' RFORMED?	Y 24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ă								1 [] YE	S 2 NO	-	OF DEATH?
Σ						_		- 1			1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	T			06 84	ACE OF I	SEATU (Char	ck only one)			
2	EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:							
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJU			8c. INJL			28d. DESCRIBE H		CCURED	
	1 Aatural 6 Pending	(Month, Day, Ye	ear) If	JURY M	WO						
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF IN.	JURY — Al home, ferm, (Specify)	street, factor	y, office			281. LOCATION (St City or Town, S	reet and Numb State)	per or Rural i	Route Number,
	29e. CERTIFIER		Vanda alaka eta	MANUEL -	7.905			705 D2005 EE-V			
COMPLETED	enel	SICIAN: To the best of my l									a) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFI	h & Lug	ho			29c, LIC	ENSE NUM	BER L	29d. D/	ATE SIONED	(Month, Dey, Year)
2	30, NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE O	F DEATH (ITEM 27) (Two	e, Print)		וע	211		1	)	11 11
	LUKE E T	ERRY, M.D.	9055 CHI		T D	RIVE	SI ELI	UITE 103 LICOTT C	ITY, 1	MD 2	1043
	MAR 2 2 1991	32. REGISTRAR'S	SIGNATURE Randall								
	MAKERIOUI	7									

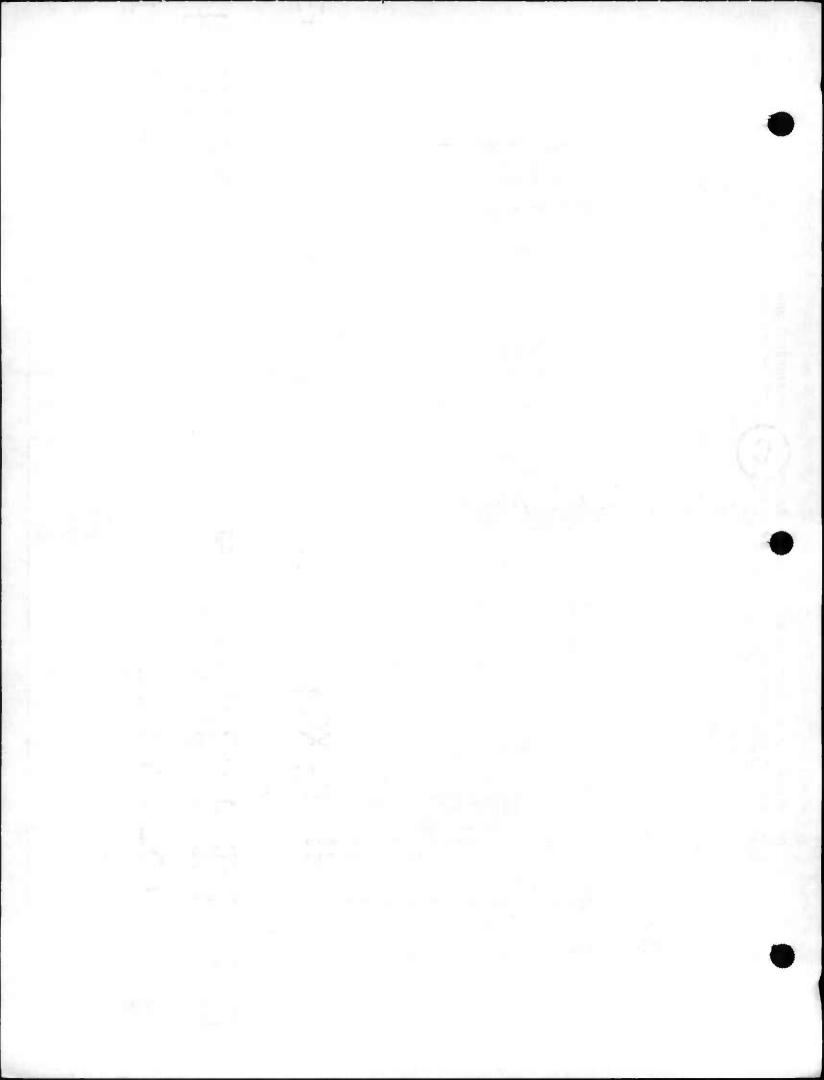


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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	person An apprendict properties. The last openious the damper damper partitions he executed within
AL REC	a lance assessment
OF VIT.	PLOADIOIGIAL TO
VISION	Contraction of
5	00

BALTIMORE, WARYLAND 21215-0020	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 weers after death.	of in by the funeral terrests and a state of the detached for use as the burial-transit permit. Pages 1, 2, 3 should or removal.	medical examiner mult be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the artending physician and completely filled in by the funeral has find within 72 hours after death with the Shan Dent of Health and Mental Hotelene brior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYL		RTMENT OF HEALTH AND FICATE OF DEATH	MENTAL HYGIENE REG. NO.	91 (	71	9	L
ALLEN	D	POTRICY	2. DATE OF DEATH	YEAR	3. TIME	OF DE	EAT

FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	91	0/494
1. DECEDENT'S NAME (First, Middle, L	ALLEN	D.	ROTRUCK	2. DATE OF DEATH MONTH DAY March 16	, 1991	3. TIME OF DEATH 4:40 p
4. SOCIAL SECURITY NUMBER  335-48-1627  9s. FACILITY NAME (If not institution,	1 🖳 M 2 🗆 F	in yrs. last birthday) YRS.	#F UNDER 1 YEAR   IF UNDER 24 HRS. #ONTHS DAYS HOURS MIN.  9b. CITY, TOWN OR LOCATION OF E	7. DATE OF BIRTH (Month, Day, Year) 12-22-19	Co	RTHPLACE (State or Foreign unitry)
	al Hospital		Cumber1			egany
10s. STATE 10b. CO			TOWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 217 E. Union			101. ZIP CODE 21502		10g. CITIZEN C	F WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT OF HISP/ If yes, specify Cuben, Maxk 1   YES 2   NO Specific No.	en, Puerto Ricen, etc.)		ACE — American Indian, leck, White, stc. pecify: White
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)			SUAL OCCUPATION ork done during most of working retired.)	16b, KIND OF BUSI	NESS/INOUSTR	Y
17. FATHER'S NAME (First, Middle, Les	0		18. MOTHER'S N	AME (First, Middle, Maiden S	urname)	
19a. INFORMANT'S NAME (Type/Print) Memorial Hsp (		19b. MAILING	ADDRESS (Street and Number or Rura	I Route Number, City or Town,	State, Zlp Code	)
20a. METHOD OF DISPOSITION 1	Removal from State	comotoni orometoni	OF DISPOSITION (Name or other place)	DATE 20c. LOC	ATION — City o	r Town, Stata
21. SIGNATURE OF FUNE IAL SERVICE	Ronald W		22. NAME AND ADDRESS OF F	State		y Board
23. PART I. Enter the diseases shock, or heart fell iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Hybo		Tay h Sepsi	ch as cerdlec or respir	atory arrest,	Approximate Interval Betwee Onset and Des
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	A CONSEQUENCE OF		10)		
PART II. Other algnificent cond	ditions contributing to death b	HCSWSC		n Part I. 24a. WAS AN A PERFORM	AED?	24b. WERE AUTOPSY FINDHY AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C	Check only one)		
1  YES 2 NO 27. MANNER OF DEATH	1 ☐ Inpatient 2 ☐ ER/Outs	28b. TIME	4 Nursing Home 5 Residence OF 28c, INJURY AT	6 Other (Specify)  28d. DESCRIBE HOW IN	JURY OCCURE	0
1 Natural 5 Pending 2 Accident investigs 3 Suicide 8 Could no	28e. PLACE OF INJURY building, etc. (Spe	7 — At home, farm, s	M 1 YES 2 NO	281. LOCATION (Street as City or Town, State)	nd Number or Ru	rel Route Number,
29a. CERTIFIER (Check only 1 CERTIFYING	PHYSICIAN: To the best of my know		d at the time, data and place, and do			rse(s) and menner sa stated
29b. SIGNATURE AND TITLE OF CER	1/-		29c. LICENSE N	UMBER	29d. DATE 910	
30. NAME AND ADDRESS OF PERSO	V /	and the same of th	Print)	181	7	14/1/
31. DATE MAR 22 199	11 Julia Davidson	ATLINE	Medical Buildi	ng-Cumberla	nd, MD	21502



BALTIMORE, MARYLAND 21203-3

Pages 1, 2, 3 should

yours after death. Page 6 may be retained by the executed within certificate be requires that the death RECORDS, n signed by the Health and N been signed by pt. of Health and 3 shows any Ir IAL OR ATTENDING PHYSICIAN: The law ret AL DIRECTOR: After this certificate has been 72 hours after death with the State Dept. of 1f them 28 is marked, or Item 23 shi TO THE HOSPITAL.
TO THE FUNERAL C
Be filed within 72 h
IMPORTANT: If II

BOX 13146.

P.O.

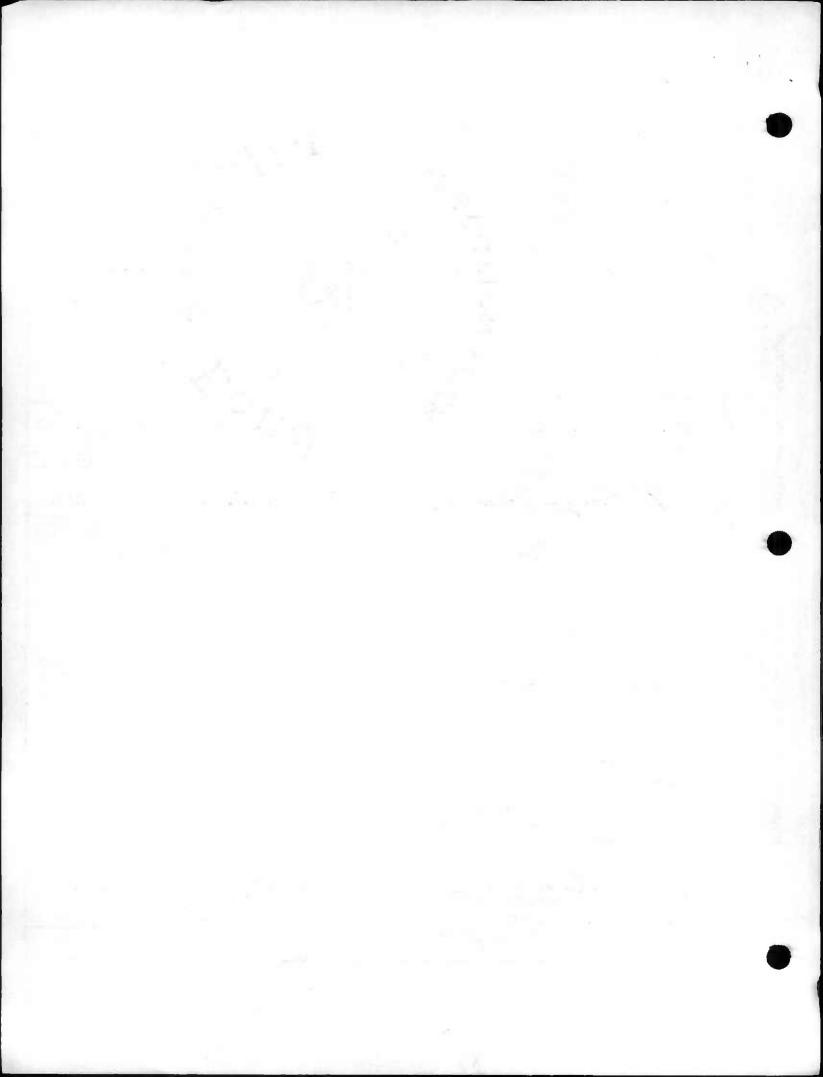
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH RUSSELL 21 - 199103 7:50pm **JENNINGS** RILEY. III 6. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 02 - 25 - 1942 DAYS HOURS 49 218 - 38 - 91461 X M 2 F YRS. MARYLAND 9e. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH 329 GATEWATER COURT APT. 102 GLEN BURNIE, ANNE ARUNDEL DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ANNE ARUNDEL GLEN BURNIE 1 TYES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER 101. ZIP CODE FUNERAL 21060 329 GATEWATER COURT APT. 102 U.S.A. 14. RACE — American Indian, Black, White, etc. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 VES 2 NO Specify: FORCES? 1 YES 2 ND IF YES, GIVE WAR OR DATES 1 Never Married 2 X Married Specify: WHITE BY 3 Widowed 4 Divorced VIETNAM COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only highest grade compa Elementary/Secondary (0-12) College (1-4 or 5+) AUTO DEALER PARTSMAN 12 NONE 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumame) RILEY, RUSSELL 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 2 MRS. DARLENE M. RILEY 329 GATEWATER CT. APT. 102 Glen Burnie, Md.21060 20s. METHOD OF DISPOSITION
1 X Buriel 2 Cremation 3 Removal from State
4 Donellon 5 Other (Specify) 20c. LOCATION - City or Town, State 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or MARYLAND VETERANS CEMETERY CROWNSVILLE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME SECOND AVE. S.W. GLEN BURNIE, MD 21061 23. PART I. Enter the disease, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart fallure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final Carring ma of tel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING **CAUSE** (Disease or injury DUE TO (DR AS A CONSEQUENCE DF): that initiated events resulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Brose. +UDLCCO 1 YES 2 NO 1 [ YES 2 [ NO PHYSICIAN: 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 - Num Ing Home 5 ☐ Residence 6 ☐ Other (Specify) 28a. DATE OF INJURY 27. MANNER OF DEATH 26b. TIME OF 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1\_NetGral 5 Pending M 1 YES 2 NO ΒŸ 2 Accident 28s. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide ETED 6 Could not be 4 | Homicide 29a. CERTIFIER
(Check only one)

3 MEDICAL EXAMINED: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the ilms, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) 20 VLe 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DR. ROBERT B. KROOPNICK 95 AQUAHART ROAD, GLEN BURNIE, MARYLAND 21061

32 REGISTRARIS SIGNATURE LABOR



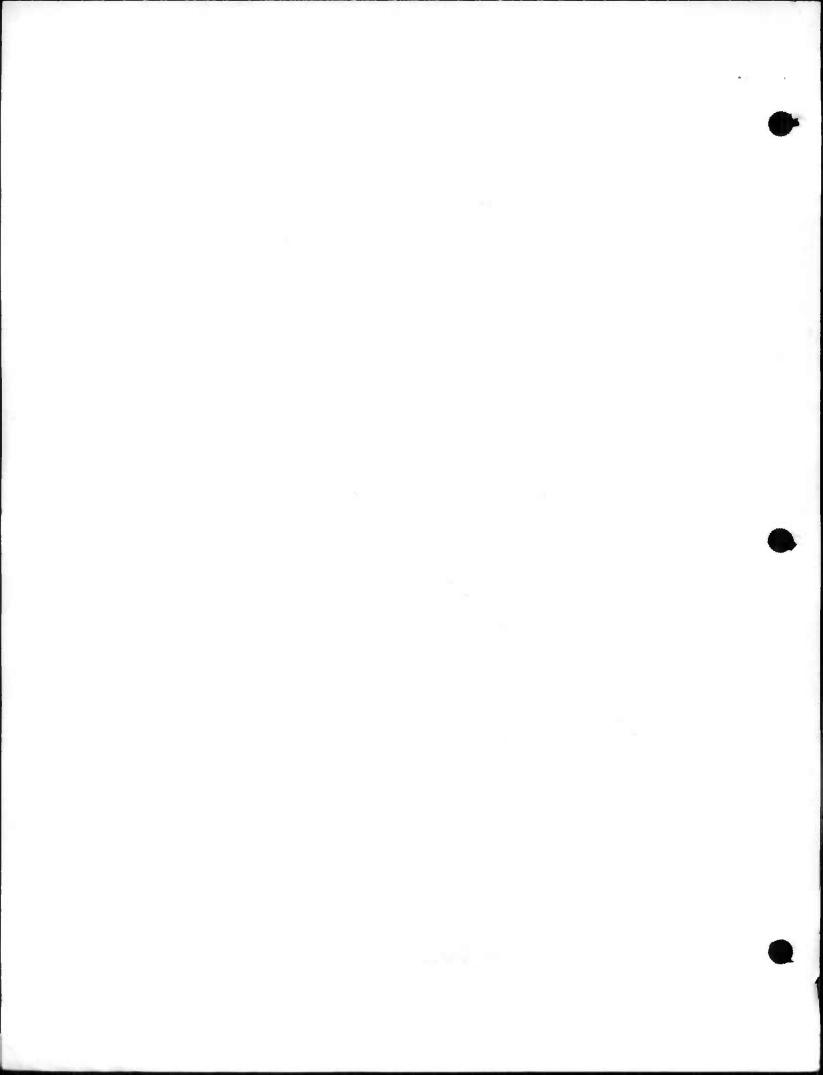


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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	aecuted	and has
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	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22	men or recovery and the second for the form from a few often should be shoulded to the second for the second for the second formal second for the second for
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	FOR STATE REGISTRAR	STATE OF M			TMENT OF			MENTAL HYGIEN	E	07430	
	1. DECEDENT'S NAME (First, Middle, Last)	FRANK L	RUSZKO	WSKI	owst	-ì		2. DATE OF DEATH MONTH D	W	year 11:25 A M	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	t Birthday)	IF UNDER 1 YEAR	_	ER 24 HRS.	7. OATE OF BIRTH (Month, Day, Year)	1	8/BIRTHPLACE (State or Foreign Country)	
	188-14-5664	XX M 2 - F	80	YRS.	MONTHS	HOURS				PHILADELPHIA, PA	
	9e. FACILITY NAME (If not institution, give a	street and number)			9b. CITY, TOW	OR LOCA	TION OF DE	ATH	9c. COUN	ITY OF OEATH	
стов	WASHINGTON COUNT	Y HOSPITA	AL		HAGE	RSTOV	/N		SHINGTON		
[[	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT	Y		10c. CITY	Y, TOWN OR LO	ATION				10d. INSIDE CITY	
DIRE		ADELPHIA			ILADELP	HIA				1 XYES 2 NO	
ERAL	272   E. CLEARFIE	LD STREET				101. ZIP CO	9134		10g. CITI	USA	
FUN	11. MARITAL STATUS  1 Never Married XX Married	FORCES?	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YOUR OF THE YES, GIVE WAR OR DATES			specify Cul		IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	or No-	14. RACE — American Indian, Black, White, etc. Specify:	
B	3 Widowed 4 Divorced	11 123, 0112	IMIT OIT DATES		1	23 2A W	О проспу	•		WHITE	
G	15, OECEDENT'S EDU (Specify only highest grade		16e. DE	CEDENT'S	USUAL OCCUPA	TION most of wor	kina	16b. KIND OF BU	SINESS/INO	USTRY	
PLET	Elementary/Secondary (0-12)	College (1-4 or 5	litin	. Do NOT us	REMAN		_	Q II	EET N	ÆTAI.	
OMOE.	17. FATHER'S NAME (First, Middle, Last)			1 01	CLIPIN	18. MC	THER'S NAI	ME (First, Middle, Meiden		ILIAL	
ш	FRANK RUSZKOWSK	I					CECTLI	E (UNKNOWN	)		
8 00	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Street			Route Number, City or Tow		Code)	
	MRS. MARY RUSZKO	WSKI		2721	E. CLE	ARFI	ELD S	T. PHILADE	LPHI	A. PA 19134	
must be	20a, METHOD OF OISPOSITION XX Burlel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval trom State	other pi	OF OISPOS	SITION (Name of	cemetery, cr		20c. LO	CATION —	City or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	- 151. P	ETER			RESS OF FA		LADE	LPHIA, PA	
	· Charles	M. /-	Twees					HOME, 327			
E CO	23. PART I. Enter the diseases, or									eat, Approximata	
	shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	· Cano	O (OR AS A CONSE	at	lin	ez	8	202012	efor	Interval Batween Onset and Death	
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	· sito	OR AS A CONSE	10/	ander	·Ves	cal	Lorean	-		
ERTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST	d.	O (OR AS A CONSE	QUENCE O	F):						
EDICAL C	PART II. Other significant condition	ns contributing to	GC 7	resulting	in the underly	ing cause	e given in	Part I, 244. WAS AN PERIFO	PIMED?	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
AN: MED	Just fen	utates	not.	re	Elis	200	uco			1 - YEB 2 - NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL	/-	1	OTHER:	PLACE OF	DEATH (Ch	eck anly one)		1272	
SiCI	1 □ YES 2 □ NO		☐ ER/Outpetlent :	AOC D		iome 5 🗆	Residence	6 C) Other (Specify)			
Y PHY	27, MANNER OF DEATH  1 Netural 5 Pending Investigation	28s. DATE O (Month)	F INJUSTY Day: War)	265. TIN	JURY	MURY AT WORK? YES 2	Market 1	284. DESCRIBE HOW	BLJURY OC	CURED	
TED BY	3 Suicide 6 Could not be 4 Homiside determined	28s. PLACE building	OF INJURY — AL N L etc. (Specify)	ome, farm,	atreet, fautory, c	ffice		28f, LOCATION /Street City or Town, State		or Rural Route Number,	
IMPURIANI: II Item 28 18 marked, of 11em 24 shows any of BE COMPLETED BY PHYSICIAN: MEDICA	(Critical Unity	100						to the ceuse(s) end me		ted. ne cause(s) and manner es stated.	
BE C	29b. SIGNATURE AND TITLE OF CERTIFIC	EFF	mi	7		29c, L	ICENSE NUI	MBER / )	29d. DAT	E SIGNED (Month, Day, Year)	
유	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CA	USE OF DEATH (ITI	EM 27) (Type	s. Print)	1	10	1	1000	71517/	

31. DATE FILED (Month, Day, Year)
MAR 2 2 1991

32. REGISTRAR'S SIGNATURE a Davidson



FOR STATE REGISTRAR

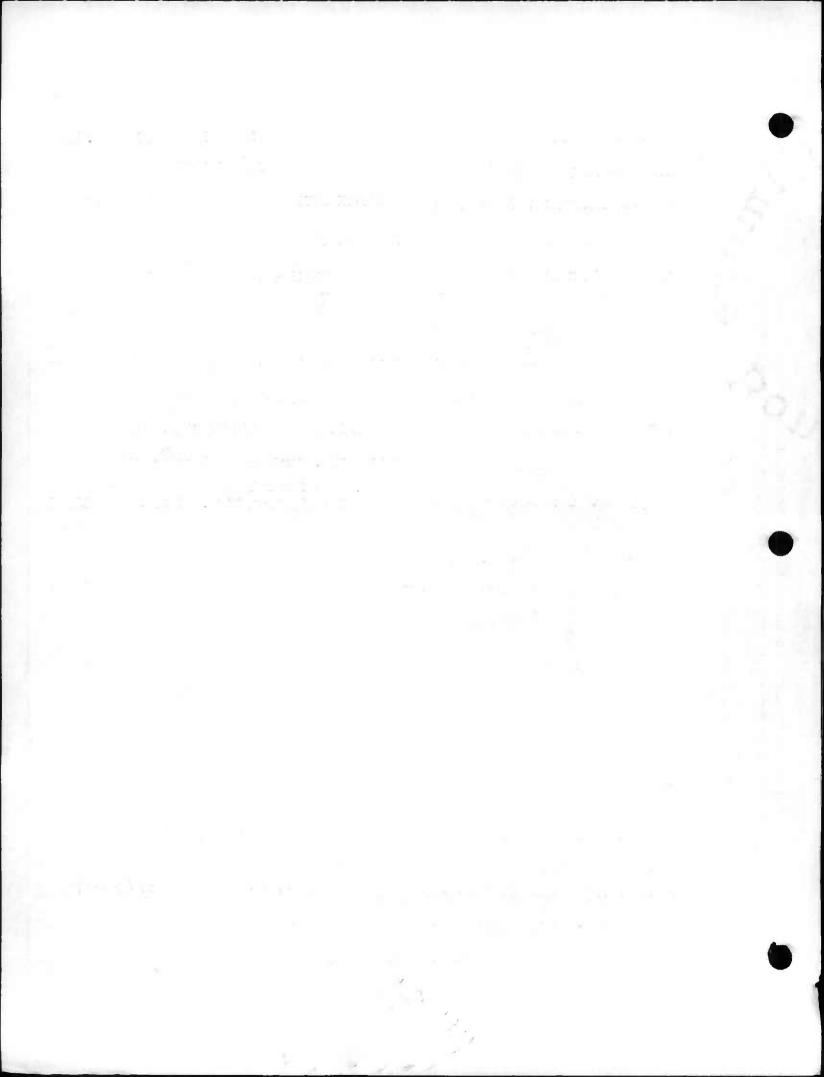
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	1. OECEDENT'S NAME (FLOFENC		ESE			IOAII		DLA		2. DATE OF D MONTH	DEATH DA	4:42b	м		
	4. SOCIAL SECURITY NO. 213-20	IMBER	5. SEX 1 M 2-F	6. AGE (In yrs. la	st birthday) YRS.	IF UNDER	DAYS	IF UNDER		7. Month, Day June	HRTH V. Year)		Country)	ce, Ohio	ign
OR	9a. FACILITY NAME (If no	ot institution, give s		PORATT	ON			MORE	ION OF DEA			9c. COUN	TY OF DEA		
DIRECTOR	RESIDENCE OF D	10b. COUNT	Y		10c. CIT	Y, TOWN		City				-	- 12	IOd. INSIDE CITY LIMITS?	^
	10e. STREET AND NUME	ER			1 1	3 <u>TTT(</u>		f. ZIP COD	DE .			10g. CITIZEN OF WHAT COUNTRY?			
BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2  3 Widowed 4	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES ③\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\							No- 14. RACE - American Indian, Black, White, atc. Specify: White						
PLETED	15. (Specify Elementary/Secondar 12 V		CATION completed) College (1-4 or 5	+)	ECEDENT'S Give kind of a. Do NOT u	work done se retired.)	during me	ON ost of worki	ing	16b. KIN		cical			
COMP	17. FATHER'S NAME (Firs	t, Middle, Lest)	Gilson,							NE (First, Middl					
TO BE	198. INFORMANT'S NAM  C. GOTO	E (Type/Print)						and Numbe	or or Rural Ro	t Ann oute Number ( 11icot	City or Town	n, State, Zip	Code)	21043	
	20a. METHOD OF DISPO 1 X Furial 2 Cram 4 Donation 3 DO 21. SIGNATURE OF JUNE	SITION ation 3 - Rem ther (Specify)	noval from Stata	other p	OF DISPO	/a11e	ey Me NAME A John	em. (  ND ADDRE	Garder Garder Ess of FAC Funer	ns	zoc. Lo Timo	onium	MD	n, State	1
	23. PART I. Enter the shock, of IMMEDIATE CAUSE disease or condition resulting in death)	r heart fellure. (Final	complications the List only one ca		e.	not ente						Baltory error		Approximet interval Bet Onset and	le tween
RTIFICATION	Sequentially list con if any, laeding to im cause. Enter UNDEF CAUSE (Disease or that initiated events resulting in death) i	mediate RLYING injury	e SEN	O (OR AS A CONSI	EQUENCE C									2 ur	
MEDICAL	PART II. Other signi	ficant condition	ns contributing t	o death but not	resulting	in the u	inderlyli	ng cause	given in F		A. WAS AN PERFOI			WERE AUTOPSY FIN AMAILABLE PRIOR T COMPLETION OF CA OF DEATH?	AUSE
PHYSICIAN: N	25. WAS CASE REFERRI	ED TO MEDICAL	NOSPITAL:			ОТНЕ		LACE OF	DEATH (Che	ck only one)					
		Pending Investigation	26a. DATE (	Dey, Year)	28b. TI		28c. IA	JURY AT ORK? YES 2		6 Other (S 28d, DE\$CR		INJURY OCC	CURED		
TED	2 Accident 3 Suicide 4 Homicide	Could not be determined	26s. PLACE building	OF INJURY At I g, etc. (Specify)	home, ferm,	, street, fa	ctory, off	ice		261, LOCATH City or 1	ON (Street fown, State)	and Number	or Rural Ro	oute Number,	
MPLE	CONDUCTORINY /		ER: On the basis of											) and manner as sf	ated.
TO BE CO	29b. SIGNATURE AND T	mil	HO COMPLETED CA	MN	2	no Primit		D 29c. LH	CENSE NUM	IBER		29d. DAT	S 1 8	(Month, Day, Year)	
	PEWEL 31. DATE FILED (Month,	UPE	P. 54	M)	)	re, rTINE)				-	4				
		99 100	0	P .	n										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DHMH-16 Rev 1/89

07497



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL OIDECTOR: More this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filed within 72 hadro, after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	1
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1. OECEDENT	T'S NAME (First, M	liddle, Last)	777								OF OEATH			3. TIME OF OEATH
DEI	BORAH S	SCOTT								MARCI	1 20,	1991	YEAR	3:25 a.m
	52-217		8. SEX 1 M 2 X F	6. AGE (In yrs. las	yrs.	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	7. DATE (Month)	Day, Year)	49	8. BIRT Coun	HPLACE (State or Foreign)
THE		OPKIN	treet and number) S HOSPIT	AL				OR LOCATI					TIMO	DEATH ORE CITY
10a. STATE		DENT	7			y, town o		17.2	ΙΤΥ					10d. INSIDE CITY LIMITS?  1)()(YES 2   NO
100. STREET	AND NUMBER	DOM	VAY NOI	RTH			_	. ZIP COD				10g. CIT	US	WHAT COUNTRY?
		arried	12. WAS DECEOEN FORCES? 1	T EVER IN U.S. AR		1	f yes, sp	ENOENT (	OF HISPAI	ın, Puerto R	? (Specify Yolcen, etc.)	is or No—		E — American Indian, ck, White, atc.
	15. OECEC (Specify only h ry/Secondary (0-12)			+) (G	ECEDENT'S Sive kind of v a. Do NOT us [SAB]	work done o se retired.)	CCUPATIO	ON oat of world	ing	18b.	KIND OF BI	JSINESS/INI	DUSTRY	
	NAME (First, Mide							18. MOT	HER'S NA	ME (First, A	liddle, Maide	n Surname)		
		ING								LLIA		ROWN		
WAN		)RSE \			4708						ALTI	MORE	, M	
4 🗆 Donatio	D OF OISPOSITION 2 Cremetion on 5 C Other (S	N 3 🗆 Rem Specify)	oval from State	20b. PLACE of cemetary BALT	crematory	or other p	osition lace) EME	(Name TER	Υ	DATE		LTIM		
21. SIGNATUR					11101									
23. PART I	i. Enter the disa shock, or hea	essea, or our fallure.	complications the	et caused tha de	eeth. Do r	mot enter	M.C	ode of dy	ARC	H F.	iac or res		rest,	Approximate interval Bet Onset and I
IMMEDIATI disease or resulting in Sequential if sny, less cause. Ent CAUSE (bit that initiation)	i. Enter the disshock, or hes E CAUSE (Finar condition n death)	eesea, or our fallure.	a. Gl L  OUE TO  C. SLE	et caused tha de use on aech line	eeth. Do re.	not enter  L fs  inf):  the  lue  lue  lue  lue  lue  lue  lue  l	IM . C	ode of dy	ARC	that	iac or res	piratory ar	rest,	Approximate interval Bette Onset and I
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23. PART I IMMEDIATI disease or resulting is Sequential if sny, lest cause. Examini PART II. O	ily list condition in death)  lity list condition in death)  lity list condition in death)  lity list condition in death)  lity list condition in death)  lity list condition in death)  literate or injury ed events in death) LAST  or in death) LAST  or inter significant  litter signific	ns, ata G	a. G. L. OUE TO DUE TO d	of caused the deuse on aech line  O (OR AS A CONSE  O (OR AS A CONSE  O (OR AS A CONSE	GUENCE OF	not enter  L fr  Fr  L fr  Fr  In the un	the mo	bo cu	ARC  ring, such  tog  frag  given in	that the card	PULL TUSE 1 EYES 1 EYES 0)	piratory are	rest,	Db. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?
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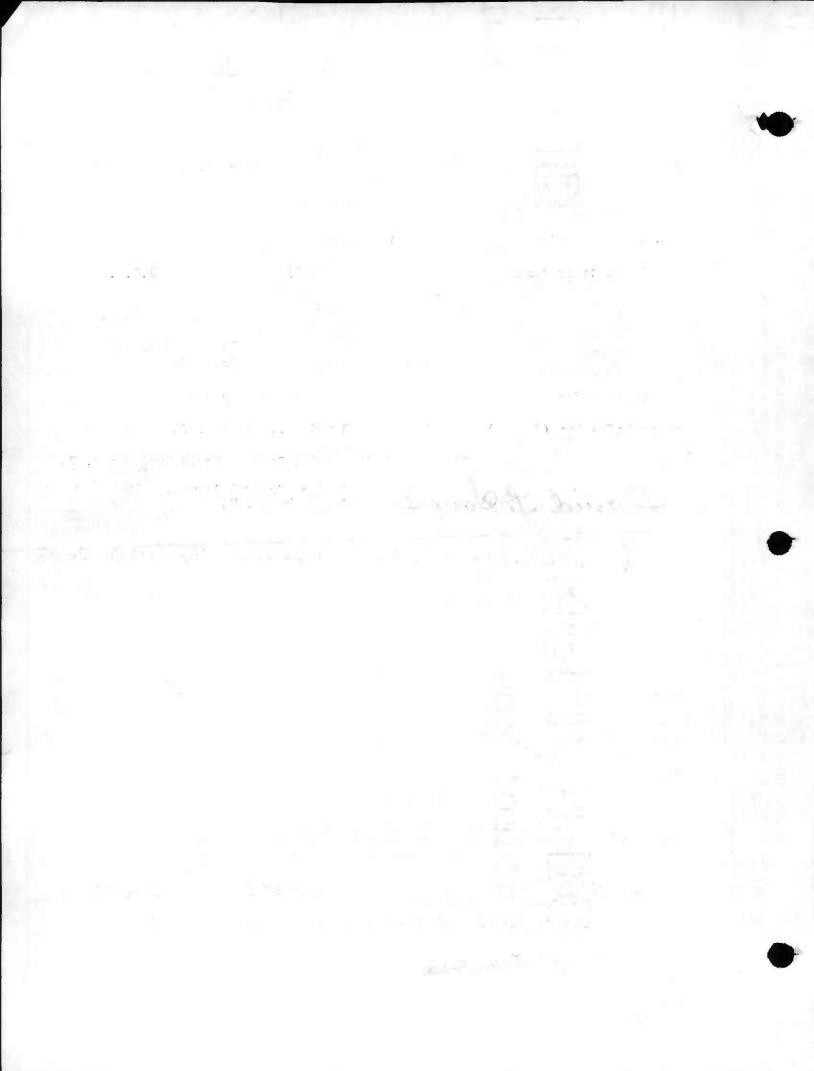
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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital of	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	DE HIGO WINNIN 12 HOURS SHIEF DESUIT WIN THE STATE DEPT. OF FRESHIFF IN MENTING FOR THE CONTRACT, OF FRINGER.  IMPORTANT: If I ham 28 is marked, or item 23 shows any injury, or other taumatic event, the medical examiner must be notified at once.

	A 10 1	4		76.30	TERMINE TO	2. DATE OF OEATH	DAY	YEAR	3. TIME OF DEATH
PAULA	S	LLBER				03		991	10:47
	5. SEX 6	AGE (In yrs. last 46	YRS. IF U	THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Mogth, Day, Year July 10	1944	Countr	PLACE (State or Foreign) W York
FACILITY NAME (If not institution, give street and number) THE JOHNS HOPKINS HOSPITAL				BALTI	MORE	EATH		TIMORE CITY	
e. STATE 10b. COUNTY	12.2	www.or.locat				10d. INSIDE CITY LIMITS? 1 X YES 2 N			
Maryland   n/a • STREET AND NUMBER  6350 Red Cedar 1	NO NUMBER				21209	10g. CI		STIZEN OF WHAT COUNTRY?	
		VED IN U.S. ADM	MED.	40 140 050		410 ODIO(110 /014.			
Never Married 2 Married Widowed 4 T Divorced	IF YES, GIVE WAR OR DATES					NIC ORIGIN? (Specify Yea or No— ) in, Puerto Rican, etc.) y:		14. RACE — American Indian Black, Whita, atc. Specify: White	
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)				done during mo	ON ast of working	Schoo		Medicine	
	4	Per	rsonne	1 Mana			Hopki	ins	
FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Mai			
Julius Lefkow:	ICZ	-	MARKET ASS	nees co	<u> </u>	ed Meyers		Cod	
Julius Lefkowitz	(father)		9351 L:	ime Ba	y Blvd.,	Route Number, City or Tamarac	FL 3	3331	
Burlel 2 Cremation 3 Remov	ral from Stata	Star	or Dav	oisposition thet place) Id Mem	<sub>(Name</sub> orial Ga	rdens Not	th Lat	ider	dale, FL
. SIGNATURE OF FUNERAL SERVICE LICEN	NSEE O	9		22. NAME A	NO ADDRESS OF FA				
Hand	J. X	aue	11		lls Chur				
shock, or heart fellure. Li	ist only one ceuse	on each line.	eth. Do not e			th ae cerdlec or re	epiratory arr	reat,	Interval Bet
shock, or heert fellure. Li MMEDIATE CAUSE (Final Isease or condition esulting in death)  a.  sequentially list conditions, if any, leading to immediate	META S	on each line.	OUENCE OF):	enter the mo	ode of dying, suc	th ae cerdlec or re			Interval Bet Onset and
shock, or heert fellure. List MMEDIATE CAUSE (Final lisease or condition esuiting in death)  a.  isequentially list conditions, i any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or Injury hat Initiated events eaulting in death) LAST  d.	DUE TO (OF	STAT	DUENCE OF):	enter the mo	ode of dying, suc	th ae cerdlec or re			Approximatinterval Bet Onset and EP 26 A
shock, or heert fellure. Li MMEDIATE CAUSE (Final leeses or condition esuiting in deeth)  a.  dequentielly list conditions, if any, leading to immediate ause. Enter UNDERLYING AUSE (Diseese or injury hat initiated events	DUE TO (OF	OR AS A CONSECUTIVE AS	DUENCE OF):	N-SA	ALL CE	Part I. 24e. WAS PER	AN AUTOPSY FORMEO?	ANC	Interval Bet Onset and ET 26 A
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shock, or heert fellure. Li MMEDIATE CAUSE (Final lisease or condition esulting in death)  a.  dequentielly list conditions, any, leading to immediate ause. Enter UNDERLYING CAUSE (Disease or injury hat initiated events esulting in death) LAST  ART il. Other algnificant conditione  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  7. MANNER OF DEATH  1 Netural 5 Pending	DUE TO (OF	on each line.  STAT.  R AS A CONSECT  R AS A CONSECT  R AS A CONSECT  Path but not recommended to the consecution of the consec	DUENCE OF): DUENCE OF): Coulting in the	the underlying the hard property to the proper	ALL CE	Part I. 24e. WAR PER 1 D YE	AN AUTOPSY FORMEO? S 2 1 NO	248	Interval Bei Onset and EP 26 A
shock, or heert fellure. Li MMEDIATE CAUSE (Final lisease or condition esulting in death)  a.  isequentielly list conditions, i any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury hat initiated events esulting in death) LAST  ART ii. Other aignificant conditione  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO  7. MANNER OF DEATH	DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF  DUE TO (OF)  28e. DATE OF IN.	on each line.  STAT:  R AS A CONSECT  R AS A CONSECT  R AS A CONSECT  With but not r  R/Outpetlent 3  JURY  Your)  NJURY — Al ho	DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF):	the underlying Horizon Housing Horizon	ALL CE	Part I. 24e. WALPER 1 UYE	AN AUTOPSY FORMEO?  3 2 NO	244	Interval Bei Onset and ED 26 A
shock, or heert fellure. Li MMEDIATE CAUSE (Final ilseese or condition esulting in death)  a.  dequentielly list conditions, if any, leading to immediate ause. Enter UNDERLYING AUSE (Diseese or injury hat initiated events esulting in death) LAST  ART il. Other algnificant conditione  ART il. Other algnificant conditione  7. MANNER OF DEATH 1 Yes 2 No 7. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide s Could not be	DUE TO (OF  DUE TO	on each line.  STAT.  R AS A CONSECT  R AS A CONSECT  R AS A CONSECT  R AS A CONSECT  Path but not r  R/Outpetlent 3  JURY  JURY  NJURY — Al ho  - (Specify)	DUENCE OF):  DUENCE OF):  DUENCE OF):  Teeulting in the country of	t the time, dat	ALL CE	Part I. 24e. WAL PER 1 VE  1 VE  1 Other (Specify)  28d. DESCRIBE HO City or Town, S  a to the cause(a) and	AN AUTOPSY FORMEO?  S 2 NO  W INJURY OC  set and Number tate)	24k CURED	Interval Bet Onset and ED 26 A





## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	SIAIL OF MAIL	CERTIF	ICATE			D INICI	REG. NO.	-		
	1. DECEDENT'S NAME (First, Middle, Last)	^						DATE OF DEATN			3. TIME OF DEATN
	JOH NNIE	R.	SIMMUN	5			1	HONTH DA	9	YEAR	6:10 AM
	200 06 1400	,	GE (In yrs. lest birthday)	IF UNDER		IF UNDER 24 HR		OATE OF BIRTH 8/	2/28	8. BIRTNE	PLACE (State or Foreign
	217 27 77 1	M 2 DF 62	YRS.	MONTHS	DAYS	HOURS MIN		07-12-	12		<u></u>
	9a. FACILITY NAME (If not institution, give atreet	and number)	-			LOCATION OF			9c. COU	NTY OF OE	ATN
ÖR	Bon Secours Ho			Balt	timore	е					
DIRECTOR	10a. STATE 10b. COUNTY		10c. CI	TY, TOWN O	R LOCATIO	ON				T	10d. INSIDE CITY
DIR	MARYLAND	MARYT.AND			ттмс	DRE C	тту				LIMITS?  1 YES 2 NO
	10e. STREET AND NUMBER		BALTIMORE CI							HAT COUNTRY?	
FUNERAL	4710 WILLISTON STREET			212						U	SA
5	11. MARITAL STATUS 12	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARI							or No-	14. RACE	- American Indian, White, atc.
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR O	R DATES	1 1	YES 2	X NO Sp	ecity:	ratio risonii, atos		Specifi	y:
	15. OECEDENT'S EDUCATI	1/22/50	11/21/	52	CHEATION	4		16b. KIND OF BUS	INESS INF	Black	
TE	(Specify only highest grade con	npleted)	(Give kind o	f work done a	during most	of working		IOD. KIND OF BUS	HAE99/HAE	OSINI	177
PLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)									
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					1a. MOTNER'S	NAME (	First, Middle, Maiden	Sumame)		
BE C	JOHN SIMMONS					FANN	TE (	GARRETT			
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS	(Street and			Number, City or Town	n, State, Zip	Code)	
5	REV. BARRY SIMM	ONS	4710	WIL	LIST	ron s	T.	BALTIM	ORE	MD	21229
	20a METHOD OF DISPOSITION  1 Buriel 2 Cremation 3 Remova	I from State	20b. PLACE OF DISPO							City or Tov	
	4 Donation 5 Other (Specify)		Crownsv						wnst	7111	e, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENS	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  LEROY O. DYETT & SON FUNERAL HOME								AL HOME	
	4600 LIBERTY HEIGHTS AVENUE 21207								E 21207		
	23. PARTA Enter the diseases, or com shock, or heart fallers. Lis			not enter	tha mod	e of dying,	such sa	cardiac or reapi	ratory sn	rest,	Approximates
	IMMEDIATE CAUSE (Final										
	disease or condition s. Capalac apply Th Ma - Hyperkale 1719										
	OUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions,  Due to (or as a consequence of):  Due to (or as a consequence of):										
AT	cause. Enter UNDERLYING	use. Enter UNDERLYING									
IFIC	CAUSE (Diseese or Injury that initiated events	OUE TO (OR	AS A CONSEQUENCE	OF):							
ERI	resulting in death) LAST										
	PART II. Other significant conditions of	contributing to dear	th but not recuiting	in the un	nderlying	cause giver	ı in Par	t i. 24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
MEDICAL	- VASCULUV INJUPF - COENT DALIZED PERFORMED? COMPLETION DE							AVAILABLE PRIOR TO COMPLETION DF CAUSE			
03	ADERSCEROUD 1 VES 2 NO OF DEATHY								1 YES 2 NO		
2											
NA.	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF GEATH (Check only one)										
SIC		OSPITAL:	Outpatient 3 - DOA	OTHER 4 Num		5 🗆 Realder	nce a .	Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATN	28a. DATE OF INJU (Month, Day, Ye	IRY 28b. T	IME OF NJURY	28c. INJU WOR		28	d. DEŞCRIBE HOW I	NJURY OC	CURED	3.111
BY	1 Natural 8 Pending 2 Accident Investigation			М	1 🗌 YI	ES 2 NO	<u> </u>				
	3 Suicide 8 Could not be 4 Nomicide determined	n, street, fact	tory, office		28	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
Sulfide Sulfid											
00	WEGICAL EXAMINER:	On the beals of examin	nation and/or investigs	tion, in my c	opinion, de	eath occured at	t the time	e, data and place, ar	nd due to t	he cause(a	) and menner as stated.
296. SIGNATURE AND TITLE OF CHARLES AND TITLE OF CH									(Month, Day, Year)		
10	30. NAME AND AGORESS OF PERSON WHO	COMPLETED CALLED O	E DEATH STEEL OF ST	ma Dulus'		0 0	112	-40		41	141641
	OI DT	) EDA	JU HI	pa, mini)	1301	Wadd	URS	cott .	7	122	23,
	Cup 1	32 REGISTRAR'S	3 1.10					113			

ar death. Page 6 may be retained by the hospital or attending physician.

It funeral director, page 5 should be detached for use as the burial-transit pen-BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed w.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed.

To THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete.

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THE FUNERAL DIRECTOR: After this certificate has been required by the attending physician and complete.

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THE HOSPITAL DIRECTOR: After this certificate has been required by the attending physician and complete.

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DIVISION OF VITAL RECORDS, P.O. BOX 13146;

MAR 2 2 1991

Julie Davidson-Randelle

OHMH-16 Rev 1/89

